

PSYCHOLOGICAL ADJUSTMENT AND PROBLEM-SOLVING SKILLS IN CONVICTED BY MURDER OR ATTEMPTED MURDER

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EXTENDED SUMMARY

Introduction

Mental illness is one of the risk factors associated to criminal behaviour (Arce, Fariña, & Novo, 2014). The relationship between both variables was extendedly investigated with contradictory results. Thus, high prevalence rates of mental disorders were found in prison - inmates (Fazel & Grann, 2004; Fazel & Seewald, 2012), as well as a higher risk of homicide behaviours in individuals with a mental disorder diagnosis (Eronen, Hakola, & Tiihonen, 1996; Schanda et al., 2004; Woodward, Nursten, Williamns, & Badger, 2000), mainly a psychotic disorder, antisocial disorder and alcohol or drug abuse (Richard-Devantoy, Olie, & Gourevitch, 2009; Woodward, et al., 2000). Nonetheless, literature is more consistent in determining the facilitator role of the combination of mental illness and delinquency variables in developing violent behaviours in contrast when they appear isolated (Vicens et al., 2011).

Notwithstanding, prison inmate mental illness high prevalence rates can be either cause or effect of imprisonment. The impact of prisonization on inmate's health generally causes sensory and personal image disturbances, loss of self-esteem, depersonalisation, sexual disturbances and anxious and depressive symptomatology (Botelho & Gonçalves, 2016; Ruiz-Hernández, García-Jiménez, Llor-Esteban, & Godoy-Fernández, 2015; Vilariño & Edmundo, 2013).

Problem-solving coping strategies represent a risk factor for criminal behaviour (Arce et al., 2014; Moore, Eisler, & Franchina, 2000). Overall, investigation has pointed out that antisocial behaviour is closely related to dysfunctional and inefficient coping strategies, in both in juvenile offenders and minors at risk of delinquency (Arce, Fariña, Seijo, Novo, & Vázquez, 2005; Vilariño, Amado, & Alves, 2013), as well as in prison inmates (Arce et al., 2014).

On the other hand, assuming adaptive coping strategies in prison could play a relevant role in prison inmates' physical and mental health. Likewise, the relationship between coping and psychological well-being or mental health in prison inmates have been investigated in depth. Contradictory results have been reached again, without a consensus regarding the way coping strategies affect inmates' psychological well-being (McMurrin & Christopher, 2009; Kirchner, Forns, & Mohino, 2007).

The aim of the present study was to progress on risk factors knowledge which underlies criminal behaviour, namely, homicide or attempted homicide. Furthermore, it is expected to obtain useful knowledge to create preventing intervention, re-education or therapeutic programs. Therefore, a study to contrast psychological adjustment (clinical symptomatology), and problem-solving skills (coping strategies) in a male sample of convicted by murder or attempted murder with the normative sample was carried out. Additionally, with the objective of extending more information about the prison inmates, archive data related to the type of homicide committed, the relationship with the victim and relapse were gathered.

Method

Participants

Participants were 27 male prison inmates, ranging age from 22 to 65 years ($M = 38.63$; $SD = 10.72$), convicted by homicide or attempted homicide. All they were serving the sentence at the 'Estabelecimento Prisional do Porto' (Prison of Oporto, Portugal).

Design and Procedure

A study focusing on clinical symptomatology measured in a sentenced homicide or attempted homicide sample was designed. The procedure consisted on contrast the prison inmates' mental health state with the SCL-90-R normative population (Derogatis, 2002). Likewise, coping skills were measured through CRI-A questionnaire in the same sample of participants, which was compared again with the normative population (Moos, 1993).

The sentenced sample was accidentally selected in the Prison of Oporto, and their participation was voluntary and authorized. Thus, the sample was made up of the whole sentenced murderers or attempted murders that came from that prison, and they gave informed consent to participate in the evaluation.

Instrumental measures

The Portuguese translation (back translation procedure) of the SCL-90-R [Symptom Check List-90-R] from Derogatis (2002) to evaluate clinical symptomatology and the CRI-A [Coping Responses Inventory Adult Form] from Moos (1993) to measure coping strategies, were the psychometric tests applied in the present study. The SCL-90-R was developed to assess symptoms patterns present on the individual.

Data Analysis

To contrast the murderers' scores (clinical symptomatology, and coping skills) with normative general population scores (test value), t test was used. Thus, the study sample was compared with a given test value, and t test was transformed on r effect size (Cohen, 1988; Rosenthal, 1994). With the aim to contrast the observed proportion with a test value (registered clinical cases in general population), Z tests were calculated and thereafter δ effect size (Hedges & Olkin, 1985). Additionally, symptomatology's increment from one group respect to another (prison inmates vs. normative population), was obtained directly from r effect size.

