THE RELATIONSHIP OF SOME CHARACTERISTICS OF THE PERSONAL STATUS OF CONVICTS SENTENCED FOR THE ROBBERY AND THE PROGNOSIS OF THEIR RESOCIALIZATION

Milko Mejovšek
Department of behavioral disorders
Faculty of Defectology

SUMMARY

At the sample of 327 male convicts sentenced for the robbery and/or robbery stealing we examined the relationship of some characteristics of the personal status and the prognosis of their resocialization. We processed the data by method of contingency tables. The results showed that the prognosis of the resocialization success is related significantly with the characteristics of the psychopathic and neurosis personality disorders. Psychopathic personality disorders are dominant in the examined sample. The significant relation with the subjects" age is established. The prognosis of resocialization success is generally very low for the robbery perpetrators, robbery stealing perpetrators and especially for those manifesting a lot of negative personality characteristics.
keywords:

1. INTRODUCTION

Different forms of violence are universal phenomena in the modern world and their tendency to increase is a matter of serious concern. In search for the motives, various opinions have been stated as the searching motive, but still there is no universally accepted theory. The motives have been looked for in the human nature and living surroundings. Criminology is interested especially in the violent disorders because the felonies with the different forms of violence grow in all dimensions.

Among the delicts usually considered as violent crimes, robbery and robbery stealing earn the special attention. Although they are considered as property crimes, these are the delicts with all the essential characteristics of the violent crime.

The research of the characteristics of robbery and robbery stealing perpetrators should have answered many questions of the preventive and the penological treatment for these persons. The problem in every prison are the convicts inclined to violent behavior. The main question is the effectiveness of penological treatment of convicts burdened with other personality disorders, too. In the population of convicts inclined to the aggressive reaction modalities, psychopathic personality characteristics are present to a high extent. The psychopaths are an ambiguous group and they cause most of the problems in their environment. The penologists are very skeptical about their socialization abilities. Whether they should be involved into the regular penological treatment or put into the special institutions, is a matter of controversy.

Prison influences badly a convict's personality. The so-called reactive states are known as a consequence of exposure to stress situations. The prison has a lot of stress situations, especially for the first-time delinquents. There is a strong movement in the world to transform the imprisonment into the alternative sanctions. The objections to penological treatment are: low effectiveness, and insufficient range of specific methods and treatment programs applied to the different convict's groups. There are, also, some positive changes as the computer systems in the prisons are being applied. Computer models of penological treatment have been developed.

1.1. The violent behavior

The last decades saw a rapid increase of all sorts of violence. The causes of this phenomenon have been sought in the human nature and in the social environment. Various negative social conditions have been proposed as causes, especially the industrialization and urbanization, as well as the fact that pathological appearances are mostly expressed in the various forms of the exploitation and manipulation. There is an ongoing discussion about the alienation of man, who separated himself from the nature without possibility to return to it, and about his unpredictable future. In modern civilization, man lost freedom that he had once upon a time and he is living now in the unnatural conditions. overloaded with the lack of existential meaning. He made powerful means of destruction that are an universal threat to human race. The philosophical question about human nature is raised in this context (Fromm, 1989).

The criminology has always paid special attention to the violent behavior because each felony is a form of violence. That

is important especially for the violent crime where by applied force the victim is inflicted physical and/or psychical pain. The robbery and the robbery stealing are property crimes but they have all the characteristics of the violent crime. We notice perpetrator's high-level aggressiveness in crimes where violence is dominant. So, it is understandable that criminologists are very interested in the aggressiveness, especially in the consideration of significant violent crime's increase almost in each country, even among the youngest population (Singer, 1994).

There are numerous theories of aggression. The best known are the instictivity theory by Sigmund Freud and Konrad Lorenz, the instictive-social theory by Erich Fromm, the frustration theory by John Dollard et al. and the theory of the social learning by Albert Bandura.

S. Freud in his aggression theory (the enclosure in E. Fromm's book "The Anatomy of Human Destructiveness") set off two basic instincts: the life instinct and the death instinct. These two instincts are in continuous conflict. The death instinct leads into self-aggressiveness and self-destructiveness but under the life instinct influence it is being redirected into the aggressiveness and destructiveness towards other people. Freud's theory is deterministic theory because, according to the theory, the behavior is managed by the instincts which we cannot resist. So, the destructiveness tendency in inborn to man. Freud's followers support the instinctive human nature but dispute the death instinct.

Hartman, Kris and Lowenstein (according to Žužul, 1986) hold that there is an aggressive instinct which is, along with the sexual instinct, the main force in the human behavior. If the aggressive energy is not released through the fight, it internalizes — i.e. it is being directed inside, which leads to the dissatisfaction and to the feeling of guilt.

Anna Freud (according to Žužul, 1986) prefers "hydraulic model" according to which, if the aggressive energy does not manifest, it accumulates until the moment when it cannot be controlled any more so the aggressive reaction has to break all the obstacles.

Konrad Lorenz's (1970) based his theory on the research of animals' behavior. It is as well considered to be a "hydraulic model theory". The aggressive behavior is an instinctive behavior and it is the effect of energy that continuously accumulates in the nervous centers. When enough energy accumulates, a sort of explosion bursts, with or without the cause. The aggressive behavior shows spontaneously. The surrounding stimuli are not the cause but only the inducement for the aggressive behavior. Animals and man look for or even self-induce the stimuli that provide aggressive reaction (the accumulated aggressive energy releasing - "challenge to be challenged"). The aggressive behavior is useful for survival of the individuals and the species in the animal world (the selection and mutation processes). But, for man, the aggressive instinct turned into the destructive threat for mankind. Lorenz, as well as Freud, pessimistically concluded that the destruction is a need inborn to man. It is considered that the basic inadequacy of Lorenz's theory is the conclusion by analogy (from animals to people).

