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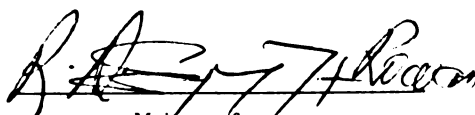
Personality Disorders of Prison Inmates
in Thailand, Using the Minnesota Multiphasic
Personality Inventory

presented by

Yossawan Boriboonthana

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PERSONALITY DISORDERS OF PRISON INMATES IN THAILAND,
USING THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

By

Yossawan Boriboonthana

A THESIS

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ABSTRACT

PERSONALITY DISORDERS OF PRISON INMATES IN THAILAND, USING THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

By

Yossawan Boriboonthana

The researcher's purposes in the research were to examine (a) the personality typology of Thai inmates; (b) the number of inmates who have personality disorders, as measured by the Minnesota Multiphasic Personality Inventory-168; (c) the extent of personality disorders among Thai inmates; (d) the socio-demographic characteristics, criminal background, types of offense, and length of sentence and confinement of these inmates; and (e) the personal characteristics of inmates that are related to elevated scores on various scales of the MMPI. The survey research method was used in this study, which was conducted in two prisons in Bangkok, Thailand. The measurement instruments were a questionnaire and the Thai version of the MMPI-168. The results of the research showed that about 88% of prison inmates had personality disorders. They also showed a relationship between inmate socio-demographic and criminal attributes, such as gender, age, length of confinement, types of offense, and past conviction on the one hand, and scores on MMPI Scales 1, 2, 3, 5, 7, 8, 9, 0 on the other hand.

To

All Prisoners

ACKNOWLEDGMENT

The author realizes that without the assistance, understanding, and cooperation from many people, this study could not be done.

First, the author would like to thank Dr. Rosy Ekpenyong for her impressive assistance. Her support and guidance is remarkable. Without her help, the study could not have been promptly completed.

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At last, the author would like to thank the officers in Bangkwang Central Prison and Women Correctional Institution for their cooperation during the data collection procedure. Also, the author sincerely appreciates all subjects in this study for their voluntary participation.

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INTRODUCTION

Statement of Problem

For many years, scholars have studied the issue of mental health problems among prison inmates (Bach-y-Rita, 1981; Freeman, & Roesch, 1989; Guy, 1985; Leuchter, 1981; McCarty, & Morrissey, 1989; Megargee, 1979; Wiehn, 1982). Scholars have posited that mental health problems existed among inmates for many reasons. In some cases, mentally ill persons are imprisoned because there are not enough mental health institutions in which to care for them even if they are a danger to society (Freeman & Roesch, 1989). Additionally, the prison environment is known to create mental health problems or personality disorders in inmates. There is empirical evidence supporting the notion that imprisonment affects the mental health of inmates (Gibbs, 1987). The harsh environment, strict supervision, isolation, and interaction with other violent criminals adversely affect the mental health of inmates, and may cause serious psychiatric disturbances (Leuchter, 1981).

Scholars have found that the adverse effects of imprisonment may take the form of personality disorders. Gunn, Maden, & Swinton (1991) found that 37% of sentenced

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prisoners in England and Wales had psychiatric disorders; of that number, 0.8% had organic disorders, 2% psychosis, 6% neurosis, 10% personality disorders, and 23% substance "misuse." Guy, Platt, Zwerling, & Bullock (1985) found that when 75% of individuals admitted to Philadelphia prisons were given the psychiatric diagnostic interview, 9% showed personality disorders.

Although these scholars have proposed that the prison environment brings about personality disorders in inmates (Bach-y-Rita, 1981; Gibbs, 1987, 1991; Leuchter, 1981; Sykes, 1958; Tanay, 1982), other scholars have pointed out the interplay between prison environment and inmates' personal characteristics in the development of personality disorders (Johnson, 1976; Toch, 1977). Supporters of the latter idea (Erickson, Luxenberg, Walbek, & Seely, 1987; Ingram, 1985; Flanagan, 1981; MacKenzie & Goodstein, 1985; Panton, 1977) have studied how such personal characteristics as race, age, recidivism, type of offense, and length of confinement affect the personality of inmates. They found that, although prison environment induces personality disorders in inmates, the nature and seriousness of such disorders vary according to the inmates' personal characteristics.

In Thailand, similar studies have been conducted on personality disorders among prison inmates. Most of these studies have examined the relationship between inmates' personal characteristics and the development of personality disorders. In their study, Juntarak, Tasaniyom, Meksawat, &

Ratanachareon (1979) found disorders in personality, thought, and emotion among male inmates in a maximum security prison. The results of this study corroborated the findings of a 1973 research conducted by the same researchers. In that earlier study, Juntarak, et al. found significant differences between inmate and non-inmate population, in terms of antisocial and schizophrenic personalities. Consistent with the above findings, Jubjai (1980) found that 25.38% of inmate survey respondents manifested more psychological problems than physical problems. Also, in their study, Siripun, Thammakosit, Bampenphol, & Kowbunngam (1985) found personality differences among groups of inmates of different ages and different criminal histories. Their study lends further support to the notion that inmates' personal characteristics may predispose them to personality disorders during the period of confinement.

Even though the empirical evidence regarding the incidence, extent, and seriousness of personality disorders among Thai inmates is scanty, the above findings strongly suggest that personality disorders exist among Thai inmates, and that they are related to the inmates' characteristics. However, the Thai department of corrections does not seem to be concerned about such disorders, or even about the various forms of mental health problems that affect Thai inmates. During her research at the Bang-Kwang Central Prison and the Klongprem Central Prison, two major Thai prisons, this researcher observed that no mental health services were

provided to inmates, although in 1963 the Thai department of
corrections adopted the Standard Minimum Rules for the
Treatment of Prisoners and the United Nations Related
Recommendations to provide health service to inmates.

Therefore, some solutions for mental health problem of
inmates in the United States and Thailand are reviewed in
this chapter. Although in the United States mental health
services are delivered in correctional settings, they have
been found to be ineffective. In Thailand, there is no
mental health service delivered in Thai correctional
settings.

Organization of mental health services in the United States

Correctional departments in the United States attempt to
alleviate the mental health problems of inmates by delivering
mental health services to correctional institutions so that
mentally ill inmates may be treated and protected from other
inmates and from the stress of prison life. Maier and Miller
(1987) reviewed five models of mental health service which
include:

1. A centralized psychiatric prison

This model removes mentally ill inmates from a
punishment environment and places them in a treatment
environment. It is an ideal device for protecting mentally
ill inmates from other offenders and for protecting the
community from dangerously disordered offenders. However,
this model has some disadvantages. First, a psychiatric

prison cannot deal with all the mentally ill individuals within the prison system. Second, it is difficult to involve the families and friends of inmates in treatment because inmates are moved from the area where they live to the psychiatric prison. Finally, the regimes in large institutions are often inflexible. The emphasis on security often seems to preclude any innovative programs that might easily be experimented on smaller units.

2. **Small psychiatric units attached to, or part of, major prisons**

Psychiatric units are attached to many major prisons, but the prison system still has the major responsibility for mentally ill inmates. Although its cost may be a drawback, this model has proven successful in coping with individuals in the prison system. The advantage of this model is that it can cope with many individuals within the prison system because it treats the severely disordered and also provides day-care or out-patient services for all inmates.

3. **Regional forensic psychiatric centers**

These centers are under the control of the federal prison authorities. The advantage of this model is the presumed expertise that would be gained by having a large, comprehensive service-delivery agency capable of dealing with the problems of both prisons and mental hospitals. On the other hand, disadvantages arise from having to accommodate such a mixture of problem types and security levels.

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4. Regional secure units in psychiatric hospitals

This model involves building a number of regional medium security units within the confines of psychiatric hospitals. These units are designed to take only those inmates who have a good chance of treatment; thus, many inmates are excluded from the units. This model provides a limited solution to inmate mental health problems.

5. A centralized psychiatric security hospital

This model has a large, secure institution within the mental health system to cater for the dangerously mentally ill. The disadvantages of this model are overcrowding and lack of effective treatment.

The most effective model suggested by Maier and Miller (1987) is the small psychiatric unit attached to major prisons. This model has already been adopted in New York and North Carolina, but evaluations of the model in these prison systems are not available.

Although the model employing small psychiatric units has not been assessed, many mental health service programs have been evaluated. Most of these programs are found to be ineffective. The widely discussed findings of Martinson (1974) indicated that when recidivism was used as the criterion for success, many counseling, treatment, and training programs were found to be ineffective. One reason given for the failure of treatment programs is inadequate treatment (Metzner, Fryer, & Usery, 1990). Inadequate treatment stems from lack of expertise, or shortage of

qualified personnel. The ratio of psychologists to offenders in state and federal prison systems in the United States and in Canadian regional and federal adult prisons surveyed by Otero was found to be 1:376 (Otero, McNally, & Powitzky, 1981). This is below the standards of the American Association for Correctional Psychology, which is 1:200-250 (Mobley, 1986). Another reason for inadequate treatment is the prison environment. The poor physical setting and hostile atmosphere do not encourage mental health personnel to work in prison settings, and are barriers to treatment (Eisenman, 1990; Mathias & Sindberg, 1985). In many instances, transfer to more congenial treatment settings is the only available treatment option.

Transferring mentally ill inmates poses serious problems. Such transfers may be futile if the psychiatric hospitals are overcrowded and unable to render the much needed treatment. Overcrowding and the consequent use of a waiting list may delay the transfer of mentally ill inmates to psychiatric hospitals. Late transfer may also cause some inmates to be detained in hospitals beyond the expiration of their original prison sentences (Grounds, 1991). Psychiatric hospitals also have tight admission policies which impede the transfer of inmates. Offenders who seem to be untreatable or who pose a high security risk are likely to be rejected by psychiatric hospitals. High-risk offenders may be transferred back and forth between hospitals and prisons without receiving adequate treatment (Halleck, 1987).

Neither correctional institutions nor psychiatric hospitals
want troublesome mentally ill inmates, especially when both
institutions are faced with overcrowding problem.

One can conclude that, although some models of mental
health services are adopted in correctional institutions,
scholars have judged many mental health service programs in
the United States to be ineffective (Martinson, 1985,
Metzner, Fryer, & Usery, 1990). These writers have proposed
that program ineffectiveness may be caused by inadequate
treatment and problems of transferring mentally ill inmates
as explained above.

Organization of mental health services in Thailand

In preparation for this study, the researcher
investigated some major prisons in Thailand, such as Bang-
Kwang Central Prison and Klongprem Central Prison. The
researcher found that no mental health services are provided
to inmates in these prisons. For the most part, mentally ill
inmates who evidence serious problems, such as psychosis, are
referred to outside mental hospitals because the prisons lack
sufficient psychiatric personnel and facilities to treat
them. Inmates receive treatment when their symptoms become
obvious or are detected by part-time psychiatrists. Inmates
who have other kinds of mental health problems, such as
neuroses or personality disorders, do not receive treatment.

However, there is an intervention that seem to affect
inmates' mental health. It is the religious programs, which
include moral training and meditation programs. Inmates can

attend these programs voluntarily. The objectives of these programs are to develop inmates' character and moral values and to enhance prisoners' understanding of the meaning and value of religion (Thai Department of Corrections, 1988). Although this religious program is not intended to deal with mental health problems, it seems the program has some positive effect on inmates' mental health. Limsong (1962) reviewed corrections in Thailand and found that the moral training program could be compared to group therapy, group counseling, and individual counseling in the United States. Howard (1935) also noted that the religious experience can help individuals achieve greater harmony, and give them mental strength and happiness. Therefore, it is possible that the religious program in Thai prisons affect the mental health of inmates and relieve some stress, although this result has not yet been proven.

