# Virginia school of polygraph

The purpose of this paper is to address abnormal behavior and various psychological disorders so polygraph examiners may have a better realization and understanding when conducting polygraph examinations on such individuals.

There will be occasions when a polygraph examiner will have to conduct polygraph examinations on individuals who posses abnormal behavior and psychological disorders. If the polygraph examiner has knowledge and is aware of the signs and symptoms associated with abnormal behavior and personality disorders and what types of charts the examinee may produce, the polygraph examiner will be able to determine to what extent the examination can offer. The polygraph examiner should also recognize the safeguards and incorporate precautions when questioning these types of examinees. The polygraph examiner who is very familiar with abnormal behavior and psychological disorders is better suited to recognize examinees that may have not been diagnosed with a disorder. The polygraph examiner will be able to generate a better examination when interviewing these individuals.

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSHYCHOLOGICAL DISORDERS

There will be examinees, which have a psychological disorders to perform well on the polygraph examination and produce good charts and others that may not do well resulting in poor charts. A bad chart can have a greater area of tracing impurities or artifacts. Artifacts that might possibly arise in subjects who posse’s psychological disorders could be: excessive movement,

talking, audible sighs or laughing. The polygraph examiner who can recognize the symptoms associated with these disorders would be able to gather from the physiological activity on the polygraph exam that the examinee could be undergoing psychological problems. The examiner should then advise the examinee that he needed to be evaluated. A determination should be made by the examiner if the examination should be postponed until the examinee is better equipped to produce clearer charts on the polygraph examination. The polygraph examiner will not be able to obtain better chart readings until the physiological issues can be somewhat resolved. By addressing these issues to the right care takers in the field of psychiatry, the examinee would be better suited for a re-examination. Once these safeguards are in place for the different psychological disorders and all parties involved understand the importance of quality charts needed from the examination, there would be no wasted time and effort. Because of these disorders, it is very important that the polygraph examiner be able to recognize psychological disorders in examinees and those who may be using deceptive characteristics.

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

Abnormal behavior and various psychological disorders will be defined in this research paper and the appropriate instructions will be given to better prepare the polygraph examiner when administering examinations. (Matte, 1996)

Defining the word abnormal can be sometimes difficult, but to most psychologists, it simply means to deviate from the norm. This can present a complex problem to psychology because you have to ask: what is normal, what guidelines, for what age, for what culture. Many would say that what is " good" is normal and what is " bad" is abnormal. This however can be a generalized statement. There are other ways of determining a more objective reference point. One method of determining abnormality is statistical deviation. In the bell-shaped curve below, one can recognize that the majority of human characteristics can be easily recognized. (http://www. purgatory. net)

A standard bell curve

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

People who fall to the far left or to the far right from the chart division in the middle could be considered abnormal. The misconception of this meaning however can cause disagreements over the meaning of abnormality. It does not identify other variables such as those who have an above than average IQ. It does not identify common but maladaptive behavior like people who use tobacco products or those who use alcohol. Strategies using this approach can be very useful in science and statistics. (http://www. purgatory. net)

An easy way to classify abnormal behavior is by ones personal stresses. Simply stated, if a person is happy with their life, then there would be no problems concerning the mental health profession. But, if ones thoughts or

actions are causing personal conflict or sadness, they would be characterized as abnormal.

Another way to identify abnormality is through maladaptive behavior. In maladaptive behavior, there are two viewpoints. First, is maladaptive to one’s self. Second, is maladaptive to society. Maladaptive to one’s self, is a person’s failure to obtain personal objectives or to work through the pressures of everyday life. Maladaptive to society is when a person causes problems or issues to the whole of society thus causing dysfunction This explanation permits tremendous manageability. It allows space for a person to conform their behavior to society’s norms. It also allows for deviant behavior if the person

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

does not attempt to harm themselves. This allows the terminology of abnormality to be identified the way it should be by resting on the fact that each individual’s life experiences and environment are different. There are some classifications of behavior that testifies to the possible threats to the lives and livelihood of people. The following examples explain the various stages of these classifications: extended episodes of discomfort, inability to function, unexplained behavior, and disruptive behavior.