Erich Fromm (1989) very critically reviewed Konrad Lorenz's instinctivity theory. According to Fromm, there are two kinds of aggressiveness: the benign and the malign. The benign aggressiveness is the defensive reaction and it emerges when being assaulted or when the escape from dangerous situation is impossible. It is phylogenetically programmed and it is common in animals and in humans. The malign aggressiveness is destructive aggressiveness. It is only human characteristic, and consists of enjoyment in cruelty and destruction. It isn't phylogeneticaly programmed. It isn't biologically adaptable, it has no purpose and it is dangerous for the victim as well as for the attacker.

Fromm considers that Lorenz's theory (all human aggressiveness, including the passion for killing and torturing, comes from biological determined aggressiveness turned from benign into destructive because of the certain factors influencing) is not sustainable because of the following reasons: the extent of the destruction progresses with the civilization developing and not vice versa; the researches of the primitive tribes show enormous differences in the destructiveness; the different scales of destruction are in correlation with the certain social structures, i.e. social conditions.

According to Fromm, the notion of inborn human destruction is more suitable for history than to prehistory of the human community. If man had only biological, adaptable aggressiveness that serves individuals' and species' survival, and which man shares with animals, he would be a relatively peaceful being. But the man is distinguished from the animals because he

is a murderer. He is the only primate who kills and tortures members of his own species and doing that he feels satisfaction. That destructive aggressiveness represents the threat for human survival. Fromm ascribes special importance to the passions deep-rooted in the character. The passions are put together into the syndromes. There are two basic syndromes: the life improvement syndrome and the life distortion syndrome. So, in conclusion there are two basic passions: love and hate (passion for destruction). According to this, Fromm as a psychoanalyst states an opinion that is similar to Freud's opinion about the life instinct and the death instinct. The passions are a part of the human nature. Their base is biological and social. The destruction emerges as a consequence of the interaction of social and existential human needs that can be satisfied productively or destructively. Fromm's theory can be labeled as the instinctive-social theory. Although the Fromm's and Lorenz's opinions are different, they both agree that loss of freedom (the life in the lack of space) leads to significant increase of the destruction.

There have been attempts to explain aggressiveness as a result of specific biological structures, i.e. of physiological changes in the organism. In literature we can find descriptions of cruel murderers with so called XYY syndrome where the higher aggressiveness is attributed to added Y chromosome. The numerous researches showed that there is a connection between the higher amount of testosterone and the aggressive behavior. The similar is found out for norepinephrin, the adrenal glands hormone. The electric stimulation of specific subcortical cores of the limbic system leads to expressive aggressiveness or to the total inhibition of the aggressive behavior. Based on these researches, the hypothesis that the center for aggressiveness is in the limbic system has been stated. Kenneth Even Moyer (according to Žužul, 1986) suggested, based on physiological researches mostly on animals, a theory of 6 kinds of aggressiveness. Each has a specific neurological and endocrine base (the rapacious aggressiveness, the aggressiveness among males, the aggressiveness induced by fear, the provoked aggressiveness, the territorial and motherhood aggressiveness and the instrumental aggressiveness). According to Moyer, the territorial and motherhood aggressiveness have the same base. The question is to what extent is the theory acceptable as the explanation of human aggressiveness. Namely, researches have been done mostly with the animals. The influence of learning and social conditions to the aggressive behavior has been neglected, as well as the fact that some sorts of aggressiveness pertain exclusively to animals.

The theory of frustrative aggressiveness is mostly cited. The theory's authors are Yale's psychologists Dollard, Doob, Miller, Mower and Sears. According to this theory, the aggressive reaction is preceded by frustrative situation. The frustration causes a sort of instinct (not in psychoanalytical sense) which then leads to aggressive behavior. The theory is behavioral, based on the stimulus-reaction principle. The frustration is defined as the organism condition which emerges when an obstacle prevents the aim we want to achieve. Objections to this theory are that each frustration does not necessarily cause an aggressive reaction and that there are situations where the aggressive behavior is not connected with the frustration (the instrumental aggressiveness).

Leonard Berkowitz (1993) modified the theory of Dollard and others. The frustration does not directly cause the aggressive behavior. Before that, it stimulates the emotion of anger. Besides anger, the so called aggressive signs are important to the aggressive behavior. These are the stimuli from the environment that are by classical conditioning connected with the aggressive reactions. These stimuli predict the aggressive behavior when the anger shows up. A typical sign-stimulus is a weapon. If the man in a state of anger sees a weapon or a similar object, he takes it without thinking and he reacts aggressively. The aggressive sign is every object or situation that stimulates aggressiveness because it has some previous connection with aggressive behavior. By establishing the anger between the frustration and the aggressiveness, Berkowitz replaces the unclear notion of instinct. In addition, Berkowitz does not think that the cause for the frustration are only the obstacles to achievement of the aim but the general state of the organism, caused by any aversive stimulus (penalty, pain, etc.) Most authors hold that aggressiveness is not a single phenomenon so we could presuppose that there are two main types of the aggressiveness: the aggressiveness as the consequence of provoked situation and the aggressiveness as the instrument for achieving an aim. The first type of aggressiveness is mostly emotional and the second is mostly cognitive. Albert Bandura's

social learning theory explains the second type of aggressiveness. The aggressive behavior can be learnt by observing the other people's aggressive behavior. Observing the behavioral model, especially the consequences of such behavior, causes the wish to accept or reject the observed behavior. This sort of learning is called observation learning. If the aggressive behavior was rewarded, there would be a great possibility for observer's accepting it in the similar situation. It is not necessary that model is an actual person. The model can be a movie character or a character from a story or a comic. Observing the aggressiveness of others causes the emotional excitement that is a motive for aggressive discharge. This way, the observer identifies himself with the attacker and reacts aggressively. However, there is a possibility of aggressive reaction against the aggressor because he imitates the observer with his behavior.