In Thailand, although there is some intervention (for example, the religious program which may help inmates relieve the pain of imprisonment), it cannot be assumed that inmates who have mental health problems receive sufficient treatment. On the contrary, correctional institutions in Thailand do not provide sufficient mental health services to inmates. While Thai inmates with serious mental illness are usually transferred to other psychiatric hospitals, those with mental health handicaps that are not serious enough to be diagnosed

as psychosis are not given treatment, even if such disorders may keep them from participating in daily activities or rehabilitation programs.

Purpose of the Study

Due to the reported incidence of personality disorders among Thai inmates, and the inadequacy of mental health services in Thai correctional institutions, this researcher undertook to study such disorders and to identify ways of alleviating them.

The overall purpose of this study was to determine the incidence of personality disorders among male and female inmates in two prisons in Bangkok, Thailand. Personality disorders were measured using the Thai version of the Minnesota Multiphasic Personality Inventory-168 (MMPI-168). Specifically, this researcher sought to examine:

1. the personality typology of Thai inmates

2. the number of inmates who have personality disorders, as measured by the MMPI-168

3. the extent of personality disorders among Thai inmates

4. the socio-demographic characteristics, criminal background, types of offense, and length of sentence and confinement of Thai inmates

5. the socio-demographic and criminal characteristics of inmates that are related to elevated scores on various scales of the MMPI.

Research Questions

The following questions were posed to guide the collection of data for this research:

1. What is the personality typology of Thai prison inmates?

2. How many Thai inmates have personality disorders, as measured by the MMPI-168?

3. What is the extent of personality disorders among Thai inmates?

4. What are the socio-demographic characteristics, criminal background, types of offense, and length of sentence and confinement of Thai inmates?

5. What socio-demographic and criminal characteristics of Thai inmates are related to their elevated scores on various scales of the MMPI-168?

Hypotheses

The tested hypotheses are as follows:

1. There will be inmates in Thai prisons who have personality disorders.

2. There will be a relationship between inmates' gender and their scores on each MMPI scale.

3. There will be a relationship between inmates' age and their scores on each MMPI scale.

4. There will be a relationship between inmates' length of confinement and their scores on each MMPI scale.

5.   There will be a relationship between inmates' length
of sentence and their scores on each MMPI scale.

6.   There will be a relationship between inmates' type
of offense and their scores on each MMPI scale.

7.   There will be a relationship between inmates' past
conviction and their scores on each MMPI scale.

Outline of the Present Study

The researcher presents the research problems,
organization of mental health, and hypotheses in this
chapter. In the next five chapters, the researcher's study
and findings are presented. In Chapter Two, the researcher
discusses concepts and theory relating to personality
disorders. In Chapter Three, the researcher reviews studies
relating to personality disorders among inmates. In Chapter
Four and Chapter Five, the researcher presents the research
methodology, the data analysis, and findings. Finally, in
Chapter Six, the researcher summarizes the study and
discusses the findings and their implications.

THEORETICAL FRAMEWORK

The definition of personality disorders is discussed widely among psychologists (Morgan and Johnston, 1976; Tyrer, 1988). These scholars agree that personality disorders are not part of other mental disorders, such as psychosis and neurosis, and that they can be differentiated from other mental disorders. Some definitions of personality disorders are described in this chapter. Furthermore, the theory relating to personality disorders among inmates is discussed.

Personality Disorders

Although other psychiatric disorders, such as schizophrenia, paranoia, or depression, may appear with personality disorders, personality disorders are distinct from psychotic and neurotic disorders (Tyrer & Ferguson, 1988, p.7). Tyrer and Ferguson explained the difference between personality disorders and other mental disorders. They said that personality disorders are not the early stages of psychotic disorder, but are the pattern of abnormal behavior that persists from adolescence or early adult life throughout most of adult life. The difference between personality disorders and other mental disorders has also been identified by the American Psychiatric Association (APA,

1987). In the Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R), the APA stated that personality disorders are a separate axis of diagnosis.

Various definitions of personality disorders abound. For example, the American Psychiatric Association (1987) defined personality disorders as "behaviors or traits that are characteristic of the person's recent (past year) and long-term functioning since early adulthood. The constellation of behaviors or traits causes either significant impairment in social or occupational functioning or subjective distress" (p.335).

Tyrer and Ferguson (1988) also defined personality disorders as "a persistent abnormality of personal and social functioning that is independent of mental integration" (p.11).

Similarly, Morgan and Johnston (1976) posited that those suffering from personality disorders "seem to fit in between those whom we classify as mentally healthy or mentally ill. These are persons whose adjustments to life are clearly not healthy ones because certain features of their behavior indicate serious inner problems, yet their ego functioning and reality testing remain intact and allow most of them to adapt socially" (pp. 115-116).

The DSM-III-R seems to provide the clearest definition of personality disorders. Therefore, this definition and

classification will be used in the present research. The

DSM-III-R (1987) classified personality disorders into three

clusters:

1. Cluster A includes paranoid, schizoid, and

schizotypal personality disorders. People with these

disorders often appear to be odd or eccentric.

2. Cluster B includes antisocial, borderline,

histrionic, and narcissistic personality Disorders. People

with these disorders often appear to be dramatic, emotional,

or erratic.

3. Cluster C includes avoidant, dependent, obsessive-

compulsive, and passive-aggressive personality disorders.

People with these disorders often appear to be anxious or

fearful.

Finally, the category "personality disorders not

otherwise specified" is used to denote other varieties of

personality disorders or mixed conditions that do not qualify

as any of the specific personality disorders described in the

DSM.

Causes of Personality Disorders in Prison Inmates

Two explanations for personality disorders among inmates

have been given. First, Freeman and Roesch (1989) proposed a

person-centered explanation, which says that inmates have

personality disorders before they enter prison. They noted

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that, besides mental health institutions, prison is the place
where society keeps mentally ill patients. Some mentally ill

patients are imprisoned because either there are insufficient mental hospitals or because of the patients' bizarre and dangerous behavior.

The second explanation for inmate personality disorders looks at the effect of prison environment on these individuals. From his study, Sykes (1958) concluded that the pain, frustration, and stress associated with imprisonment, as well as the poor physical conditions of the environment itself have adverse effects on inmates. He pointed out that imprisonment causes pain, frustration, and stress because it deprives inmates of their liberty and the ability to fulfill their needs. This deprivation threatens inmates' personality and psychology, and lasts long after confinement. According to Sykes, deprivation takes various forms, including:

1. __The deprivation of liberty__

Prison inmates are deprived of some rights and freedom. Inmates view their confinement as a rejection by society, and their inmate status as a stigma that isolates them from other members of society. They perceive this rejection as a threat to their self-concept. This perception may lead to socio-emotional maladaptation and subsequently to mental health problems.

2. __The deprivation of goods and services__

Material possessions represent a person's worth in society. Although inmates can possess some goods and services during incarceration, that possession is controlled and is very limited in comparison to what it might have been

before. The loss of possessions represents the low level of the prisoners' worth and is harmful to their self-image.

3. **The deprivation of heterosexual relationship**

The lack of heterosexual relationships can affect the sex role of inmates. According to Allen and Simonsen (1992), inmates resort to homosexual activities to fulfill their sexual desires. Inmates who participate involuntarily in homosexual activities develop guilt feelings that affect their self-image, self-concept, and personality.

4. **The deprivation of autonomy**

Inmates are subjected to rules and commands that control their behavior at all times. They lose their identification with the normal autonomy of an adult. The ensuing feeling of helplessness, weakness, and dependence causes their mental health to suffer.

5. **The deprivation of security**

Inmates who are confined with other violent and aggressive individuals are prone to develop acute anxiety. They must cope with uncertainty and adapt themselves to be tough for survival. The anxiety about their security can cause stress, and the adaptation for survival may affect their personality.

The findings from Sykes's (1958) study have been supported by several scholars (Bach-y-Rita, 1981; Gibbs, 1987, 1991; Leuchter, 1981; Tanay, 1982). Bach-y-Rita discussed the effect of isolation, stress, deprivation of stimuli, and lack of heterosexual relationships on inmates'

personality disorders. He stated that prisons place an enormous load on the personality of the healthy prisoner and also on that of the already deficient one. Inmates who have personality disorders may become worse, or their symptoms may stabilize. Meanwhile, some healthy inmates may become ill during incarceration.

Bach-y-Rita (1981) explained that isolation in a maximum-security prison may induce a state of agitation, disorganization, and belligerence among inmates, frequently culminating in their delusional and paranoid thinking. In addition, deprivation of environmental stimuli may cause hallucinations in normal inmates, and especially in those who score high on the Psychopathic Deviant Scale of the MMPI. Bach-y-Rita explained that aggressive inmates are stimulus seekers, for whom the deprivation of stimuli is so intolerable that they are likely to develop symptoms of mental disorder.

Tanay (1982) also examined the pain caused by deprivation. He concluded that deprivation of liberty and its attendant helplessness are powerful psychic stresses. He also stated that inmates experience a sense of social isolation, dehumanization, and changed life condition, which can cause extreme psychological stress.

Another scholar who supported Sykes's findings is Leuchter (1981). He proposed that acute and dramatic changes in an individual's living conditions are associated with the onset of serious mental illness. He believed that

imprisonment should be considered a "life crisis," which suddenly and traumatically severs individuals from their meaningful social ties. Moreover, imprisonment is the ultimate form of downward social mobility, through which the prisoner becomes isolated from his or her previous social contracts, suffers a rapid and marked decline in social and economic status, and becomes totally dependent on the state for his or her day-to-day needs and welfare. Therefore, according to Leuchter, imprisonment is a life crisis that can precipitate serious mental illness.

Gibbs (1987) studied the effects of exposure to the jail environment; his findings supported the contention made by the above-mentioned scholars. Gibbs studied 339 inmates from urban, suburban, and rural jails in New Jersey, using SCL90 (a psychological test measuring symptoms of psychopathology) to detect changes in psychopathological symptoms among inmates. Although the subjects in Gibbs's study were not selected randomly, the findings of the research were quite relevant. In his study, Gibbs found that imprisonment can heighten scores on the global severity index (GSI) and many symptoms of psychopathology, such as depression, anxiety, and obsessiveness and compulsiveness. He noted that these symptoms increased greatly during the first 72 hours or less of incarceration, and then they stabilized or diminished after five days of confinement. Gibbs also found that, although inmates with a history of disorder had higher symptom scores for most dimensions than did normal inmates,

for some dimensions, the symptom scores of normal inmates showed a sharper increase than did those of inmates with a history of disorders. Finally, he concluded that jail can have considerable effects on symptom levels, and these effects were not restricted to those who were psychologically disordered.

In conclusion, there are some inmates who enter prisons with preexisting mental health problems while others develop mental health problems as a result of their incarceration. The prison environment has traumatic psycho-emotional effects on mentally ill and normal inmates alike. However, some inmates do not develop personality disorders even though they are exposed to the same prison environment as the disordered inmates. These inmates may adapt themselves well to the prison environment and may not develop any personality disorders. Some scholars have suggested that inmates' personal, socio-cultural and demographic characteristics are significant predictors of whether such inmates will develop personality disorders from their prison experience.

Characteristics of inmates and personality disorders

Some inmates experience the prison environment and fail to adjust to it. Others are able to develop some coping mechanisms that help them adjust to the pain of prisonization. Some scholars have proposed that inmates' personal characteristics affect the extent to which they will experience the pain of imprisonment (Johnson, 1976; Toch,

1977). Johnson (1976) explained that cultural experience influences the effect of imprisonment on prisoners. He said that inmates from different ethnic and cultural groups have different prior experiences and thus will adapt to the prison environment differently. In his study, Johnson (1976) interviewed Latin, black, and white inmates in New York State penal institutions to explore patterns of emotional breakdown as measured by self-destructive conducts. He found that white inmates were more vulnerable than Latin and black inmates. Also, he found that inmates who have psychological problems are those whose prior experience conflicts with the prison environment. For example, Latin inmates who had emotional breakdown in prison were those who viewed the prison environment as threats to their family ties. Meanwhile, white inmates perceived fear of peers and resentment over unstable personal relationships as the prison breakdown. Finally, black inmates had experience problems involving personal safety.