Extended periods of discomfort are classified as things such as worrying about a test or if a loved one dies. The discomfort is real and threatens the individual but in time, the discomfort goes away. If these feelings continue and appear not to be coming from these examples a person could be

considered to have a disorder. Impaired functioning may be when a person who has a very high IQ, but has difficulties passing tests.

Unexplained behavior is when people do things that others find strange. The body piercings and clothes that teenagers get in today's society are unexplainable to the older generation but are explainable by sociologist due to the fact everyone wants to be in style with their preferred peers. Unexplained behavior has no explainable theory other than the individual appears to be mentally impaired. Disruptive behavior is when a person displays sporadic and uncontrollable behavior that disrupts the lives of others or deprives them of

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSHCHOLOGICAL DISORDERS

their human rights on a regular basis. This type of behavior is characteristic of a severe psychological disorder.

There are many psychological disorders that the polygraph examiner must be aware of and they are as follows: Anxiety, Mood, Personality, Schizophrenia, Delusional, Sexual, Somatoform and Dissociative. Anxiety disorders are disorders in which anxiety is the main symptom (generalized anxiety or panic disorders) or anxiety is experienced unless the individual avoids feared situations (phobic disorders) or tries to resist performing certain rituals or thinking persistent thoughts (obsessive-compulsive disorders). Also includes post-traumatic stress disorder. Mood disorders are when a person may be extremely depressed or may change between periods of elation and depression. Personality disorders are long-standing patterns of

maladaptive behavior that exhibits immature and inappropriate ways of coping with stress and solving problems. Antisocial personality disorder is an example.

Schizophrenia is a group of disorders characterized by loss of contact with reality, marked disturbances of thought and perception, and bizarre behavior. At some phase delusions or hallucinations almost always occur. Delusional disorders are characterized by excessive suspicions and hostility, accompanied by feelings of being persecuted; reality

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

contact in other areas satisfactory to the norm. Sexual disorders include transsexualism, sexual interest in children, impotence, premature ejaculation and sexual performance. Psychoactive substance abuse disorders include excessive use of alcohol, barbiturates, amphetamines, cocaine, and other drugs that alter behavior. Marijuana and tobacco are also included in this category, which is controversial. Somatoform disorders are physical but no organic basis can be found and psychological factors appear to play the major role. Included are conversion disorders (for example, a woman who resents having to care for her invalid mother suddenly develops a paralyzed arm) and hypochondriasis (excessive preoccupation with health and fear of disease when there is no basis for concern). Dissociative disorders are temporary alterations in the functions of consciousness, memory, or identity due to emotional problems. Included are amnesia (the individual cannot recall anything about his or her history following a traumatic experience) and

multiple personality (two or more independent personality systems existing within the same individual). (Harcout Brace Jovanovich Inc., 1993)

The majority of people always feel a little nervous sometimes. However, people with anxiety disorders feel an abnormal amount from common things. In all types of anxiety disorders, anxiety is the main symptom. There are four major types of anxiety disorders:

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

generalized anxiety/panic disorders, phobias, obsessive-compulsive disorders, and post traumatic stress disorder. A person with a general anxiety disorder lives in a state of constant nervousness. People with this disorder usually overreact to any type of stress. Typically, individuals have trouble making decisions and when they actually do this it usually only causes additional worries. Sufferers of general anxiety tend to have panic attacks. Some theorists think that this disorder is caused by a learned anxiety. For example, being nervous once about something and learning to avoid that something. A phobia is a fear of a specific stimulus or situation. The sufferer of a phobia usually knows that the fear is irrational but cannot do anything about it. Phobia has three sub-classes: simple phobia, social phobia, and agoraphobia. A simple phobia is a fear of a specific thing or situation. A person may have one phobia but be normal in all other aspects. However, in serious cases, a person may have multiple phobias that interfere with their everyday life. Social phobias are when people have an extreme fear of social situations and of embarrassing themselves. The most common

types of this phobia are public speaking and eating in public. This type of phobia creates an irrational fear of unfamiliar situations.