The impulsive (emotionally caused) aggressiveness has the characteristics of stable personality dimension. The longitudinal researches showed relatively high aggressive stability coefficient during long periods as well as the significant interindividual differences in the aggressiveness (Žužul, 1986). The aggressiveness is also the criminological variable. If it is found out in the childhood, it is a very good predictor of delinquent behavior (Singer and Mikšaj-Todorović, 1989).

In the research of the violent behavior motivation, reacting by the principle of the frustrative stereotype earns our special attention. That stereotypical aggressive behavior in the frustrative state (scolding, slamming the doors, banging things) goes on automatically (learnt by classical conditioning). In the base of this reaction is a reduction of the emotional tension caused by frustration (the role of "exhaust valve"). The destructive violent behavior in many cases can be explained by the mechanism of the frustrative stereotype. That is especially in the vandalistic behavior or in "harassing" the victim. The victim can be a person or an object. The typical examples are: damaging cars and telephone boxes, spraying on the fresh painted walls, smashing the street lights etc. In this respect, special attention is given to the clashes between football fans at the stadiums and out of the stadiums. This is collective violence stimulated by the crowd. The crowd gives the feeling of strength. The individual does not act alone but as a member of the crowd or group. The group carries the individual away even against his will. The causes of the "football hooliganism" are deep and the basic cause is not the football itself. The participators have some problems in social adaptation. They tend to behave violently, neglect school and work, live in bad family circumstances, do suspicious jobs and already have police or court record (Singer, 1994).

1.2. The effectiveness of penological treatment

During last 15 years, the penological treatment has been subjected to a lot of criticism. Numerous researches questioned its effectiveness. The resocialization conception, the conception of the "compulsive re-educating" has got strong criticism lately. This conception is abandoned even in our country in the name of the protection of freedom and dignity of personality. The convict has a free choice of the specific penological treatment. But the problem remains: how to create a penological treatment, what to include in it, how to obtain the necessary conditions to apply it (small convicts groups, enough space, official experts, funds). The conditions are still mostly bad for applying the penological treatment. Before all, these are: problem of overpopulation in the prisons, lack of official experts, and inappropriate space for treatment. This naturally explains the very strong movement for changing the prison's punishment into the alternative whenever it is possible and especially taking into the consideration all the negative outcomes of staying in the prison. The individual is officially expelled from the community. That influences negatively his relationship with the society and with himself. The incarceration confirms the feeling of instability, apathy, diminishing self-esteem and stimulates the identification with the persons with criminal behavior (Ajduković and Ajduković, 1991).

The penological treatment is a general term for the whole activity concerned with convicts in a prison. The criticism of the treatment defined as such can be resumed as follows (Mejovšek, 1986, 1989):
1. the treatment is not the standard procedure where all the possible influences to the convicts can be foreseen (it isn't clearly and precisely defined);
2. it isn't adapted enough to the specific biopsychosocial characteristics of the convicts (it is insufficiently individualized, without enough specific programs offering to

the convicts);

3. there is insufficient choice of instruments and procedures for registration of the accomplished changes in working with the convicts; accordingly, there is insufficient use of the feedback information that should be able to improve the treatment programs;

4. the problem of motivating the convicts to be involved into the treatment programs (is the motivation intrinsic or extrinsic);

5. the treatment goes on in unnatural conditions where the convicts are exposed to the different deprivations and negative influences, in the conditions of permanent conflicts in the prison as the institution for punishment and resocialization (is it possible to achieve convict's personality permanent changes?);

6. , inappropriate space, prison's overpopulation, the lack of experts (prison's experts' lack of motive to get employed).

Part of the mentioned failings that pertains to item 3 could be solved by wider applying of computers. We have already had some significant results in our prisons. The main purpose is to apply systematical observation of the individual changes caused by the treatment influence. So, it would be possible to figure out the treatment shortages in time and to do the necessary changes.

The whole incarceration period can be divided into numerous subperiods, from initial to final. In between the beginning and the end of the treatment there are many transitive time points that represent the treatment control points used for evaluating of what has been achieved. These points should follow every three months. This seems to be optimal period for starting up the changes induced by the treatment program. In each transitive point, planned and achieved results are being compared. The corrections are being inserted into the treatment program according to differences between what was planned and what was achieved. It is being done for every convict individually, of course. The computer is indispensable because of a lot of information and information processing. There are no significant problems because the experience shown that computers are widely accepted and their are becoming more accessible daily. The real problem is to create the program for the observation of the individual changes during the treatment. It is recommended to apply computer gradually in the prisons, firstly for doing simpler jobs and then for more complicated ones.

The treatment goes on by segments. Each transitive point represent a partial aim.