Toch's (1977) perspective was similar to Johnson's, but he believed there is a transaction between individuals and their environment. Individuals have their own environment which they perceive and match with themselves. Each individual's perception of the environment is different. If the environment is perceived as undesirable or as mismatched to them, they will experience stress or painful survival during incarceration.

Toch's and Johnson's perspectives can be applied to the effect of imprisonment on personality disorders. When inmates face the pain of imprisonment, they perceive the pain in different degrees. If the environment matches or does not conflict greatly with their own characteristics, they can cope with that environment. Conversely, inmates who perceive that the prison environment is so conflicting that it causes stress are likely to develop some personality disorders.

In the present research, characteristics of inmates that are considered to interact with prison experience to produce personality disorders are age, gender, length of confinement and sentence, type of offense, and past conviction. These factors were chosen because researchers have found that they are related to personality disorders of inmates (Erickson, Luxenberg, Walbek, & Seely, 1987; Flanagan, 1981; Ingram, 1985; Lundstrom, 1988; MacKenzie, 1987; MacKenzie & Goodstein, 1985; MacKenzie, Robinson, & Campbell, 1989; Panton, 1977). From the reviewed studies, some findings showed that older inmates adjusted well to prison environment but showed more emotional problems than younger inmates (Panton, 1976-77; Silverman & Vega, 1990). Also, the length of sentence and confinement was found to relate to inmate personality disorders because it was found that, at the early period of confinement, inmates who had long sentences showed higher stress than inmates who had short sentences.

Summary

Many scholars have proposed that inmates' mental health can be affected by prison environment, but a few scholars believe that inmates were mentally ill before they entered prisons. This concept is believed to explain the causes of personality disorders among inmates. Other scholars have also proposed that inmate characteristics can influence the development of personality disorders. This notion is supported by many studies which are reviewed in the next chapter.

In this research, the explanation about the causes of personality disorders as well as the notion of the influence of inmate characteristics on the personality are the theoretical framework of the study. Some studies in the United States and Thailand have already explored inmate personality disorders. In the next chapter, the researcher reviews these studies and discusses their research methodology and findings.

LITERATURE REVIEW

Inmate mental health has interested many scholars from such field as criminology, psychology, and sociology. Scholars in the United States and Thailand have studied various issues about inmate mental health, using different standard psychological tests to measure mental health. They have focused on inmate mental health and the effect of inmate characteristics on mental health. Most findings from these studies show that some mental health disorders exist. In addition, there is evidence showing that inmates who have different characteristic backgrounds have different kinds of mental disorder.

While some scholars have studied emotional disorder or inmate mental health, others have focused on inmate personality disorders. It is not surprising that in these studies, the Minnesota Multiphasic Personality Inventory (MMPI) has been one of the tests used to measure personality.

The MMPI is also the personality test used in many correctional settings (Dahlstrom, Welsh, & Dahlstrom, 1975). It is used not only to measure the personality of inmates for intake screening, but also to classify inmates for placement in different correctional settings (Megargee, 1977). Megargee and other researchers have studied the

classification of inmates based on MMPI scores, and have developed an MMPI-based classification system. This system is expected to be useful to the correctional department due to its complete and operational definition, although it is still in the process of development. Therefore, some research about this topic is reviewed in the second part of this study.

At the end of the literature review chapter, research about inmate characteristics related to personality disorders among inmates is reviewed. These studies focus on different personal and criminal characteristics so the results of research are varied. Some personal characteristics that are studied include gender and age. Criminal characteristics include recidivism, type of offense, length of confinement, and length of sentence.

The Extent of Personality Disorders Among Prison Inmates in the United States and Thailand.

The study of inmate mental health in the United States focuses on various groups of inmates, and uses multiple measures. Walters, Scrapansky, & Marrlow (1986) studied groups of emotionally disturbed and general population of inmates in a maximum-security military prison. They used different measurement instruments, such as the Psychiatric Diagnostic Interview (PDI), the Brief Psychiatric Rating Scale (BPRS), form R of the Minnesota Multiphasic Personality Inventory, and measures of institutional adjustment. The

researchers were interested in determining if the general population of inmates differed from the emotionally-disturbed inmates, in terms of demographic characteristics, confinement offense, length of sentence, personality, psychiatric and criminal background, and institutional adjustment. They found that the emotionally-disturbed inmates were similar to the general population of inmates except that the emotionally-disturbed inmates had a higher divorce rate than the general inmate population. In terms of length of sentence, there was no significant difference, though the disturbed inmates were more frequently convicted of crime against persons, and less often convicted of drug offense than the general population.

Additional findings showed that seriously disturbed inmates were readily identified by means of personality test (MMPI) and behavioral rating scale (BPRS). The scores on the MMPI scales of the disturbed inmates were all significantly different from those of other inmates, and the disturbed inmates scored higher on Scale F and all ten clinical scales than other inmates. The psychiatric backgrounds of both groups were significantly different, but they were not different in terms of the criminal backgrounds. Finally, Walters, et al. (1986) found that seriously disturbed inmates had more difficulty adjusting behaviorally, emotionally, socially, and vocationally to the prison environment compared to non-disturbed inmates.

In a subsequent study, Walters, Mann, Miller, Hemphill, and Chlumsky (1988) used both the PDI and MMPI to study three groups of emotionally disturbed criminal offenders housed respectively in state, federal, and military prison facilities. They found that the MMPI was significantly consistent in identifying emotional disorders across the three groups. There were significant differences on the F, 2 (Depression), 4 (Psychopathic Deviation), 6 (Paranoid), 7 (Psychasthenia), and 8 (Schizophrenia) scales, on which emotionally disturbed offenders scored higher than other inmates. Moreover, subjects in the three emotionally disturbed groups differed significantly in demographic background and diagnostic. It was found that emotionally disturbed offenders in the military prison were younger and had higher educational level than other emotionally disturbed offenders in the state and federal prisons. Disturbed state prisoners were also found to satisfy PDI criteria for schizophrenia more than other disturbed inmates in military and federal prisons, whereas disturbed military inmates displayed more signs of a primary affective disorder on the PDI than other disturbed inmates. Finally, disturbed federal inmates were found to satisfy PDI criteria for antisocial personality more than other disturbed inmates in state and military prisons.

Another study which used multiple measures to identify mental illness was conducted by Guy, Platt, Zwerling, and Bullock (1985). They used the Structured Clinical Interview

(SCI), MMPI, Quick Test of Intelligence and PDI to measure
the mental health of the "nonsentenced" jail population (jail
inmates who were admitted to the jail after arrest) in a city
jail. Their results identified 34% of subjects as being
disturbed according to the indices used in the study. From
the MMPI alone, they found that the average scores of inmates
peaked at Scale 8 (Sc), Scale 4 (Pd), and Scale 2 (D). This
profile of the MMPI can be interpreted as paranoid
personality.

The findings of Guy, et al. (1985) were supported by the
findings of Gunn, Maden, & Swinton (1991). Gunn, et al.
(1991) studied male offenders from 16 prisons representing
all prison types, security levels, and length of sentences.
They had proposed to describe the prevalence of psychiatric
disorder and the treatment needs of prisoners in England and
Wales. The measure was the clinical interview conducted by
psychiatrists. They found that 37% of the offenders
had psychiatric disorders; of these 0.8% had organic
disorders, 2% psychosis, 6% neurosis, 10% personality
disorder, and 23% substance "misuse" (Gunn, et al., 1991).
The prevalence of psychiatric disorders among inmates was
found to be nearly the same in this study as in the study of
Guy, et al. (1985). The findings of this study showed that,
among the disordered inmates, 3% required transfer to a
hospital for psychiatric treatment, 5% required treatment in
a therapeutic community setting, and 10% required further
psychiatric assessment or treatment within prison.

From the studies discussed above, one conclusion can be drawn: the disturbed inmates are identifiable from the general inmate population by many psychiatric tests. When the MMPI was used, disturbed inmates were found to score high on Scales F, 2 (D), 4 (Pd), 6 (Pa), 7 (Pt), and 8 (Sc). According to the MMPI-168 codebook (Vincent, Castillo, Hauser, Zapata, Stuart, Cohn, & O'Shanick, 1984), a peak on these scales means antisocial and passive-aggressive personality disorders. Also, the study of Walters, et al. (1986) and Walters, et al. (1988) showed that some demographic characteristics of the disturbed inmates, such as marital status, were significantly different from those of the general inmate population.

In Thailand, the prevalence of inmate personality disorders and the effect of personal characteristics on personality disorders have also been found by some criminologists and psychologists. The latter have used the Thai version of the MMPI because the MMPI has been available in Thailand for many years. Some of this research is described in the following pages.

In 1979, Juntarak, Tasaniyom, Meksawat, and Ratanachareon used the MMPI to study inmate personality in a Thai maximum security prison. The authors proposed to investigate personality typology and personality disorders among inmates. They found that the average scores of inmates were high on Scales 1 (Hs), 4 (Pd), 5 (Masculinity-Femininity), 6 (Pa), and 9 (Hypomania). The prevalent forms

of personality disorders were found to be mostly in the form of antisocial personality with the disorder of emotion and thought.

Siripun, Thammakosit, Bampenphol, and Kowbunngam (1985) also used the MMPI to study personality disorders among Thai inmates. They proposed to study personality differences of inmates whose criminal offenses and ages differed. Their subjects included male inmates from minimum, medium, and maximum security prisons. They found significant differences on Scales 3 (Hysteria), 7 (Pt), and 9 (Ma), between the group of inmates who committed crime against person and the group of inmates who committed crime against property. Also, there were differences on some MMPI scales between groups of inmates of different ages, that is, older inmates scored higher than younger inmates on Scales 1 (Hypochondriasis), 3 (Hysteria), and 0 (Social-Introversion).

Some findings from Thai research are slightly different from findings in the United States research. For example, Thai offenders in the research by Juntarak, et al. (1979) did not show the peak on scales 2 (Depression) and 8 (Schizophrenia), which are scales found to be high in the United States research of Guy, et al. (1985). However, the study of Juntarak, et al. (1979) is consistent with the study of Guy, et al. (1985) on Scale 4 (Pd). It seems that Thai researchers found personality disorders among Thai inmates based on the MMPI, although they do not report the number of inmates who have personality disorders. The results of the

study by Siripun, et al. (1985) also explain that this
disorder might be affected by the characteristics of inmates,
such as criminal offenses and age.

In summary, researchers in the United States and
Thailand have found that personality disorders of inmates can
be identified by the elevation on the MMPI scales, and that
some inmate personal characteristics ,such as, age and type
of offense, can affect the elevation. The consistency of the
elevation on the MMPI scales in these studies also proves the
reliability and validity of the MMPI.

Research in which the MMPI was used as a Classification System

The MMPI has been extensively used not only to study
personality disorders but also to classify inmates within the
correctional system. The most prominent MMPI-based
classification system was developed by Megargee and his
collaborators, in research conducted as early as 1967 (Meyer
and Megargee, 1977). These researchers sought to develop a
personality-type classification system that was not only
comprehensive and operationally defined, but that was, most
significantly, reliable and valid. Also, their mission was
to come up with a classification scheme that was dynamic
enough to reflect changes in an individual based on changes
in the classification scheme. Finally, they sought to make
it economical so that it can be applied to prison settings
with minimal expense and personnel.

Between 1967 and 1972, the researchers studied samples of youthful offenders from the Federal Correctional Institution (FCI) in Tallahassee, Florida, a medium security prison. Their research can be described in three time periods.