Results

Criminological characteristics of murderers or attempted murderers

The prison inmates' criminal records were used to extract the following data. From 27 overall participants, 55.5% (13) had committed a homicide, 44.4% (12) intentional homicide, and 11.1% (3) involuntary manslaughter. The remaining 44.4% was sentenced for attempted homicide. Regarding the relationship with the victim, 59.3% (16) had a previous relationship (11.1% partner, 11.1% family, 37% friendship/neighbourhood relationship/fellowship). Additionally, 55.6% of prison inmates lack of criminal records, and from those who had criminal records only one (3.7%) had relapsed in the same offence.

Clinical symptomatology contrast in murderers or attempted murderers imprisoned and normative population in SCL-90-R

Regarding the SCL-90-R symptomatic dimensions, significant results were obtaining between scores from the prison inmates sample and the SCL-90-R normative

population in all, exception of Hostility and Phobic Anxiety dimensions (see Table 2). Such differences were significantly higher in the convicted sample in Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Paranoid Ideation and Psychoticism dimensions.

Moreover, significant differences have arisen in the SCL-90-R global indexes: GSI, PST and PSDI (see Table 3). In line with the symptomatic dimension results, the sentenced murderer or attempted murder sample had informed of a higher symptomatic suffering.

Clinical cases study and SCL-90-R symptomatic dimensions

Results in the SCL-90-R symptomatic dimensions have shown a higher significant prevalence of clinical cases, in all with the exception of Hostility, in the sentenced murderers or attempted murderers' sample (see Table 4).

Coping skill contrast between convicted murderers or attempted murder and normative population on CRI-A

Contrast in coping skills (see Table 5) has exhibited differences in 6 out of 8 CRI-A scales. Normative population only displayed one higher significant score in the Logical Analysis scale. In the remaining scales with significant differences, that is, Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards and Emotional Discharge, the sentenced sample presented higher significant scores.

Discussion

It was verified, from the study of criminal characteristics, that most of the prison inmates have had a previous relationship with the victim. Furthermore, they were

characterized by a criminal versatility and recidivism tendency.

Likewise, from the psychological adjustment analysis (clinical symptomatology) we can conclude with guarantees that, at the time of the evaluation, sentenced murderers or attempted murderers shown a higher probability of being classified as clinical cases in most of the SCL-90-R symptomatic dimensions, as well as a higher probability of informing about higher significant scores in almost every scale and in all global indexes. However, owing to the design characteristics, it could not be established irrefutably whether the informed symptomatology was a risk factor facilitating the homicide behaviour, whether it is a consequence of the judicial processes and the criminal sentence compliance, or even it is not related to none of both interpretations.

Finally, solving-problem skill study conclusions (coping strategies) have shown that sentenced murderers or attempted murderers' sample was characterized by using an avoidance coping strategy. This coping style tends to focus on emotion instead of on problem. Thus, it is reflected on cognitive and behavioural attempts to avoid thinking in the stressor and its implications, or to manage associated effects (Moos, 1993). In this sense, results demonstrated that in all four avoidance coping strategies (cognitive avoidance, acceptance or resignation, seeking alternative rewards and emotional discharge), sentenced prison inmates reported higher significant scores. These strategies do not modify the state of the problem, becoming unproductive when such coping problem turns out modifiable and susceptible to be successfully solved. Additionally, Logical Analysis was the only approximation coping strategy that have shown differences but in the contrary direction. Sentenced murderers or attempted murderers scored less in such strategy, that is, they make less cognitive efforts to understand and face the stressor and its consequences. Therefore, they turn to a lesser extent, useful strategy that contributes to solve problems efficiently. Once again, evidence reinforced that prison inmates have a coping style that not address the real trouble. According to previous researches, maladaptive coping strategies contribute at the emergence of criminal behaviour (Andrews & Bonta, 2010; Llorca-Mestre, Malonda-Vidal, & Samper-García, 2017). Avoidance

coping style, which was characteristic of the sentenced sample, is considered as a maladaptive or unproductive strategy, at least out of prison context (Arce et al., 2014). In this sense, it is probable that avoidance coping style has contributed to the criminal behaviour explanation in the sentenced sample.

To summarize, results of the present study exhibit a wide range of psychopathological symptomatology in sentenced murderers or attempted murderers in contrast to the normative population. Thus, adequate mental health interventions and services in prison should be offered. On the other hand, convicted sample is characterized by using avoidance coping strategies. As a consequence and with the objective of facilitating prison inmates' social reintegration, multimodal intervention programs driven to mitigate avoidance coping strategies and to empower more adaptive coping strategies i.e., approximate ones, should be implemented (Beelmann & Lösel, 2006). Additionally, multi-level intervention must be implemented in order to reach the best possible outcomes (Arce, Seijo, Fariña, & Mohamed-Mohand, 2010; Fariña, Arce, & Novo, 2008).