By realizing the partial aims we gradually reach the final aim of the penological treatment. The main advantages of this approach are the continuous control of the treatment process and the possibilities of intervention whenever there are no results. Thus it is possible to avoid the basic fault — to conclude, after some treatment time or even after the whole treatment, that the treatment was ineffective or maybe even harmful. The main purpose is that treatment is not random, that the methods and procedures applied should not be a matter of intuition or imagination but of careful planning, programming and that it goes on by continuous control.

As a rule, when the treatment once starts, it quickly evades the control partly or wholly, whether we could not notice all the happened changes or that we could not process and analyze all the collected data. The treatment is a process. We cannot stop it to analyze all the information about its consequences and effectiveness. Because of that, the decisions about the treatment flow are often given casually, based on sporadic impressions.

The quantitative and qualitative changes under the treatment influence can be analyzed in pairs of discrete points or simultaneously, through many time periods, which should be more logical. However, the statistical methods for analysis of changes in many time points still are not enough developed, due to the high complexity of these processes. Methods for sequential changing analysis are being mostly used. They analyze the changes in pairs of time points.

A computer with its memory and storage space can be used for storing all the information about convicts. So, it is easy to get the information, which is not the case in classical information storing. Applying the computer models in the prisons could lead to closer connection between the organizational units due to higher inter-communicational possibilities. Until now, the cooperation between units was mostly low so the computers could even in this segment increase the effectiveness of penological treatment.

Computer models will not improve the treatment significantly if there are no significant improvements in the base of the treatment, in methods and processes that the treatment consists of. The treatment goes on basically as a group treatment, because there are no conditions for the individual treatment with the convicts. The group treatment is good also because of the positive influence

to the group members. There are different conceptions as well as different methods for the group treatment. There are significant differences among the expert's preference of the specific methods.

What has to be done and what is the pre-condition for developing further penological treatment, is the re-examination of these methods in the specific prison's conditions. This is the working tool and if the working tool isn't good, there will be no results.

1.3. The convict's personality characteristics

It is known that among convicts population there are significantly more personality disorders that among common population. The higher frequency of the personality disorders is generally ascribed to the higher frequency of the personality disorders in the crime population and to the influence of the stress situations that prison abounds with. According to some estimates, every other convict manifests some personality disorders (Pulević et al., 1988). According to the authors mentioned, there are three dominant groups of the disorders in the prisons: psychopathy, neurosis and so-called primitive personality. The convicts with the psychopathological characteristics represent the problem in every prison, because they behave aggressively, brake the prison's rules and disturb regular activities. Psychopaths represent a special problem. There are a lot of disagreements about the definition of psychopathy. The dominant opinion is that there is the primary and the secondary psychopathy. The primary - "real" psychopathy has these characteristics: the instinctive antisocial behavior and the aggressiveness without a clear motive. The secondary psychopathy shows from time to time with the different symptoms of the neurotic behavior. Generally, the psychopathic personality is defined by antisociability, aggressiveness, impulsiveness, absence of anxiety, feelings of guilt and inability for giving and receiving love (Miller, 1987). The psychopaths have not learnt to control the instincts and the impulses, so they have represented the problem for themselves and for the environment since their childhood. They can not stand their inner tension and tend to satisfy their needs immediately. Their intellectual capabilities are relatively well developed, except in aggressive psychopaths (Miller, 1987). Especially important for penologists is the fact that the psychopaths

show evident learning incapability because of the negative consequences of their behavior. The penalty doesn't cause the anxiety and the avoidance of punishable behavior. The psychopaths are unstable, insincere, very egocentric, incapable to have stronger interpersonal contacts and their emotional life is very poor. Typical characteristics of psychopathy are: lack of moral judgment and selfishness towards other people. The psychopaths put exaggerated demands towards the others, who exist only to fulfill their desires. The underdeveloped sense of reality is the consequence of psychopaths' general psychic immaturity. They are emotionally retarded to the infantile development level. According to the estimates, about 20% of the convicts are psychopaths (Pulević and others, 1988; Singer, 1994).

According to Eysenck's theory (according to Fulgosi, 1981), the constitutional extroverts (who have less excitable somatic nervous system) show the tendency to the psychopathic behavior (if there is instability of vegetative nervous system, too). According to the aforementioned, this responds to the secondary psychopathy. The frontal brain and left brain hemisphere disorders have been found in primary psychopaths (Miller, 1987). These disorders enable the re-establishment of the concrete mechanisms. The psychopathy is situated in the border space between health and sickness. This is the reason for unclear "status" of the psychopaths. Mental hospitals accept them unwillingly because they disturb the healing of so-called real mental patients. In prison they represent a big burden and disturbance, too, so there are suggestions to establish special institutions (Turčin and Goreta, 1988). However, the opinions are divided here. Some authors hold that the solution is not to remove the psychopaths from the real surroundings, but that the adequate treatment programs should be offered - before all, the specific models of group treatments (Pulević and others, 1988).

The staying in the prison, especially if it is prolonged, leads to higher depression and paranoia. The results of the researching done on a representative sample of convicts in our country showed this (Knezović et al., 1989). By applying the MMPI scale, they found higher depression and paranoia in convicts sentenced for murders and assaults and in recidivists. As these are the long terms convicts, the presupposition that a great deal or even the bulk of this psychopathology can

be ascribed to the negative effects of the prison's environment. Because, as the authors themselves pointed out, the profile differed from the standard criminology profile where the peaks are usually the psychopathy and hypomania. Of course, mentioned groups of prisoners have even higher results at the psychopathy and hypomania scales in comparison with other prison's groups (traffic delinquents, convicts sentenced for short terms, non-recidivists). In the same publication, the scores for convicts and "normal" persons are given (the persons from common population, not sentenced for delicts), collected in several researches using Eysenck's EPQ scale. The results undoubtedly show the convict's significant higher level on the psychopaty and neuroticism scales.