First, Meyer and Megargee (1977) investigated the initial development of the classification system. They proposed to determine whether 1) the MMPI profiles of youthful offenders fell into distinct groups or clusters, 2) such groups were reliable, and 3) it is possible for a clinician to reliably sort individual MMPI profiles into such groups. Subjects of this research were 385 youthful offenders from the FCI. The results indicated that the MMPI profiles of youthful offenders did appear to fall into reliable, natural groupings, and that guidelines or rules could be formulated to classify the individuals into these groups. The groups in the present research were referred by the arbitrary alphabetic labels as Able, Baker, Charlie, Delta, Easy, Foxtrot, George, How, Item, and unclassified groups.

The second research on the development of the MMPI-based criminal classification system was conducted by Megargee and Dorhout (1977). The purpose of the research was to operationally define groups in the system so that other clinicians, or a computer, can validly sort individual MMPI profiles. Megargee and Dorhout (1977) revised the rules to classify the profiles. They also developed a computer

program to assist in the classification. The result of this process was a set of rules that differed considerably in complexity and specificity from the original Meyer-Megargee rules. The computer program embodying these rules can classify profiles with 91% accuracy, using Megargee's independent classification as the criterion. The summarized rules for each group are available in the article.

The last research in the program was conducted by Megargee and Bohn (1977). This research was to determine whether the ten MMPI-defined groups differ significantly in other characteristics, such as inmate lifestyles, behavior, social history, and personality patterns. The measures investigating the ability, interest, achievement and personality were used on 1,164 inmates in the FCI. The researchers found that the ten groups differed significantly from one another on a broad array of collateral measures. The characteristics and implications for the treatment methods of the ten groups were also described in the article.

Wrobel, Wrobel, and McIntosh (1988) studied the application of the MMPI-based classification system in another population. They proposed to examine whether the Megargee typology could be applied to a population of psychiatric offenders housed in a state mental health facility. The related variables, for example age, race, marital status, commitment status, and length of psychiatric hospitalization, were also compared between groups. The materials used in the research were the computer program

developed by Megargee and Dorhout, the Shipley Intelligence
Quotient estimate, the Beck Hopelessness Scale, the Buss-
Durker Hostility Guilt Inventory, and data about diagnostic
and psychometric data collected upon intake. In support of
Megargee, Wrobel, et al. (1988) found that all valid profiles
were classifiable even among in-patient forensic psychiatry
population. However, among three most prominent groups,
Charlie, How, and Item, no significant differences existed
for race, marital status, length of psychiatric
hospitalization, or commitment status, except for the scores
on the Beck Hopelessness Scale.

It appears that the development of the MMPI-based
classification system is successful, although its
generalizability needs further study. Megargee and other
researchers have shown that they can develop a system that is
operationally defined, reliable, valid, dynamic, and
economical. This development is expected to be useful in
correctional institutions. Due to the proven strengths,
reliability, and validity of this classification system, it
was used by this researcher to study the personality typology
of Thai inmates.

Socio-Demographic and Criminal Characteristics Related to
Personality Disorders Among Inmates.

The present research focuses on both the prevalence of
personality disorders among Thai inmates and the type of
socio-demographic characteristics that are related to such

personality disorders. The researcher discusses this relationship in a later section of this paper. The focus is on such personal and criminal characteristics as age, gender, type of offense, length of sentence, and length of confinement. Due to the scarcity of research focusing specifically on personality disorders, research related to inmate mental health was also reviewed by this researcher. Particular attention was given to research in which the MMPI was used to study personality disorders or other mental handicaps.

Panton (1976-77) used the MMPI to study the personality of older male inmates aged sixty and above, from various correctional, diagnostic and reception centers. He found that older inmates presented more neurotic and less psychopathic responses than the general inmate population. Also, older inmates scored significantly higher on Scales 1 (Hs), 2 (D), 3 (Hy), and 0 (Si), and lower on Scales 4 (Pd) than the inmate population. The high on Scales 1, 2, 3, and 0 means that older inmates were anxious and self-centered. They were concerned with physical functioning and avoided responsibility. The low on Scale 4 showed that older inmates were less antisocial, hostile and acting out than shown in past behavior. This result is consistent with the study of Siripun, et al. (1985), in which they found that older inmates scored high on Scales 1 (Hs), 3 (Hy), and 0 (Si).

Silverman and Vega (1990) examined the relationship among age, race, gender, marital status, educational status,

and anxiety, anger, and curiosity. Although they did not
study personality disorders, they studied some factors
relating to personality. Subjects were both male and female
inmates from different security level prisons and of
different ages. The measures were the State-Trait
Personality Inventory, Anger Expression Scale, Institutional
Stressor Scale, and Reaction to Institution Scale. They
found a relationship between these demographic variables and
the variables of anxiety, anger, and curiosity. For the age
variable, the intensity of these emotions decreased as age
increased. For the gender variable, males were more prone to
direct their anger outward than were females. For the
marital status variable, they found that single individuals
scored higher on Anger-Out and lower on Anger-Control. For
the education variable, they found that graduates showed
scores indicating more maturity in dealing with feelings of
anxiety and anger than nongraduates. Finally, the race
variable showed no differences between Blacks and Whites in
any dependent variables.

Other characteristics that researchers have investigated
are recidivism and type of offense. Ingram, Marchioni, Hill,
and Caraveo-Ramos (1985) studied the interactive effects of
race, recidivism, and type of crime in adult male inmates,
using both the Problem Solving Inventory and MMPI scales.
They found that there were significant effects of race,
recidivism, and type of offense on Scales F, L, and some
special scales (i.e., Re and Do) of the MMPI. The

researchers found that black recidivists scored higher on Scale F than other inmates, but that black nonrecidivists scored higher on Scale L than other inmates. On Scale Re, black nonrecidivists scored higher than black recidivists. For white inmates, the result was the opposite. For Scale Do, both black and white nonrecidivists scored higher than recidivists. Ingram, et al. (1985) found that when the effect type of offense (violent VS. nonviolent) was separately examined, it was found to have a significant effect on Scale 4 (Psychopathic Deviation). This means that inmates who commit violent crimes scored significantly higher on Scale 4 than those who commit nonviolent crimes. Finally, they found that on the Problem Solving Inventory Scales, recidivists were more impulsive than nonrecidivists.

MacKenzie and Goodstein (1985) studied the impact of long-term incarceration on patterns of inmate adjustment to prison among male inmates in medium and maximum security prisons. They administered many short scales and questionnaires to measure the adjustment patterns as reflected in the areas of anxiety, depression, psychosomatic-type problems, and self-esteem. Long-term offenders were defined as offenders who had been in prison for six or more years, or offenders who were required to serve at least six years of their sentence. They found that offenders serving long sentences, reported high level of stress, including the feeling of anxiety, depression, and psychosomatic illness at the early stage of confinement as well as lower self-esteem

and greater fear of other inmates. Meanwhile, inmates with shorter sentences showed less depressive emotion and fewer psychosomatic illnesses at the early stage of confinement than inmates who had longer sentences. The researchers noted that the early period of incarceration was stressful for inmates who had long sentences as they made the transition from the outside world to institutional life.

We can conclude that some personal characteristics of inmates have different effects on the personality and mental health of inmates. Inmates who are older may adjust well to the prison environment since they show less aggressive behavior than younger inmates, but they are considered to be more anxious about their health and more self-centered since they show higher scores on the emotional problem. Length of sentence and duration of confinement also affect inmate mental health. Inmates with long sentences exhibit more mental problems than inmates with short sentences, at the early stage of confinement. Other characteristics, such as race, recidivism, and type of offense also have different effects on the personality of inmates. Black recidivists scored higher than white recidivists or black nonrecidivists on the F scale. On the contrary, black nonrecidivists scored higher than other inmates on the L scale. Black nonrecidivists scored higher on the Re scale than black recidivists but white recidivists scored higher on this scale than white nonrecidivists. Both black and white nonrecidivists also scored higher on the Do scale than other

recidivists. For type of offense, it was found that inmates committing violent crimes scored higher on the Pd scale than inmates committing nonviolent crimes.

Summary

This chapter reviewed studies related to inmate personality disorders. The researchers in these studies have found the MMPI to be a valid, reliable, and consistent measure of personality disorders. Some researchers also developed the MMPI classification system to classify inmates into specific personality groups. Finally, some researchers studied the effect of inmates' personal and criminal characteristics on scores on the MMPI scales, and found different effects of these characteristics on such scales. Due to the consistency of the results in these studies, it is expected that, in the present research the MMPI-168 will identify personality disorders among Thai inmates, and will show the relationship between scores on the MMPI scales and inmates' personal and criminal characteristics. In the next chapter, the research methodology is presented.

RESEARCH METHODOLOGY

This researcher proposed to investigate:

1.   the personality typology of Thai inmates

2.   the number of inmates who have personality
disorders, as measured by the MMPI-168

3.   the extent of personality disorders among Thai
inmates

4.   the socio-demographic characteristics, criminal
background, types of offense, and length of sentence and
confinement of these inmates

5.   the inmate socio-demographic characteristics
including age and gender, and inmate criminal characteristics
including length of sentence, length of confinement, types of
offense, and past conviction, that are related to the
elevated scores on various scales of the MMPI.

Research Design

The researcher proposed to examine and describe
personality disorders among prison inmates in Thailand, and
to investigate whether inmate socio-demographic
characteristics are related to elevated scores on each MMPI
scale. The survey design was selected as most appropriate
for this study. The measurement instruments were a
questionnaire and the Thai version of the MMPI-168. The

questionnaire instrument was used to gather information on inmate criminal and socio-demographic characteristics. The MMPI-168 was used to examine inmate personality disorders.

Study Setting

The present research was conducted at two maximum-security prisons in Thailand, i.e., Bang-Kwang Central Prison and the Women Correctional Institution. Each prison confined inmates who had a minimum sentence of 30 years. Most inmates were transferred from other local prisons around Thailand because Bang-Kwang Central Prison and Women Correctional Institution are the only maximum security prisons in Thailand.

The Population and Sample

The population for the study was the 5,000 inmates in each of the prisons in which the study was conducted. The sampling frame was the name list of inmates confined in these prisons. The study sample included 100 male maximum-security inmates in Bang-Kwang Central Prison and 100 female maximum-security inmates in Women Correctional Institution in Thailand.

Inmates selected for the sample were those who were 18 years of age or older and were serving sentences of 30 or more years.

Sampling Method

Simple random sampling was used in this study. Each name on the lists of inmates in both prisons was assigned a number. One hundred subjects from each prison were selected from these lists, using a computer program. Thus, the total sample included 200 inmates, that is, 100 males and 100 females. The sample members were selected at the beginning of June, 1992.

Hypotheses

The following hypotheses were formulated for this study.

1. H_A: There will be inmates in Thai prisons who have personality disorders.

2. H_A: There will be a relationship between inmates' gender and their scores on each MMPI scale.

3. H_A: There will be a relationship between inmates' age and their scores on each MMPI scale.

4. H_A: There will be a relationship between inmates' length of confinement and their scores on each MMPI scale.

5. H_A: There will be a relationship between inmates' length of sentence and their scores on each MMPI scale.

6. H_A: There will be a relationship between inmates' type of offense and their scores on each MMPI scale.

7. H_A: There will be a relationship between inmates' past conviction and their scores on each MMPI scale.

Variables

Independent variables

The independent variables in this research are socio-demographic characteristics and criminal characteristics. Socio-demographic characteristics include gender and age, while criminal characteristics include length of confinement, length of sentence, type of offense, and past conviction. The attributes for each of the independent variables are as follows:

Variables	Attributes
Gender	-Male
	-Female
Age	-Number of years
Length of confinement	-The number of years and months that inmates are confined in the present prison.
Length of sentence	-The number of years for which inmates were sentenced by the court for their current conviction
Type of offense	-Crime against person only
	-Crime against property only
	-Crime against person and property
	-Drug/alcohol offense
	-Others

Past conviction   -Yes -have past conviction

                                     -No -have no past conviction

Dependent variables

The dependent variables are the MMPI scales. These include only 10 clinical scales, i.e., Scale 1 (Hypochondriasis), Scale 2 (Depression), Scale 3 (Hysteria), Scale 4 (Psychopathic Deviation), Scale 5 (Masculinity-Femininity), Scale 6 (Paranoid), Scale 7 (Psychasthenia), Scale 8 (Schizophrenia), Scale 9 (Hypomania), and Scale 0 (Social-Introversion).