People with agoraphobia avoid open spaces, crowds, traveling, and in extreme cases do not even leave their home. It is also the most difficult to cure. Obsessive-Compulsive

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

disorders are the persistent intrusions of unwelcome thoughts, images, or impulses that cause anxiety. A compulsion is an irresistible urge to carry out certain acts or rituals that reduce anxiety. These two things are often linked together. Individuals with obsessive-compulsive disorder know that their behavior is irrational, but are unable to resist. The resistance only causes them to become anxious and only the carrying out of the act will relieve that anxiety. Compulsion has many forms, but the two most common are washing and checking. The obsessive-compulsive disorder is related to the phobias in that both cause severe anxiety and a patient may suffer from both disorders. Post-traumatic stress disorder is caused by a traumatic event that overwhelms a person and ruins their ability to cope with a situation. It can cause flashbacks, nightmares, insomnia, and/or guilt. It is usually extremely long lasting. (Harcout Brace Jovanovich Inc., 1993)

In Bipolar disorder, formerly known as manic-depression, there are swings in mood from elation to depression with no discernable external cause. During the manicky phase of this disorder, the patient may show excessive,

unwarranted excitement or silliness, carrying jokes too far. They may also show poor judgment and recklessness

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

and may be argumentative. Manics may speak rapidly, have unrealistic ideas, and jump from subject to subject. They may not be able to sleep or sit still for very long. These symptoms are predominant for a specific period of time lasting for a few days or even a few months. Hospitalization can often be necessary to keep the person from harming themselves and others.

The other side of the bipolar coin is the depressive episode. Bipolar depressed patients often sleep more than usual and are lethargic. This contrasts with those with major depression, who usually has trouble sleeping and is agitated. During bipolar depressive episodes, a patient may also show irritability and withdrawal. Manic episodes can occur without depression, but this is very rare. Bipolar disorder is relatively uncommon, occurring in less than 1% of the population. Many researchers believe that it has an organic basis, as it is more common among identical than fraternal twins and may reflect an excess of norepinephrine which is a neurotransmitter believed to play a part in depression. (Harcout Brace Jovanovich Inc., 1993)

Schizophrenia is a class of disorders that are identified by loss of contact with reality, marked disturbances of thought and perception, and bizarre behavior. Sometime in the

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

person’s life there will be delusions or hallucinations that almost always occur. Schizophrenia is among the most debilitating and complex of the psychoses. Approximately 1% of the world population is affected with this mental illness. “ Emil Kraeplin first identified the illness in 1986 when he distinguished it from the mood disorders. Kraeplin believed that all psychiatric disorders were caused by organic factors, and his experience suggested to him that the onset of the disease occurred early in the life of the individual. Hence, he called it dementia praecox, which means a premature deterioration of the brain”. (Harcout Brace Jovanovich Inc., 1993)

Emil’s thoughts were later disputed by many psychiatrists. One of these was Eugene Bleuler, an eminent Swiss psychiatrist, who, in 1911 found that the onset of the disease could in fact occur in the later years. He also reported that schizophrenia was not characterized by the progressive deterioration over the life of the patient, but rather that most patients, after an original severe deterioration, tend to stabilize and remain at the same point in their psychosis for extended periods of time. Bleuler also felt that in order to avoid any misunderstanding of the nature of the illness by the now obvious misnomer attached to it; the disease would be much better served if it was referred to as

ADMINISTERING POLYGRAPH EXAMINATIONSON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

“ schizophrenia.” Bleuler invented the word by combining two Greek words meaning “ split” and “ mind.” This emphasized a splitting apart of the patient’s affective and cognitive functioning, which are heavily affected by the disease. (Harcout Brace Jovanovich Inc., 1993)

There are two types of schizophrenia: Type I (Reactive or Acute Schizophrenia and Type II (Process Schizophrenia). Reactive schizophrenia is usually sudden and seems to be a reaction to some life crisis. Since the premorbid history is usually good, when the disease does manifest itself, it is in the early phases. Reactive schizophrenia is a more treatable form of the illness than process or chronic schizophrenia. Reactive Schizophrenia is also referred to as poor premaid schizophrenia. It is characterized by lengthy periods of its development with a slow deterioration and negative symptoms. It doesn’t seem to be related to any major life change or negative event. Usually this type of schizophrenia is associated with “ loners” who are rejected by society, tend not to develop social skills and don’t excel out of high school. The principal disturbance in the schizophrenic’s thought processes is multiple delusions. This is divided into two sub-categories, persecutory delusions (in which the schizophrenic believes that he/she is being talked about, spied