The convicts with the psycho-pathological problems have been punished by strict discipline penalties more than the other convicts (Knezović et al., 1989; Mejovšek, 1992). The convicts with the personality disorders adapt more difficultly to the actual penological treatment (Mejovšek, 1992). They get lower scores in working, educating, free activities and they are more exposed to penalties. The present treatment in prisons is more adapted to the so-called normal convicts and is not appropriate to the convicts with the psychopathological characteristics (Pulević et al., 1988). According to this, the biggest changes in the penological treatment are expected in its adjustment to the prisons' population with various personality disorders.

The robbery and robbery stealing always have attracted special attention in the criminology studies. These felonies, although they are classified as crimes against property, have all the essential characteristics of violent crimes.

The robbery is the felony where perpetrator applies the force or treats by force the victim in purpose to take away strange mobile properties. The robbery stealing is the felony where the perpetrator applies force or threatens the victim by force in purpose to keep the stolen mobile property. These felonies, as well as all violent crimes, grow continuously (Dujmović, 1994). The robbery is the felony that is typical for younger perpetrators. These are mostly minors and young adults. The educational level of these persons is relatively low. In numerous robberies and robbery stealings, the perpetrators and also the victims are found to be alcoholized. The perpetrators are mostly

of rural origin and they grew up in very unfavorable family circumstances. Their recidivism rate is extremely high (Singer, 1994).

Among the characteristics of robbery perpetrators' personality, especially noticeable are the following: impulsivity, egoism, under-average intelligence, suggestibility and lack of emotions (Singer, 1994). From mentioned personality characteristics clearly emerges the psychopath's personality constellation. That was officially diagnosed in significant higher number of cases that in the prisons' population as a whole (32%, according to Singer, 1994).

2. THE AIM OF THE RESEARCH

The aim of this research is to find out the connection between the specific personality characteristics of the convicts and the prognosis of the resocialization successfulness after the penological treatment. The method of contingence tables has been applied. We had not use regressive analysis, that would have been more appropriate, because we considered the dependent variable to be nominal. The prognosis of the resocialization effectiveness is important for granting the release on parole. Namely, the convicts who are expected to successfully reintegrate in society after the release from the prison, have greater probability to be released on parole. Furthermore, unfavorable prognosis suggests to analyze the penological treatment, its weakness and to conceive new treatment models.

3. THE METHOD

The sample consisted of 327 male convicts sentenced for the robbery and robbery stealing felonies. During their imprisonment they were in the maximum security prison.

The dependent variable was defined as follows:
The prison's prognosis of the resocialization successfulness:
1. positive
2. uncertain
3. negative because of too short treatment term
4. negative because of the convict's inappropriateness due to the old age and sickness

43

5. negative because of the convict's negative personality characteristics
6. negative because of other reasons

The independent variables were:
1. age
2. general intelligence
3. general education
4. religiousness
5. afectothymia
6. emotional stability
7. extroversion
8. dominance
9. aggressiveness
10. self-criticism
11. working habits
12. organic psychosyndrom
13. reactive disorders
14. personality immaturity
15. personality trait disorders
16. neurosis
17. sexual disorders
18. psychopathy
19. self-injuring
20. suicidal attempts
21. psychosis

The data were collected from the official prison's documentation. The data were elaborated by the method of contingency tables. We calculated CHI - square and the associating coefficients: PHI coefficient, contingency coefficient C, corrected contingency coefficient Cc and Cramer's coefficient V.

4. THE RESULTS

The results show that the null-hypothesis (that the dependent and the independent variables are not connected) can be rejected for the following independent variables: age, psychopathy, personality structure, aggressiveness, personality immaturity, emotional stability, personality trait disorders, working habits, self-injuring, suicidal attempts, sexual disorders and psychosis.

It's easy to notice that the percent of positive prognosis of the resocialization is very low, only 16.5%, but it is very high, 65.1%, for uncertain prognosis. There is also a very high percentage of the convicts with extremely negative personality characteristics - 14.4%. The similar results have been shown in other researches, too (Singer, 1994).

A characteristic for the robbery and/

or robbery stealing perpetrators is a very high recidivism rate (Singer, 1994). This points to the conclusion of very low penological treatment effectiveness for this population. This is in accordance with the previous data that induce pessimism about social reintegration of these perpetrators. A lot of unfavorable psychosocial characteristics of these persons are stated as the reason for this (Singer, 1994).

The greatest part of convicts sentenced for the robbery and robbery stealing delicts are between 26 and 30 years old (38.5%). That is in agreement with the criminological statistics, according to which the greatest number of these perpetrators belong in the category of young adults (here we have the shift in age, because for most of the subjects several years had passed between the felony and the examination). Age 20 to 25 is considered as the period of "crime maximum". This age is typical for violent crime, but we must note that much violent crime is met even in younger ages. It is estimated that two thirds of the robbery and/or robbery stealing are done by young adults, 18 to 25 years old (Singer, 1994).