Intervening variables

The intervening variables are marital status and status of sentence

Operational Definitions

Gender

-Male inmates in the Bang-Kwang Central Prison in Bangkok, Thailand.

-Female inmates in the Women Correctional Institution in Bangkok, Thailand.

Age

Age of inmates, in years.

Length of sentence

Each inmate in this study serves a minimum of 30 years. The length of sentence means any sentence greater than 30 years.

Length of confinement

The number of years inmates have spent in the present prison for the current conviction.

Type of offense

1. **Crimes against person only** --refers to murder, criminal assaults, and sex offense, i.e., rape with or without murder, prostitution, sexual harassment, and child molestation.

2. **Crimes against property only** --refers to burglary, theft, and robbery .

3. **Crimes against person and property** --refers to a combination of crime against person and crime against property as defined above.

4. **Drug/alcohol offense** --refers to sale of drug/alcohol, drug/alcohol addiction and delivery of drug/alcohol.

5. **Others** --refers to other offenses not specified above.

Past conviction

Inmates with any conviction for any offense before the present conviction are classified as 'having past conviction.' Inmates whose present conviction is the first time are classified as 'no past conviction.'

Marital status

Marital status refers to single, married, divorced/separated, or widowed status.

Status of sentence

Status of sentence refers to 'between appeal' and 'final appeal'. Between appeal means inmates were appealing to a higher court, and their sentence is not final. Final appeal means inmates have already had final sentences which they did not appeal.

Personality disorders

The definition of personality disorders given in the Diagnostic and Statistical Manual of Mental Disorders-III-R (American Psychiatric Association, 1987) was used in this study. In this manual, personality disorders are defined as "behaviors or traits that are characteristic of the person's recent (past year) and long-term functioning since early adulthood. The constellation of behaviors or traits causes either significant impairment in social or occupational functioning or subjective distress" (p.335).

In this study, personality disorders were measured using the MMPI-168. The measured disorders were then coded into different types and classified according to the DSM-III-R classification system because the MMPI-168 also uses this classification. The DSM-III-R classification is as follows:

1. Cluster A includes paranoid, schizoid, and Schizotypal personality disorders. People with these disorders often appear to be odd or eccentric.

2. Cluster B includes antisocial, borderline, histrionic, and narcissistic personality disorders. People with these disorders often appear to be dramatic, emotional, or erratic.

3. Cluster C includes avoidant, dependent, obsessive-compulsive, and passive-aggressive personality disorders. People with these disorders often appear to be anxious or fearful.

Finally, the category "personality disorders not otherwise specified" is used to denote other specific personality disorders or mixed conditions that do not qualify as any of the specific personality disorders described in the DSM.

After the MMPI-168 was administered, the scores in each scale were interpreted to arrive at a T-score. (The scoring and interpretation of the MMPI-168 will be explained in detail in the section on measurement instruments.). A T-score of 80 was used as the threshold for determining the presence of personality disorders. Thus, inmates scoring 80 and above on any of the 10 scales was classified as having a personality disorder. Usually, a T-score of 70 is used as the threshold. However, this researcher decided to use a T-score of 80 after consulting with experts at a local college Department of Psychology. According to these experts a T-score of 80 can more accurately screen inmates than a T-score

of 70. It can also reduce the possibility of misclassification since inmates who have T-scores between 70 and 80 may not really show signs of personality disorders.

It should be noted that the MMPI-168 is not intended as a diagnostic tool for personality disorders but as a tool for profiling inmates into personality types. In this study, inmates who are classified as having personality disorders are those inmates who have a tendency to have such disorders, and can be possibly classified into the same personality types as the patients who were used as subjects during the MMPI-168 construction.

Measurement Instruments

Measurement instruments were a questionnaire and the MMPI-168 in Thai language. The questionnaire was the instrument used to collect demographic and criminal data. The MMPI-168 was used to measure personality disorders among inmates.

Questionnaire

The researcher developed a questionnaire to collect the following information on the subjects:

1. Demographic data

Age	Marital status
Gender	Past occupation
Religion	Educational level

2. Transfer information

Name of past prison or institution

Type of past prison or institution

Time spent at past prison or institution

3. Criminal record for the present conviction

Type of offense

Length of sentence

Length of confinement

Number of conviction

Status of sentence

4. Juvenile delinquency record

Number of conviction

Types of offense

Age at first conviction

5. Drug/alcohol history

The time used

Types of drug/alcohol used

The frequency of the use

5. Self-assessment of need for mental health treatment

Treatment for mental health problem

Treatment for drug or alcohol problem

Minnesota Multiphasic Personality Inventory-168 (MMPI-168)

The MMPI is a standardized inventory that is designed to elicit a wide range of self-descriptions from each test subject. Also, it is designed to provide, in quantitative form, an evaluation of a subject's personality status and emotional adjustment (Dahlstrom, Welsh, & Dahlstrom, 1972). The standard MMPI includes 4 validity scales and 10 basic

clinical scales. The validity scales were developed to assist in recognizing invalid test records produced by uncooperative or deceptive subjects who have such attitudes toward test-taking. The clinical scales were developed to assist in identifying the type and severity of subjects' abnormal psychiatric conditions (Friedman, Webb, & Lewak, 1989).

In this research, the short form of the MMPI was used because the length of the full test and the time needed to administer it can impede subjects' willingness to participate. The short form that was used is the MMPI-168, in Thai language. The development and evaluation of the MMPI-168 are discussed in Faschingbauer and Newmark (1978), Greene (1980), and Vincent, Castillo, Hauser, Zapata, Stuart, Cohn, & O'Shanick (1984). They found that the test had a high range of validity that correlated with the standard MMPI (.77 to .97), and that it was convenient to administer and score. The MMPI-168 uses the first 168 items in either the group booklet form or Form R of the standard MMPI, so the standard booklet and scoring templates can be used.

Measurement scales

The MMPI-168 consists of 168 items. Subjects responded to the items by marking true or false on the answer sheet. The answers were scored and categorized according to 13 scales (The "cannot say score" is not used in the MMPI-168). When interpreting the MMPI-168, the scores were examined under 3 validity scales and 10 basic clinical scales.

-Validity scales were developed to assist in recognizing invalid test records produced by uncooperative or deceptive subjects with various test-taking attitudes (e.g., faking good or faking bad) (Friedman, Webb, & Lewak, 1989). The validity scales are as follows:

1. Scale L--a T-score above 70 invalidates the profile. It shows that subjects tried to present themselves in a favorable light.

2. Scale F--a raw score of more than 15 or a converted score of more than 26 invalidates the profile. Scale F is useful for indicating severity of maladjustment. Seriously or acutely disturbed individuals tend to obtain elevated scores on this scale (Friedman et al., 1989).

3. Scale K--a T-score above 70 invalidates the profile. The main function of the K scale is to improve the discriminating power of the clinical scales so that these clinical scales can differentiate between normal and criterion groups. High scores on this scale indicate a defensive posture and the refusal to admit having psychological problems.

-Clinical scales were developed to assist in identifying the type and severity of abnormal psychiatric conditions. Usually, the MMPI clinical scales are referred by the following numbers and/or abbreviations:

1. Scale 1- Hypochondriasis (Hs). Scale 1 was developed to measure the number of bodily complaints claimed by an individual.

2. Scale 2 - Depression (D). Scale 2 measures symptomatic expression, which is a mood state typified by low morale, a feeling of hopelessness, and helplessness, general dissatisfaction, and sometimes preoccupation with death and suicide (Dahlstrom, et al., 1972).

3. Scale 3 - Hysteria (Hy). Scale 3 helps to identify subjects who have conversion hysteria symptoms. The subjects who have this syndrome have hysterical reactions to stress situations (Graham, 1977). They typically reveal denial of social anxiety, high need for affection, somatic complaints, and inhibition of aggression (Newmark, 1979, p. 25).

4. Scale 4 - Psychopathic deviate (Pd). This scale was developed to measure the personality characteristics of amoral and asocial persons with psychopathic personality disorders. Items on this scale deal with general social maladjustment, absence of strongly pleasant experiences, and feeling of alienation from the group (Newmark, 1979, p. 31)

5. Scale 5 - Masculinity-Femininity (Mf). It is unclear what this scale measures (Friedman, et al., 1989). It was stated that this scale was developed to identify the personality features that are related to the disorder of male sex role inversion, and the tendency toward masculinity or

femininity of interest toward the opposite sex. Also, it can measure interests, vocational choices, aesthetic preference, and an activity-passivity dimension (Newmark, 1979, p. 40).

6. Scale 6 - Paranoia (Pa). This scale was designed to identify subjects who have paranoid symptoms, such as feelings of persecution, grandiose self-concepts, suspiciousness, excessive sensitivity, and rigid opinions and attitudes (Graham, 1977).

7. Scale 7- Psychasthenia (Pt). Scale 7 was developed to measure a neurotic pattern called psychasthenia. Persons who are diagnosed as having psychasthenia have excessive self-doubts leading to difficulty in making choices, various fears, obsessive preoccupations, compulsive urges and acts, vague anxieties, and feelings of low self-confidence and insecurity (Friedman, et al., 1989).

8. Scale 8 - Schizophrenia (Sc). This scale was designed to identify subjects who are diagnosed as schizophrenic. Subjects with this disorder are characterized by disturbances of thinking, mood, and behavior. The disturbances can be shown in forms of social alienation, isolation, bizarre feeling, peculiar bodily dysfunction, and general dissatisfaction (Newmark, 1979, p. 47).

9. Scale 9 - Hypomania (Ma). Scale 9 identifies subjects who are diagnosed as having hypomanic symptoms. Hypomania is characterized by elevated mood, accelerated speech and motor activity, irritability, flights of ideas, and brief periods of depression.

10. Scale 0 - Social introversion (Si). Scale 0 was designed to evaluate an individual's degree of introversion-extroversion. This scale does not involve a psychiatric syndrome, but it deals mainly with social participation and interpersonal relationship (Newmark, 1979, p. 50).

Rules of classification of personality disorders with the MMPI-168

1. The inmate profile that has at least one or more high-point codes is classified as personality disordered.

In this study, high-point code means the clinical scale which has a T-score of 80 or above. The profile can be coded into three types:

1.1. Spike code type --only one scale has an elevated T-score of 80 or above.

1.2. Two-point code type --two out of the 10 clinical scales have T-scores of 80 or above and are higher than all other scales.

1.3. Three-point code type --three clinical scales have T-scores of 80 or above and are higher than the other seven scales.

2. The invalid profile was eliminated and not interpreted because the researcher believed that it might cause the misinterpretation of the clinical scales.

An invalid profile is one on which the L and K scales are elevated above a T-score of 70, or the F scale has a raw score above 15 or a converted raw score above 26.

It should be noted that the severity of personality disorders is related to the elevation of a T-score above 80. The higher the score, the greater the tendency for subjects to have personality disorders. Also, high-point codes show the different types of personality disorders.

Reliability and validity of the MMPI

-Reliability

The MMPI test has been tested for reliability by a number of researchers. The internal consistency was tested by Dahlstrom, et al. (1975). They found that, in the basic MMPI scales, the component items failed to demonstrate a modest level of correlation with the other items, but that each separate item contributed useful information in assessing the general syndrome for which it had been selected.

In terms of test-retest stability, most subjects were found to retain their same scale scores and relative group standing on most of the component scales in the basic MMPI profiles. This was true whether or not they were examined in a research setting or under various clinical conditions in psychiatric wards or clinics (Dahlstrom, et al., 1975)

However, the short form of the MMPI has been found to be less reliable than the long form. When the Spearman-Brown formula was applied, the predicted Spearman-Brown reliability coefficients for the shortened MMPI scales were so low as to suggest that the shortened MMPI would be unworkable. Yet the

Spearman-Brown estimates of reliability may overestimate reliability for some short forms (Faschingbauer & Newmark., 1978).

