**Abnormal Illness Behaviour**

In the absence of evidence of malingering, speculative judgements about unconscious motivation should be avoided where possible. The psychoanalytic concept of "secondary gain" has been misused in medicolegal settings and does not rest on a solid empirical base. In evaluating symptoms, hypothesised secondary gains should be weighed against manifest secondary losses. The notion of "abnormal illness behaviour" is contentious, and the term should not be used as a diagnostic label.

However, sometimes there is little evidence for a wish to recover, for instance when there is a lack of participation in regular therapy, or an aggressive reaction when approached by rehabilitation support workers. In these situations the possibility of secondary gain influences on the presentation of symptoms needs to be taken into consideration.

The severity of an individual’s distress may not be in doubt. They might report persistent, daily experience of high levels of anxiety, presenting as agitation and also mood symptoms, including disturbed sleep, low motivation and loss of interest. Thoughts about suicide at times, and ruminates about the unfairness of the situation may be present. There may be a clear loss of social and occupational functioning.

In these situations, there may be no medical (physical) illness preventing the individual from returning to the work force. They may have skills that could be used in work other than their last employment. However, there is doubt about a willingness to be employed, and the individual may make statements that they are permanently disabled and can never work again, due to symptoms of both anxiety and mood disorders. As mentioned already, this position is open to concerns that abnormal illness behaviour and secondary gain influences are present. Ongoing therapy to address these behaviours is required.

These individuals should not be considered as totally and permanently disabled, but as still in a recovery phase, it is possible that they will not return to their previous employment even if they recover, as anger and distress about that job is not open to reasonable discussion. However, they should in time recover their previous level of function, or at least a significant portion of it, and then return to the workforce.