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

upon, or their death being planned) and delusions of reference (which is when the schizophrenic gives personal importance to completely unrelated incidents, objects, or people. Other common delusions include thought

broadcasting (they believe their thoughts are visible to the outside world) and thought insertion, which is what most people perceive schizophrenia as consisting of (their thoughts are not their own and are in truth being inserted into their minds by some outside force). Other delusions, such as believing one to be Jesus Christ, may appear in extreme cases. (Harcout Brace Jovanovich Inc., 1993)

The Delusional Disorder is from time to time is referred to as paranoia. The delusion may manifest itself as any of the following types: The persecutory type is when the individual believes he or she is being threatened or mistreated by others. The grandiose type is when victims of the disorder believe they are extraordinary important people or are possessed with extraordinary power, knowledge or ability. The jealous type is when the delusion centers on the unfaithfulness of a spouse. The eroticmatic type is when a person convinces themselves that a popular or well known celebrity is in love with them and letters are

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

exchanged between the two. The somatic type is when a person’s false belief that is focused on a delusional physical abnormality or disorder. (Harcout Brace Jovanovich Inc., 1993)

Sexual disorders include problems of sexual identity, sexual performance, and sexual aim. There are three major categories of sexual disorders: sexual dysfunctions, paraphilia, and gender identity disorders. Sexual dysfunctions prevent or reduce an individual’s enjoyment of normal sex and prevent or

reduce the normal physiological changes brought on normally by sexual arousal. These dysfunctions can be classified by the phase of the sexual cycle in which they occur. It is important to keep in mind that the diagnosis of sexual dysfunction is made only when the disability persists. Any of these could occur occasionally or be caused by a temporary factor such as fatigue, sickness, alcohol, or drugs. (Harcout Brace Jovanovich., 1993)

Paraphilias are sexual behaviors in which unusual objects or scenarios are necessary to achieve sexual excitement. Eight paraphilias are recognized which are grouped into 3 broad categories: Preferences for nonhuman objects, Preferences for situations causing suffering, Preferences for nonconsenting partners.

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

There are two types of preferences for nonhuman objects: fetishism and transvestism. A fetish exists when a person is sexually aroused by a nonliving object. It can manifest in two ways, one more extreme than the other. One form associates coitus with some object like women’s underwear. It is relatively harmless if the action is taken playfully and is acceptable to the person’s partner. Certain parts of the body besides pleasurable foreplay can become fetishistic in its hold on the individual. (Harcout Brace Jovanovich Inc., 1993)

The most extreme form of fetishism is when a nonliving object substitutes for a human partner, such as underwear, shoes, or delicate objects as velvet or silk. In this state, sexual gratification is achieved when the person is alone,

fondling the object. Transvestism exists when the person achieves sexual excitement by cross-dressing. This is very rarely found in females so the male side of this paraphilia will be used as the example.

Two different purposes seem to be associated with this act in different individuals. In one aspect the person seeks to intensify sexual excitement in intercourse with a partner by only partially dressing as a woman. In the other form, the male moves about in full female regalia, which suggests some type of gender identity disorder but not necessarily homosexuality.

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

Preferences for situations causing suffering from the reported violent exploits of the Marquis de Sade. “ Sadist” is applied to those who derive sexual excitement from the pain of others. The term masochist was derived from the writing of Leopold von Sacher-Masoch whose characters sought out women who would beat them. “ Masochist” is applied to those who derive sexual excitement through their own pain. Hence, sadists and masochists go hand in hand, one depending on the need of the other. The danger of these needs is that each may need successively more brutal treatment to satisfy their sexual needs.

Preferences for nonconsenting partners are separated into three types: exhibition, voyeurism and pedophilia. All three are considered crimes in this country and are almost entirely male crimes. Exhibitionism is the exposure of one’s genitals in a public place. It is the most prominent sexual offense leading to arrest and makes up one third of all sexual crimes. 1 From the

psychological point of view, there are three characteristic features of the exhibition. First, it is always performed for unknown women; second, it always takes place where sexual intercourse is impossible, for example in a crowded shopping mall; and third, it must be shocking for the unknown woman or it seems to lose its power to produce sexual

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

arousal in the individual. Exhibitionists are not assaultive and are considered more of a nuisance than an actual danger. Voyeurism is Looking at sexually arousing pictures or situations are a relatively common, apparently normal activity. The difference between this and voyeurism is that in normal watching, the viewing is a prelude to normal sexual activity. In the voyeur or “ Peeping Tom” the experience replaces normal sexual activity. Nevertheless, voyeurism may exist in a person who also engages in normal heterosexual activity. Pedophilia is the act of deriving sexual excitement through the physical contact of children. This paraphilia is radically different from exhibitionism and voyeurism in its severely damaging impact on the nonconsenting partner, a child. Ordinarily, the pedophiliac is someone who has ready access to the child. The child or parent would have no reason to suspect that the individual has a pedophilic orientation.