Although there are very few reports on the reliability of the MMPI-168, the length of the test (168 items) with the high correlation between the MMPI-168 and the standard MMPI (range from 0.96 to 0.78) supports the test's reliability (Faschingbauer & Newmark, 1978).

-Validity

In the MMPI handbook, Dahlstrom et al. (1972) described the validity of the MMPI in two ways. First, validity was used to designate the property of a scale or instrument that legitimized the particular substantive psychological inferences that could be drawn from score values generated by appropriate administration of that scale. Second, validity scales were used to detect the appropriateness or the acceptability of any one administration of the test. The validity scales in the MMPI can detect the distortion of the responses that occurs when subjects minimize the presentation of their psychological problems or exaggerate their psychopathology.

The validity of the MMPI-168 in the first meaning was tested by using external criterion beside the standard MMPI. Psychologists' diagnosis was used as the external criterion for measuring validity. It was found that there was no significant difference in diagnostic accuracy as a function of the type of MMPI used (Faschingbauer & Newmark, 1978).

Overall, the MMPI-168 seems to be equivalent to the standard MMPI in terms of both group and individual comparisons, and has validity independent of the standard instrument (Graham, 1977). The equivalent diagnostic accuracy of the MMPI-168 to the standard MMPI test makes the MMPI-168 useful in substituting for the standard test (Faschingbauer & Newmark, 1978).

Administration

In this research, the group booklet form of the MMPI-168 was used because this form is available in Thai language. The MMPI-168 was self-administered. Subjects were asked to read the statements by themselves and decide whether these statements are true or false as applied to them. If there were subjects who could not read, this researcher read the statements to them. After reading each statement, subjects marked their answers on the answer sheets. In case they could not answer or no answer applied to them, they did not mark the answer sheet. However, subjects were encouraged to respond to as many statements as possible.

Scoring

After the tests were administered, the scoring templates for the standard MMPI were used to derive the MMPI-168 raw scores. The raw scores were converted to raw scores on the standard test by using the Raw Score Conversion Table (The table is in the MMPI-168 codebook of Vincent et al, 1984). The converted scores were plotted above the point where each scale was located on the profile sheet. The K scores were

added to the raw scores by using the standard K corrections for the standard MMPI. The raw scores with K were plotted above scales where they were required in the profile sheet. The raw scores were converted to a T-score when they were plotted on the profile.

Interpretation

If the T-score for the L and K scales was above 70 or the raw score for the F scale was above 15, the profile was considered invalid and not interpreted because the invalid profile showed the deviance of subjects in administering the test. If these profiles were valid, then their clinical scales were interpreted. The clinical scales that had a T-score of 80 or above were the primed code. The primed code of the clinical scales will be coded as the high-point code type. To code the high-point code type, the profile was read from left to right, and the high-point codes were listed. The code types can be one-, two-, or three-point code types. In case of the three-point code type, the second and third code types were to be within 10 points of one another, if not, they were interpreted as one-point code types. After coding the high-point code type, the scores were interpreted by referring to the MMPI-168 codebook.

Levels of Measurement

The variables in this research have different levels of measurement.

-Independent variables

Independent variables have levels of measurement as follows:

1. Nominal measures. The variables that are in this level of measurement are gender, type of offense, and past conviction

2. Ratio measures. The variables that are in this level of measurement are age, length of confinement and length of sentence-

-Dependent variable

Personality disorder values were measured at the interval level. The T-score was converted from raw scores and had no absolute zero.

Data Collection Procedures

The researcher and research assistant (an undergraduate student majoring in criminology at a local university) collected the data in June and July, 1992 in two prisons in Thailand after receiving clearance to do so from the Thai Department of Corrections. The following procedures were used in collecting the data:

A group of ten subjects were brought to the interview room. In the Women Correctional Institution, the interview room was located in the library. In Bangkwang Central Prison, the interview room was located in the general store. The researcher briefly explained the consent form and distributed it to each respondent. Subjects who agreed to

participate read and signed the consent form before the
instruments were administered. Where subjects could not
read, the researcher read the consent form to them and let
them sign the form. The participating subjects were
interviewed by the researcher or research assistant to
collect their demographic data and information on their
criminal records. Each interview took approximately 10
minutes. After the interview, the MMPI-168 test was
administered. Subjects took the test individually; those who
could not read or needed special assistance would have the
instrument read to them by this researcher. The test
administration took about 35 minutes. Thus, the total amount
of time used for the data collection for each individual was
45 minutes. Overall, the data collection procedure took
about 10 days.

Data Analysis Procedures

The frequency distribution, correlation analysis, one-
way analysis of variance (ANOVA), and multiple regression
analysis were used in analyzing the data gathered in this
study. The frequency distribution was used to analyze
inmates' demographic characteristics and criminal record, as
well as the number of inmates who have personality disorders.
The frequency distribution was also used to classify the
personality disorders evidenced by the inmates, and to form a
personality typology of the inmate sample.

The research hypotheses were tested using correlation analysis and ANOVA. Each variable was analyzed in relation to each scale on the MMPI. The T-score of subjects on each scale was a dependent variable. The independent variables were gender, age, length of confinement, length of sentence, type of offense, and past conviction. The relationship of independent variable to the scores on each MMPI scale was tested through correlation analysis, except type of offense which was tested with ANOVA.

After every hypothesis was tested, the data were analyzed again with multiple regression. The relationship of every independent variable with each scale score was examined. The T-score of subjects on each scale was a criterion variable. The predictor variables were gender, age, length of confinement, length of sentence, type of offense, and past conviction. Gender, type of offense, and past conviction were changed to dummy variables where appropriate. The .05 alpha level was the criterion for significance in all analyses. The Statistical Package for the Social Science (SPSS) was used to analyze the data.

The Limitations of the Research Methodology

Although the reliability and validity of the MMPI-168 have been tested by many researchers in the United States, no such test has been done among Thai inmate population. Also, the use of the MMPI-168 only may not have been adequate for measuring personality disorders. However, there are various

methodological strengths of this study. First, the researcher included both males and females in the sample, while most prior studies studied only male inmates. Second, the researcher analyzed multiple variables, i.e., inmates' socio-demographic characteristics and criminal background, using multiple regression analysis to see the effect of such variables on the development of personality disorders.

Summary

The survey design was used to study personality disorders among Thai inmates. The measurement instruments were a questionnaire and the MMPI-168. The research sample was selected by simple random sampling from Bangkwang Central Prison and the Women Correctional Institution. It included 100 males and 100 females. Hypotheses were set up to examine personality disorders among inmates, and the relationship between inmates' socio-demographic characteristics and personality disorders.

The independent variables from the hypotheses are inmates' gender, age, length of confinement, length of sentence, type of offense, and past conviction. The dependent variables are the scores on ten MMPI scales. After data were collected, the frequency distribution, correlation analysis, one-way analysis of variance, and multiple regression analysis were used to analyze data. In the next chapter, the researcher presents the data analysis and findings.

DATA ANALYSIS AND FINDINGS

The purpose of this chapter is to present the findings
relating to the research questions, which are as follows:

1. What is the personality typology of Thai prison
inmates?

2. How many Thai inmates have personality disorders, as
measured by the MMPI-168?

3. What is the extent of personality disorders among
Thai inmates?

4. What are the socio-demographic characteristics,
criminal background, type of offense, and length of sentence
and confinement of Thai inmates?

5. What socio-demographic and criminal characteristics
of Thai inmates are related to their elevated scores on
various scales of the MMPI-168?

In order to respond to these research problems,
statistical analyses including frequency distribution,
correlation analysis, and analysis of variance were used to
test the following hypotheses.

1. There will be inmates in Thai prisons who have
personality disorders.

2.   There will be a relationship between inmates'
gender and their scores on each MMPI scale.

3. There will be a relationship between inmates' age and their scores on each MMPI scale.

4. There will be a relationship between inmates' length of confinement and their scores on each MMPI scale.

5. There will be a relationship between inmates' length of sentence and their scores on each MMPI scale.

6. There will be a relationship between inmates' type of offense and their scores on each MMPI scale.

7. There will be a relationship between inmates' past conviction and their scores on each MMPI scale.

After testing the hypotheses, the researcher conducted further analysis by using multiple regression analysis to find a model which shows the best relationship between several socio-demographic characteristic variables and scores on each MMPI scale.

MMPI scales are identified by a number, for example Scale 1 or Scale 3. Titles of all scales are also explained in Table 1.

Table 1: The MMPI Scales

Scale	Abbreviation	Title
1	Hs	Hypochondriasis
2	D	Depression
3	Hy	Hysteria
4	Pd	Psychopathic-Deviation
5	Mf	Masculinity-Femininity
6	Pa	Paranoid
7	Pt	Psychasthenia
8	Sc	Schizophrenia
9	Ma	Hypomania
0	Si	Social-Introversion

Before presenting the results of the hypothesis testing, the researcher will describe some socio-demographic data, criminal background and personality typology of Thai inmates in this research.

Socio-demographic Background

During the data collection procedure, seven inmates refused to participate. Of these four were males and three were females. Among these inmates, three refused because of their mental problem. After the inmates' profiles were coded, nine profiles were found to be invalid. Therefore, the total inmate sample in this research consisted of 184 inmates, of which 93 (51%) were males and 91 (49%) were females. The average age for both groups was about 38 years. The inmates' age range was from 21 to 67 years. The average

age for females (41 years) was higher than that for males (36 years). The inmates' socio-demographic data are shown in Table 2.

Table 2: Socio-demographic Characteristics of Thai inmates

Variable	Male n	%	Female n	%	Both n	%
Age (Years)						
X	35.9		40.9		38.4	
S	9.3		10.0		9.9	
Religion[a]						
Buddhism	87	94.6	79	86.8	166	90.7
Christianity	1	1.1	7	7.7	8	4.4
Islam	4	4.3	5	5.5	9	4.9
Total	92	100	91	100	183	100
Marital status						
Single	40	43.0	12	13.2	52	28.3
Married	36	38.7	30	33.0	66	35.9
Divorced or separation	15	16.1	26	28.6	41	22.3
Widowed	2	2.2	23	25.3	25	13.6
Total	93	100	91	100	184	100
Educational level						
Primary school	57	61.3	55	60.4	112	60.9
Junior high school	19	20.4	11	12.1	30	16.3
High school	6	6.5	9	9.9	15	8.2
Certification	6	6.5	11	12.1	17	9.2

Bachelor degree	2	2.2	1	1.1	3	1.6
(Table 2 continued)						
Others	3	3.2	4	4.4	7	3.8
Total	93	100	91	100	184	100
Occupation						
Farming	32	34.4	16	17.6	48	26.1
Private business	13	14.0	43	47.3	56	30.4
Service worker	30	32.3	17	18.7	47	25.5
Government officer	12	12.9	8	8.8	20	10.9
Student	2	2.2	1	1.1	3	1.6
Housewife	0	0.0	6	6.6	6	3.3
Others	4	4.3	0	0.0	4	2.2
Total	93	100	91	100	184	100

[a] Number of missing values = 1.

Table 2 shows that about 91% of inmates were Buddhists. About 43% of male inmates were single while 33% of female inmates were married. About 61% of all inmates had finished primary school, that is the equivalent of Grades 1 to 6 in the American educational system. Finally, about 34% of male inmates were farmers, and 47% of female inmates ran their own businesses, such as a grocery store and a stall, before confinement.

In summary, Thai inmates in this research consist of almost equal numbers of males and females. Their average age was 38 years. Most were Buddhists. Most of them were

married and ran their own business before they were
convicted. Their educational level was low since most of
them finished only the primary school.

Criminal History

Thai inmates' criminal history includes type of offense,
length of sentence, length of confinement, status of
sentence, and past conviction. Each variable is described
briefly before the results are presented.