The uncertain prognosis is higher for young than for older convicts. The age group 31 to 40 earns special attention because of relatively high number (24%) of the persons with the extremely negative personality characteristics. These are multi-recidivists, so-called the incorrigible category - the primary psychopaths (the constitutional psychopaths who cannot be helped by any of corrective techniques and treatments). At these persons functional disorders of the frontal brain and left- brain hemisphere are found. These are the brain parts responsible for behavioral controlling and planning (Miller, 1987). With the mentioned genetically caused disorders, these persons behave especially asocially and antisocially (Harris, Rice and Quensey, 1994).

The penological treatments of psychopaths are mostly without results. It is understandable for the primary psychopathy where there are functional disorders in the central nervous system. The penological treatment could influence the secondary psychopaths, those who occasionally manifest psychopathological disorders and who are connected with the neurotic disorders, mostly of hysteric type. In every case, the psychopathy disorders represent one of the major problems for the penological treatment, so they should get the highest priority in the scientific researches in penology.

Table 2 results show extremely high frequency (64.8%) of the diagnosed psychopathy in this sample. Psychopathy is diagnosed in almost two thirds. of the cases. According to expectations, the prognosis of the resocialization effectiveness for the psychopaths is lower than for the non-psychopaths.

The basic disorders: psychopathy, neurosis and psychosis are completely irregularly represented. Psychopathy was diagnosed in 64.8% of the cases, and neurosis in 22.3%. The psychoses were not diagnosed. There were only 8 cases of the borderline disorders and two cases of disorders in remission. Accordingly, there are two main personality disorders: psychopathy and neurosis. As the psychopathy is almost tree times more frequent than neurosis, for which we did not find significant correlation with the prognosis of the resocialization successfulness, the logical conclusion is that all disorders that are significantly correlated with the resocialization successfulness will be connected with the psychopathy as the basic disorders of the subjects.

For illustration, we are giving the following data. If we take into consideration these disorders: over-average aggressiveness, personality immaturity, under-average emotional stability, personality treat disorders, under-average working habits, self-injuring, suicidal attempts, and sexual disorders - their frequency in comparison with the whole sample show that these disorders manifest in the subjects with the diagnosed psychopathy in the following percentage: over-average aggressiveness 73.4%, personality immaturity 70.9%, under-average emotional stability 72.8%, personality treat disorders 75.1%, under-average working habits 75.2%, self-injuring 89.0%, suicidal attempts 80.0% and sexual disorders 94.1%. If we take into consideration only the subsample of the psychopaths, the frequency of these disorders among the psychopaths is as follows: over-average aggressiveness 74.5%, personality trait disorders 88.2%, underaverage working habit 78.8%, self-injuring 38.2%, suicidal attempts 7.5% and sexual disorders 7.5%.

The mentioned personality characteristics belong to the neurotic personality type as well, so regardless that neurosis as independent variable did not gain the statistical significance, the neurotic personality also explains the part of common variance with the prognosis of the resocialization successfulness, but in a significantly lower extent as shown by previous given data for the psychopathy. Higher aggressiveness, personality treats disorders and the emotional instability in the psychopathic type are the main attributes of the negative resocialization prognosis. The social surrounding is very sensitive to the forms of aggressiveness (Momirović, Viskić-Štalec and Mejovšek, 1974). The conative processes are more important than the cognitive processes for the successful social reintegration, but the influences of the social surrounding are especially important (Momirović, Viskić-Štalec and Mejovšek, 1974; Kovačević, 1981). In the adaptation to the prison, a significantly higher role belongs to the effectiveness of conative processes than to the effectiveness of cognitive processes.

The convicts sentenced for the robbery and robbery stealing felonies with the extremely negative personality characteristics are separated significantly from the other subjects in all tables. This group of convicts represents the main group with the negative resocialization prognosis. We certainly could ask what sort of penological treatment can be offered to such convicts. It is obvious that presented penological treatment isn't adjusted to the convicts with the personality disorders, and this is especially evident for the mentioned convict's group.

Besides the group of convicts with the most difficult personality disorders, it is possible to separate some other groups of perpetrators of robbery and robbery stealing felonies for whom it is necessary to have special treatment programs. Based on psychopathic characteristics, the four distinct groups are exposed, four "types" (Mejovšek, forthcoming). Those are: "rural type" ("brutal type"), "professional type", "alcoholic type" and "asocial type". The first type includes the persons with low intelligence and with very low educational level, the second type - the professional criminals who started crime career in early age, the third type - alcoholics who commit the felonies in alcoholized state and the fourth type - asocial persons with the significant personality and behavioral disorders. All the explained types are as the consequence of unfavorable family social conditions during their childhood and their youth. Each "type" requires a special

treatment program.

The general conclusion could be that penological treatment for the robbery and robbery stealing perpetrators is ineffective because of the high representation of the persons with the psychopathic personality disorders. The higher effectiveness of the penological treatment can be expected only when the treatment programs are adaptable to the specific groups of these perpetrators.