A gender identity disorder exists when a person, male or female, experiences confusion, vagueness or conflict in their feelings about their own sexual identity. There is a struggle between the individual’s anatomical sex gender and subjective feelings about choosing a masculine or feminine style

of life. Children can distinguish the difference between males and females by the age of two and by their fourth birthday can recognize the different roles

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

that each sex plays in society. By the age of fifteen or so a person can relate to what arouses sexual feelings in themselves. Those with a gender identity disorder may have a problem with one or all of these aspects of identity. (Harcout Brace Jovanovich Inc., 1993) The most common characteristic of the somatoform disorder is the appearance of physical symptoms or complaints of such without any organic basis. Such dysfunctional symptoms tend to range from a specialized sensory or motor diability to hypersensitivity to pain. Four major somatoform disorders exist: conversion disorder (also known as hysteria), hypochondriasis, somatization disorder, and somatoform pain disorder. The two somatoform disorders are conversion disorder and hypochondrias. The primary symptom for conversion symptom is often a lack or change in physical functioning. The diseased often react with an attitude of indifference, showing an amazing lack of concern. However, the primary symptoms which may include such serious ailments as blindness, amnesia and paralysis, are used as a defense mechanism by the person to escape from a stressful situation. In addition, there may be an awareness of the gains possible through the use of the symptom, which may prolong the symptom. Symptoms are grouped as follows. A conversion disorder is divided into three symptoms: Sensory symptoms, motor symptoms, and visceral symptoms. Sensory symptoms include anesthesia, excessive sensitivity to

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

strong stimulation (hyper anesthesia), loss of sense of pain (analgesia), and unusual symptoms such as tingling or crawling sensations. In motor symptoms, any of the body's muscle groups may be involved: arms, legs, vocal chords. Included are tremors, tics (involuntary twitches), and disorganized mobility or paralysis. Visceral symptoms consists of trouble swallowing, frequent belching, spells of coughing or vomiting, all carried to an uncommon extreme. In both sensory and motor symptoms, the areas affected may not correspond at all to the nerve distribution in the area. Hypochondriasis has no real illness, but is overly obsessed with normal bodily functions. They read into the sensations of these normal bodily functions the presence of a feared disease.

Dissociative disorders are disorders can no longer answer questions such as who they are, where they are at and what they are doing. People with a dissociative disorder remember information about their identity, memories or consciousness. These individuals dissociate from a specific point of reality. There are four categories of Dissociative Disorders: Depersonalization, Dissociative Amnesia, Dissociative Fugue, and Dissociative Identity Disorder. Depersonalization is a change in an individual's perception of themselves. They say to themselves things like, " I feel like I'm in a dream" because their connection to reality feels as though they are not in complete control over their own actions or feelings.

ADMINISTERING POLYGRAPH EXAMINATIONS ON CLIENTS WHO POSSES ABNORMAL BEHAVIOR AND PSYCHOLOGICAL DISORDERS

Dissociative Amnesia is when a person experiences a loss of memory about specific events, people, places or objects. Dissociative Fugue is categorized by a sudden or unexpected departure from home or work place. Dissociative Identity Disorder is also referred as Multiple Personality Disorder. This disorder is very rare, but is the most dramatic of all the dissociative disorders. People with this disorder alternate their personalities personifying a different person with different personalities. (Matte, 1996)

The most important aspect to remember concerning individuals with an acute mental disorder, is that the polygraph examiner should postpone an examination until it is determined the state of the person’s mental health. If the polygraph examiner knows in advance the state of the examinees mental condition and if a polygraph examination is required, the polygraph examiner should obtain written permission from the examinee’s medical care provider. (Matte, 1996)