1. Type of offense--includes crime against person,
crime against property, crime against person and property,
and drug offense. Other offenses not specified in the
research are included in "Others." After being interviewed,
inmates who reported convictions for murder, criminal
assaults, rape, child molestation, or sexual harassment were
included in type one, crime against person. It should be
noted that prostitution was not included in crime against
person because there was no respondent reporting this
offense. Inmates convicted of burglary, theft, or robbery
were included in type two, crime against property. Inmates
convicted of both crime against person and crime against
property were included in type three, crime against person
and property. Inmates convicted of drug sale, drug
addiction, or drug delivery were included in type four, drug
offense. Originally, the substance violation question in the
questionnaire addressed both narcotic drugs and alcohol.
Since no respondent reported alcohol-related conviction, and

since all the convictions were drug-related, this researcher
dropped the alcohol offense variable. Finally, inmates
convicted of other offenses not specified were included in
type five, "Others."

2. Length of sentence--refers to the final sentence
issued by the court for the present conviction. The length
of sentence reported in this research is not the reduced
sentence, though most Thai inmates' sentences are reduced on
special occasions, for example the celebration of the King's
and Queen's birthday.

3. Length of confinement--means the length of time
inmates have so far spent in prison, from the time of their
admission into the present prisons, Bangkwang Central Prison
and the Women Correction Institution, to June, 1992.

4. Status of sentence--is divided into "between appeal"
or "final appeal." Between appeal means inmates are
appealing their sentences to a higher court and their
sentence is not final. Final appeal means inmates have
already received final sentencing from court and are not
appealing.

5. Past conviction--refers to "no past conviction" or
"having past conviction." "No past conviction" means the
current conviction is the first one ever. Having past
conviction means inmates have been convicted of previous
offenses.

Table 3 shows the results of the sample's criminal
history. It shows that about 31% of inmates were convicted

of crime against person. About 5% of all inmates were
convicted of crime against property. About 7% were convicted
of crime against person and property. Almost 53% of all
inmates were convicted of drug offense. Only 4% of all
inmates were convicted of other offenses, which were offenses
relating to fraud in government affairs. About 56% of male
inmates were convicted of crime against person while almost
80% of female inmates were convicted of drug offense.

Table 3: Criminal Background of Thai Inmates

Variables	Male		Female		Both	
	n	%	n	%	n	%
Types of offense[a]						
Type 1	47	50.5	10	10.9	57	31.0
Type 2	9	9.7	1	1.1	10	5.4
Type 3	10	10.7	2	2.3	12	6.5
Type 4	25	26.9	73	80.2	98	53.3
Type 5	2	2.2	5	5.5	7	3.8
Total	93	100	91	100	184	100
Length of sentence (Years)[b]						
X		82.1		78.7		80.4
S		27.7		30.0		28.9
Length of confinement (Years)						
X		6.4		5.5		6.0
S		3.5		3.4		3.5
Status of sentence						
Between appeal	4	4.3	11	12.1	15	8.2
Final appeal	89	95.7	80	87.9	169	91.8
Total	93	100	91	100	184	100

(Table 3 continued)

Past conviction[c]

No	83	89.2	89	97.8	172	93.5
Yes	10	10.8	2	2.2	12	6.5
Total	93	100	91	100	184	100

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[a] 'Type 1' refers to crime against person.

  'Type 2' refers to crime against property.

  'Type 3' refers to crime against person and property.

  'Type 4' refers to drug offense.

  'Type 5' refers to others.

[b] Life sentence is equal to 100 years.

[c] "No" refers to inmates who reported no past conviction.

  "Yes" refers to inmates who reported having past

convictions.

Table 3 shows that the average sentence of the sample is approximately 80 years. Male inmates were sentenced to an average of 82 years while female inmates were sentenced to an average of 79 years. The average sentence is high because life sentence, valued at 100 years, was averaged with other sentences. In this research, about 67% of all inmates received life sentences.

Table 3 continues showing that at the time of the research the sample had been confined for almost six years. Male and female inmates were confined for about the same period, that is six years. Table 3 also shows that about 8% of all inmates were still appealing sentences while about 92%

of inmates had received final sentences. About 96% of male
inmates and 88% of female inmates had received final
sentences. Finally, the result shows that about 94% of the
sample reported that they had never been convicted. About
89% of male inmates and 98% of female inmates reported no
past conviction.

Briefly, Thai inmates in this study were mostly
convicted of drug offenses with the average length of
sentence being 80 years. For inmates in the prison the
average length of confinement was six years. Most inmates
had received final sentences. About 94% of inmates claimed
they had never been convicted. The information of male and
female sub-samples is available in Table 3.

Personality Typology of Thai Prison Inmates

Table 4 summarizes the average T-score of the inmates on
13 scales, of which Scales 1, F, K are validity scales and
Scales 1 to 0 are clinical scales. A T-score below 70 on
Scale L and K, and the converted raw scores on Scale F below
26 (or a T-score below 100) show that the sample's profiles
were valid. Based on the MMPI-168 codebook (Vincent, et al.,
1984, p.53), the general profile for this sample can be coded
as 008 code type. This means that this sample has the peak
on Scale 8. According to Newmark (1979), the peak on Scale 8
means:

> High 8 persons almost always feel alienated,
>
> misunderstood, and not a part of the general social

environment. They have fundamental and disturbing questions about their own identity, worth, and place in the world. They are confused about how one goes about the business of being a socialized human being. Many feel that they hopelessly lack something basic that is the key to successful relations with others. (p. 47)

Table 4: Mean T-scores on the MMPI Scales of Thai Inmates

Scale	Male (n = 93)		Female (n = 91)		Both (n = 184	
	X	S	X	S	X	S
Scale L	58.5	7.6	59.2	7.2	59.2	7.4
Scale F	77.5	10.4	75.3	10.9	76.4	10.7
Scale K	52.4	6.9	53.0	6.9	52.7	6.9
Scale 1	69.2	13.9	63.2	10.4	66.3	12.6
Scale 2	80.5	12.5	67.7	11.4	74.2	13.6
Scale 3	70.3	11.0	64.2	11.0	67.3	11.4
Scale 4	72.0	9.3	71.0	9.3	71.5	9.3
Scale 5	60.9	8.0	54.5	8.5	57.7	8.8
Scale 6	78.2	15.4	77.9	16.1	78.0	15.7
Scale 7	78.3	15.2	66.1	11.6	72.3	14.8
Scale 8	108.6	21.6	97.3	17.0	103.0	20.2
Scale 9	62.2	11.2	63.4	11.0	62.8	11.1
Scale 0	60.3	8.2	60.8	8.6	60.6	8.4

It is not surprising that the sample has scores that peak on Scale 8, because most inmates in this sample have personality disorder which is usually manifested by an elevation on Scale 8. In this research, the 008 code type was classified into Cluster C in the DSM-III-R classification. Cluster C refers to avoidant, dependent, obsessive-compulsive, and passive-aggressive personality disorders. People with these disorders often appear to be anxious or fearful.

When the MMPI-based criminal classification system was applied, a group of Thai inmates was matched with Group How. In their article, Megargee and Bohn (1977) stated that:

> Group How was one of the lowest groups of all the
> measures of intellectual ability and educational
> achievement. The social development data showed a broad
> range of disturbance and pathology...
>
> The psychologists viewed How as one of the most
> aggressive groups, and one which, consistent with the
> Presentence Investigation Reports (PSI) and interview,
> was especially prone to have conflicts with authorities.
> Withdrawn, introverted, passive, and constricted, the
> men in Group How are likely to be isolated from their
> fellow inmates, who probably reject or avoid them as
> mental cases. (pp. 205-206)

Overall, the sample appears to be anxious or fearful. The peak on Scale 8 also shows that the sample has

poor interpersonal relationship and disturbance of thinking.
Finally, they are the disturbed and pathological group as
described by the MMPI-based classification system.

Hypothesis testing

Seven hypotheses were tested in this research. The
first hypothesis explored the personality disorders within
the surveyed sample. The next hypothesis examined the
relationship among socio-demographic and criminal
characteristics of the sample and scores on their MMPI
scales. The frequency distribution determined the number of
inmates who have personality disorders and the extent of
their personality disorders. The correlation coefficient and
analysis of variance (ANOVA) analyzed the relationship
between variables and scores on each MMPI scale. When
dichotomous variables were analyzed, they were changed to
dummy variables. For example, males were valued 1 and
females were valued 0 in the gender variable, and having past
conviction was valued 1 while having no past conviction was
valued 0 in the past conviction variable. At last, the
multiple regression analyzed the relationship between several
variables and scores on each MMPI scale. The hypotheses and
results are discussed below.

Hypothesis 1

H_A: There will be inmates in Thai prisons who have
personality disorders.

The H_A hypothesis was supported, which means that there were inmates in Thai prisons who had personality disorders.

In this research, personality disorders were examined with the MMPI-168 and a T-score above 80 on any MMPI scales. Table 5 shows that about 88% of the total sample manifested personality disorders. Of these 87 (54%) were males and 74 (46%) were females. This means that these subjects had a T-score above 80 on at least one MMPI scale, therefore belonging to the spike code type (See p. 55 above).

Table 5: Number of Inmates who have Personality Disorders

	Male		Female		Both	
Personality Disorders	n	%	n	%	n	%
Yes	87	93.5	74	81.3	161	87.5
No	6	6.5	17	18.7	23	12.5
Total	93	100.0	91	100.0	184	100.0

Table 6 shows the mean T-score on the MMPI scale of subjects in the sample who had personality disorders. It shows that generally, the sample's profiles were valid

because T-scores on Scales L and K were below 70 and the converted raw scores of Scale F were below 26 (or a T-score of 100).

Table 6: Mean T-score on the MMPI scales of Personality Disordered Inmates

Scale	Male (n = 87)		Female (n = 74)		Both (n = 161)	
	X	S	X	S	X	S
Scale L	58.3	7.7	59.4	7.2	58.8	7.5
Scale F	78.0	10.4	77.6	9.5	77.8	10.0
Scale K	52.4	7.0	52.1	6.7	52.3	6.9
Scale 1	70.5	13.2	64.5	10.7	67.8	12.5
Scale 2	81.8	11.9	69.4	11.3	76.1	13.1
Scale 3	71.2	10.8	65.4	11.0	68.6	11.2
Scale 4	73.0	8.6	73.0	8.5	73.0	8.5
Scale 5	60.9	8.1	55.7	8.2	58.5	8.5
Scale 6	79.6	14.5	81.7	15.2	80.6	14.8
Scale 7	80.1	14.0	68.1	11.1	74.6	14.0
Scale 8	111.4	19.1	102.8	13.5	107.4	17.3
Scale 9	63.0	10.9	64.6	10.9	63.8	10.9
Scale 0	60.5	8.3	61.6	8.5	61.0	8.4

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Among inmates who have personality disorders, the peak was on Scale 8 and 6, with the highest score being on Scale 8. Newmark (1979) interpreted peaks on Scale 6 and 8 by observing that:

> These patients are usually acutely schizophrenic or preschizophrenic, typically with paranoid delusions. Depression, emotional inappropriateness, overideation, and fears or phobias often are present. These people spend much time in daydreams, are shy and anxious, and keep others at a distance. They show difficulty in concentrating, and their thinking is often autistic. The content of their thoughts is almost always unusual and unconventional. Suspicion, distrust, and grandiosity are typical. Behaviorally, these patients are often unpredictable. (p. 44)

It seems that peaks on Scale 8 and 6 among the sample's profiles show paranoid schizophrenia personality with autistic thinking, paranoid delusion, and emotional inappropriateness.