5. REFERENCES

1. Ajduković, M., Ajduković, D.: Alternativne sankcije: putevi smanjenja zatvorske populacije, Penološke teme, 1991, 6, 1-.4, 47-56.
2. Berkowitz, L.: Agression: Its causes, consequences, and control, Mc Graw-Hill, New York, 1993.
3. Dujmović, Z.: Pristupi u otkrivanju i razjašnjavanju razbojništva, Policija i sigurnost, 1994, 3,3, 245-262.
4. Fromm, E.: Anatomija ljudske destruktivnosti, Naprijed, Zagreb, 1989.
5. Fulgosi, A.: Psihologija ličnosti, Školska knjiga, Zagreb, 1981.
6. Harris, G.T., Rice, M.E., Quinsey, V.L.: Psychopathy as a taxon: Evidence that psychopaths are a discrete class, Journal of Consulting and Clinical Psychology, 1994, 62, 2, 387-397.
7. Knezović, Z., Kulenović, A., Šakić, V., Zarevski, P., Žužul, M.: Psihološke karakteristike osuđenih osoba, Znanstvena edicija 17.časopisa Penološke teme, Zagreb, 1989.
8. Kovačević, V.: Problemi resocijalizacije maloljetnika s delinkventnim ponašanjem, Fakultet za defektologiju i Izdavački centar Rijeka, Zagreb - Rijeka, 1981.
9. Lorenz, K.: O agresivnosti, Zodijak, Beograd, 1970.
10. Mejovšek, M.: Kibernetički model penološkog tretmana, Penološke teme, 1986, 1, 3-4, 145-152.
11. Mejovšek, M.: Evaluacija institucionalnog penološkog tretmana, Penološke teme, 1989, 4, 1-2, 1-8.
12. Mejovšek, M.: Povezanost kognitivnih i konativnih karakteristika osuđenih osoba i adaptacije na penološki tretman, Penološke teme, 1992, 7, 1-2, 71-76.
13. Mejovšek, M.: Obilježja ličnosti, ponašanja i "pasivnog" socijalnog statusa počinitelja delikata razbojstva, Socijalna psihijatrija, 1995, 23, 3-4, 129-140.
14. Miller, L.: Neuropsychology of the aggressive psychopath: An integrative review, Aggressive Behavior, 1987, 13, 3, 119-140.
15. Momirović, K., Viskić-Štalec, N., Mejovšek, M.: Relacije kognitivnih i konativnih karakteristika maloljetnih delinkvenata i efikasnosti resocijalizacije nakon penalnog tretmana, Defektologija, 1974, 10, 1-2, 155-173.
16. Pulević, V., Martinovich-Babić, L., Weiner, M., Bučuk, R.: Tretman delinkvenata sa psihopatološkim karakteristikama, Penološke teme, 1988, 3, 1-2, 95-102.
17. Singer, M., Mikšaj-Todorović, Lj.: Delinkvencija mladih, Globus, Zagreb, 1993.
18. Singer, M.: Kriminologija, Globus, Zagreb, 1994.
19. Turčin, R., Goreta, M.: Psihopatske ličnosti u suvremenoj forenzičkoj psihijatriji, Penološke teme, 1988, 3, 1-2, 7-14.
20. Žužul, M.: Pregled teorija agresivnosti, Penološke teme, 1986, 1, 3-4, 123-144.

APPENDIX:

Table 1: Age - Resocialization

	1	2	3	4	5	6	
18 - 21	3 11.1 5.6	21 77.8 9.9	0 0.0 0.0	0 0.0 0.0	3 11.1 6.4	0 0.0 0.0	27 100.0 8.3
22 - 25	10 13.9 18.5	48 66.7 22.5	4 5.6 66.7	2 2.8 50.0	8 11.1 17.0	0 0.0 0.0	72 100.0 22.0
26 - 30	25 19.8 46.3	86 68.3 40.4	1 0.8 16.7	0 0.0 0.0	13 10.3 27.7	1 0.8 33.3	126 100.0 38.5
31 - 40	7 9.3 13.0	48 64.0 22.5	1 1.3 16.7	0 0.0 0.0	18 24.0 38.3	1 1.3 33.3	75 100.0 22.9
41 - 50	7 33.3 13.0	8 38.1 3.8	0 0.0 0.0	1 4.8 25.0	4 19.0 8.5	1 4.8 33.3	21 100.0 6.4
51 - 60	2 33.3 3.7	2 33.3 0.9	0 0.0 0.0	1 16.7 25.0	1 16.7 2.1	0 0.0 0.0	6 100.0 1.8
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

```
CHI                                                        p        .0022
SQUARE    49.960

PHI       .39        C        .36        Cc        .40        V        .17
```

Table 2: Psychopathic personality structure - Resocialization

	1	2	3	4	5	6	
NO	34 29.6 36.0	69 60.0 32.4	3 2.6 50.0	1 0.9 25.0	8 7.0 17.0	0 0.0 0.0	115 100.0 35.2
YES	20 9.4 37.0	144 67.9 67.6	3 1.4 50.0	3 1.4 75.0	39 18.4 83.0	3 1.4 100.0	121 100.0 64.8
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

```
CHI                                                        P        0.0000
SQUARE    28.192

PHI       0.29        C        .28        Cc        .40        V        .29
```

Table 3: Aggressiveness - Resocialization

	1	2	3	4	5	6	
Under-average	6 42.9 11.1	6 42.9 2.8	1 7.1 16.7	0 0.0 0.0	1 7.1 2.1	0 0.0 0.0	14 100.0 4.3
Average	18 26.2 33.3	38 55.1 17.8	2 2.9 33.3	1 1.4 25.0	9 13.0 19.1	1 1.4 33.3	69 100.0 21.1
Over-average	30 12.3 55.6	169 69.3 79.3	3 1.2 50.0	3 1.2 75.0	37 15.2 75.0	2 0.8 66.7	244 100.0 74.6
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

CHI SQUARE   19.449   P   .0346

PHI   .29   C   .24   Cc   .29   V   .17

Table 4: Personality immaturity - Resocialization

	1	2	3	4	5	6	
NO	32 25.8 59.3	79 63.7 37.1	1 0.8 16.7	1 0.8 25.0	10 8.1 21.3	1 0.8 33.3	124 100.0 37.9
YES	22 10.8 40.7	134 66.0 62.9	5 2.5 83.3	3 1.5 75.0	37 18.2 78.7	2 1.0 66.7	203 100.0 62.1
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

CHI   P   0.0032
SQUARE   17.5

PHI   0.23   C   .23   Cc   .32   V   .23

Table 5: Emotional stability - Resocialization

	1	2	3	4	5	6	
Over-average	7	10	0	0	0	1	18
	38.9	55.6	0.0	0.0	0.0	5.6	100.0
	13.0	4.7	0.0	0.0	0.0	33.3	5.5
Average	25	56	1	2	7	1	92
	27.2	60.9	1.1	2.2	7.6	1.1	100.0
	46.3	26.3	16.7	50.0	14.9	33.3	28.1
Under-average	22	147	5	2	40	1	217
	10.1	67.7	0.9	0.9	18.4	0.5	100.0
	40.7	69.0	50.0	50.0	85.1	33.3	66.4
	54	213	6	4	47	3	327
	16.5	65.1	1.8	1.2	14.4	0.9	100.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHI SQUARE   32.456   P   .0000

PHI   .32   C   .30   Cc   .37   V   .22

Table 6: Personality trait disorders - Resocialization

	1	2	3	4	5	6	
NO	24	47	1	0	6	0	78
	30.8	60.3	1.3	0.0	7.7	0.0	100.0
	44.4	22.1	16.7	0.0	12.8	0.0	23.9
YES	30	166	5	4	41	3	249
	12.0	66.7	2.0	1.6	16.5	1.2	100.0
	55.6	77.9	83.3	100.0	87.2	100.0	76.1
	54	213	6	4	47	3	327
	16.5	65.1	1.8	1.2	14.4	0.9	100.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHI   P   .0019
SQUARE   18.524

PHI   .24   C   .23   Cc   .33   V   .24

Table 7: Working habits - Resocialization

	1	2	3	4	5	6	
Overaverage	10 47.6 18.5	9 42.9 4.2	0 0.0 0.0	0 0.0 0.0	2 9.5 4.3	0 0.0 0.0	21 100.0 6.4
Average	28 33.3 51.9	48 57.1 22.5	2 2.4 33.3	0 0.0 0.0	5 6.0 10.6	1 1.2 33.3	84 100.0 25.7
Underaverage	16 7.2 29.6	156 70.3 73.2	4 1.8 66.7	4 1.8 100.0	40 18.0 85.1	2 0.9 66.7	222 100.0 67.9
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

CHI-SQUARE   50.876   P   .0000

PHI   .39   C   . 37   Cc   .45   V   .28

Table 8: Self-injuring - Resocialization

	1	2	3	4	5	6	
NO	47 19.9 87.0	163 69.1 76.5	1 0.4 16.7	3 1.3 75.0	21 8.9 44.7	1 0.4 33.3	236 100.0 72.2
YES	7 7.7 13.0	50 54.9 23.5	5 5.5 83.3	1 1.1 25.0	26 28.6 55.3	2 2.2 66.7	91 100.0 27.8
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0

CHI SQUARE   37.110   P   .0000

PHI   .34   C   .32   Cc   .45   V   .33

Table 9: Suicidal attempts - Resocialization

	1	2	3	4	5	6	
NO	52	203	4	2	43	3	307
	16.9	66.1	1.3	0.7	14.0	1.0	100.0
	96.3	95.3	66.7	50.0	91.5	100.0	93.9
YES	210.03	10	2	2	4	0	20
		50.0	10.0	10.0	20.0	0.0	100.0
		4.7	33.3	50.0	8.5	0.0	6.1
	54	213	6	4	47	3	327
	16.5	65.1	1.8	1.2	14.4	0.9	100.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHI					P	.0000
SQUARE	23.117					
PHI	.27	C	.26	Cc	.36	V	.27

Table 10: Sexual disorders - Resocialization

	1	2	3	4	5	6	
NO	54	203	6	4	40	3	310100.0
	17.4	65.5	1.9	1.3	12.9	1.0	
	100.0	95.3	100.0	100.0	85.1	100.0	
YES	0	1058.84.	0	0	7	0	17
	0.0		0.0	0.0	41.2	0.0	100.0
	0.0		0.0	0.0	14.9	0.0	5.2
	54	213	6	4	47	3	327
	16.5	65.1	1.8	1.2	14.4	0.9	100.0
	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHI-					P	.0255
SQUARE	12.747					
PHI	.20	C	.19	Cc	.27	V	.20

51

Table 11: Psychosis - Resocialization

	1	2	3	4	5	6	
No disorders	54 17.0 100.0	207 65.3 97.2	6 1.9 100.0	4 1.3 100.0	44 13.9 93.6	2 0.66 6.7	317100.0
Borderline disorders	0 0.0 0.0	5 62.5 2.3	0 0.0 0.0	0 0.0 0.0	3 37.5 6.4	0	8 100.0 2.5
Disorders in remision	0 0.0 0.0	1 50.0 0.5	0 0.0 0.0	0 0.0 0.0	0 0.0 0.0	1 50.0 33.3	2 100.0 0.6
	54 16.5 100.0	213 65.1 100.0	6 1.8 100.0	4 1.2 100.0	47 14.4 100.0	3 0.9 100.0	327 100.0 100.0
CHI-SQUARE	58.293					P	.0000
PHI	.42	C	.39	Cc	.48	V	.30