After inmates' profiles were plotted, each of them was coded. Table 7 shows the sample's code types. The 002, 005, 006, and 008 code types are the one-point codes, which means that there is only one elevated scale in each profile. The 018, 027, 028, 038, 048, 068, and 078 code types are the two-point codes, which means that there are two elevated scales in the profile. The 123, 128, 138, 178, 268, 278, 368, 468, and 678 code types are the three-point codes, which means

that there are three elevated scales in the profile. The result shows that about 60% of all inmates were in the 008 code type, which means that most inmates' profile show elevation only on one scale, that is Scale 8 in this case.

Table 7: Code type of Personality Disordered Inmates

Code types	Male		Female		Both	
	n	%	n	%	n	%
002	2	2.3	0	0.0	2	1.2
005	1	1.1	0	0.0	1	0.6
006	0	0.0	2	2.7	2	1.2
007	1	1.1	0	0.0	1	0.6
008	53	60.9	43	58.1	96	59.6
018	1	1.1	0	0.0	1	0.6
027	1	1.1	1	1.4	2	1.2
028	6	6.9	2	2.7	8	5.0
038	1	1.1	1	1.4	2	1.2
048	0	0.0	1	1.4	1	0.6
068	6	6.9	19	25.7	25	15.5
078	2	2.3	0	0.0	2	1.2
123	1	1.1	0	0.0	1	0.6
128	1	1.1	1	1.4	2	1.2
138	1	1.1	0	0.0	1	0.6
178	1	1.1	0	0.0	1	0.6
Total	87	100	74	100	161	100

These code types were classified into three clusters including Cluster A, Cluster B, and Cluster C. These clusters are from the Diagnostic and Statistical Manual of Mental disorders (Third Edition-Revised) (DSM-III-R) classification. Each cluster can be briefly explained as follows:

1. Cluster A--refers to personality disorders which appear to be odd or eccentric, such as paranoid, schizoid, and schizotypal personality disorders.

2. Cluster B--refers to personality disorders which appear to be dramatic, emotional, or erratic, for example, antisocial, borderline, histrionic, and narcissistic personality disorders.

3. Cluster C--refers to personality disorders which appear to be anxious or fearful, for example, avoidant, dependent, obsessive-compulsive, and passive-aggressive personality disorders.

Table 8 shows the number of inmates in each of the three clusters. After the code types were classified, inmates' code types were mostly in Cluster C (78.3%). Therefore, personality disorders among the sample appeared to be mostly of the type in Cluster C. Such disorders manifest themselves in the form of avoidant, dependent, obsessive-compulsive, and passive-aggressive personality disorders, with tendency toward being anxious and fearful.

Table 8: Number of Inmates in Clusters of Personality
Disorders

	Male		Female		Both	
Cluster	n	%	n	%	n	%
Cluster A	7	8.0	22	29.7	29	18.0
Cluster B	4	4.6	2	2.7	6	3.7
Cluster C	76	87.4	50	67.6	126	78.3
Total	87	100	74	100	161	100

When Megargee's MMPI-based classification developed by
Megargee was applied, personality disorders among inmates
were classified into Group How, which is described as the
group with the lowest intellectual ability and educational
achievement. Psychologists view group How as aggressive,
withdrawn, introverted, passive, and constricted (Megargee
and Bohn, 1977, pp. 205-206).

Personality disorders in this sample can be described as
the avoidant, dependent, obsessive-compulsive, and passive-
aggressive personality disorders, which fall under Cluster C
according to the DSM-III-R classification. The inmates'
profile peaked on Scales 6 and 8, which showed autistic
thinking, paranoid delusion, and emotional inappropriateness.
Their classification on the MMPI-based classification system

is Group How, a group which shows disturbance, pathology, and poor adjustment and interpersonal relations.

Hypothesis 2

H_A: There will be a relationship between inmates' gender and their scores on each MMPI scale.

The H_A hypothesis was supported. There was a statistically significant relationship between gender and scores on Scales 1, 2, 3, 5, 7, and 8 , for Scale 1, $r = 0.24$, $p < 0.01$; for Scale 2, $r = 0.48$, $p < 0.01$; for Scale 3, $r = 0.27$, $p < 0.05$; for Scale 5, $r = 0.36$, $p < .01$; for Scale 7, $r = .42$, $p < 0.01$; for Scale 8, $r = 0.28$, $p < 0.01$. However, Table 9 shows that the relationship among scores on Scales 1, 3, 5, and 8 and inmates' gender were low, except scores on Scales 2 and 7 which moderately correlate with gender.[1]

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[1] The scale of the correlation coefficient is ranged from 0 (no relationship) to + or - 1.00 (a perfect relationship) (Hagan, 1989, p. 321). The interpretation of scale is as follows:

```
                          Relationship
0.0       0.20       0.40       r        0.60       0.80        ± 1.0
  |_____|_____|_____|_____|_____|__
None  Negligible  Low   Moderate      High moderate      High perfect
```

Table 9: Pearson Correlation Coefficient for Relationship Among Socio-Demograhic and Criminal Characteristics and Scores on Ten MMPI Scales a

Variable	MMPI Scale									
	1	2	3	4	5	6	7	8	9	0
Gender	.24**	.48**	.27**	.05	.36**	.01	.42**	.28**	-.06	-.03
Age	-.17*	-.23**	-.17*	-.09	-.04	-.04	-.08	-.10	-.03	.14
L. con.b	.17*	.09	.15*	-.03	.05	-.01	.01	.04	.08	-.01
L. sen.c	-.00	-.06	-.03	.07	-.03	-.01	.05	.06	.07	-.09
Past convic.d	.02	.01	-.06	.14	.04	.04	.05	.16*	.08	.00

Note. n = 184   *p < .05   **p < .01   (two-tailed)

a Relationship between types of offense and scores on the MMPI scales will be shown by one-way analysis of variance (see Table 10).

b L.con. refers to 'Length of confinement'.

c L. sen. refers to 'Length of sentence'.

d Past convic. refers to 'Past conviction'.

Each scale can be described as follows: Scales 1 and 3 generally measure bodily complaint by individuals while Scale 2 measures feeling of hopelessness and depression. Scale 5 measures interests, vocational choices, aesthetic preference, and an activity-passivity dimension of both males and females. It also measures the tendency toward masculinity or femininity of interest pattern in the direction of the opposite sex. Scale 7 measures feeling of low self-confidence, insecurity, and anxiety symptoms. At last, Scale 8 measures the disturbance of thinking, mood, and behavior, such as bizarre feeling, social alienation, and peculiar bodily dysfunction.

As explained above, gender was made to dummy variable, with males valued 1 and females valued 0. When the relationships in this hypothesis are positive, it means that male inmates had higher scores on these scales than female inmates. The elevation on these scales can be interpreted that male inmates were generally passive and isolated. They were more frequently concerned about body complaint, felt more acute sense of helplessness and hopelessness, and were more insecure than female inmates.

Hypothesis 3

H_A: There will be a relationship between inmates' age and their scores on each MMPI scale.

This research hypothesis was supported. There was a statistically significant relationship between inmates' age and scores on Scales 1, 2, and 3, The correlation coefficient

r for each scale is as follows: for Scale 1, r = -0.17, p < 0.05; for Scale 2, r = -0.23, p < 0.01; and for Scale 3, r = -0.17, p < 0.05 (see Table 9). The correlation coefficient showed that all relationships were negative. This means that older inmates had lower scores on Scales 1, 2, and 3 than did younger inmates. It can also be interpreted to mean that older inmates felt helplessness, hopelessness, and concern about body complaint less than younger inmates. Nevertheless, the relationship between inmates' age and scale scores is weak.

Hypothesis 4

H_A: There will be a relationship between inmates' length of confinement and their scores on each MMPI scale.

This H_A hypothesis was supported. There was a statistically significant but weak relationship between length of confinement and scores on Scales 1 and 3. The correlation coefficient r for Scale 1 is 0.17 (p < 0.05) and for Scale 3 is 0.15 (p < 0.05). The results showed that the relationships were positive. Inmates who were confined for a long periods of time had higher scores on these scales than inmates who were confined a short periods of time. It also means that inmates who had long confinement showed more concern for body complaint, more need for affection and support than inmates who were confined for short periods of time. However, the correlation coefficients showed those relationships to be negligible.

Hypothesis 5

H_A: There will be a relationship between inmates' length of sentence and their scores on each MMPI scale.

This research hypothesis was not supported. There was no significant relationship between length of sentence and scores on any MMPI scales at the alpha level of 0.05. However, when the scores on individual scales were examined, the results showed a weak positive correlation between length of sentence and scales 4 and 9 respectively. For Scale 4, correlation coefficient r was 0.07, and for Scale 9, r was 0.07. Also, there was a weak negative correlation of r = -0.09 for Scale 0. This relationship can be interpreted to mean that inmates with longer sentence showed more aggressive feeling toward society, and were less withdrawn and anxious in their contacts with people than inmates with shorter sentences.

Hypothesis 6

H_A: There will be a relationship between inmates' type of offense and their scores on each MMPI scale.

It should be explained that types of offense in this hypothesis included crime against person (as referring to murder, criminal assaults, rape, and child molestation), crime against property (as referring to burglary, theft, and robbery), crime against person and property (as referring to both crime against person and crime against property), and drug offense (as referring to drug selling, drug addiction, and drug delivery). "Others" type is not included in the

data analysis because there were very few responses, so total number of inmates in this analysis is 177.

Table 10 shows that this research hypothesis was supported. The result from the Analysis of Variance (ANOVA) showed that there was a significant difference in the mean scores among type of offense on Scales 1, 2, 5, 7, and 8. The F ratio for Scale 1, 2, 5, 7, and 8 are as follows: for Scale 1, $F = 4.8$, $p < 0.01$; for Scale 2, $F = 4.3$, $p < 0.01$; for Scale 5, $F = 3.1$, $p < 0.05$; for Scale 7, $F = 3.1$, $p < 0.05$; and for Scale 8, $F = 3.3$, $p < 0.05$ (see Table 10).

Table 10: One-way Analysis of Variance and 95% Confidence Interval for Mean Scores on the MMPI Scales Among Types of Offense [a]

Scale	n	X	S	SE	95% for mean	F
Scale 1						4.8**
Group1	57	66.4	14.6	1.9	62.5 TO 70.3	
Group2	10	71.2	9.4	3.0	64.5 To 77.9	
Group3	12	77.8	13.0	3.7	69.6 To 86.1	
Group4	98	64.4	11.1	1.1	62.2 TO 66.6	
Scale 2						4.3**
Group1	57	76.2	14.9	2.0	72.2 TO 80.1	
Group2	10	82.1	7.6	2.4	76.7 TO 87.6	
Group3	12	81.2	15.5	4.5	71.3 TO 91.0	
Group4	98	71.4	12.1	1.2	69.0 TO 73.8	
Scale 5						3.1*
Group1	57	60.1	7.8	1.0	58.1 TO 62.2	
Group2	10	58.8	5.3	1.7	55.0 TO 62.6	
Group3	12	60.3	9.0	2.6	54.6 TO 66.0	
Group4	98	56.1	9.1	0.9	54.3 TO 57.9	
Scale 7						3.1*
Group1	57	60.1	7.8	1.0	58.1 TO 62.2	
Group2	10	58.8	5.3	1.7	55.0 TO 62.6	
Group3	12	60.3	9.0	2.6	54.6 TO 66.0	
Group4	98	56.1	9.1	0.9	54.3 TO 57.9	
Scale 8						3.3*
Group1	57	103.8	21.3	2.8	98.2 TO 109.5	
Group2	10	117.6	18.0	5.7	104.7 TO 130.5	
Group3	12	111.8	21.5	6.2	98.2 TO 125.5	
Group4	98	100.4	18.5	1.9	96.7 TO 104.1	

Note. *p < 0.05   **p < 0.01   n = 177   df = 3, 173

Group 1 means crime against person. Group 2 means crime against property. Group 3 means crime against person and property. Group 4 means drug offense.

aThis table shows the MMPI scales that significantly relate to type of offense only.

On Scale 1, the 95% confidence interval showed that the mean scores of inmates who committed crime against person and property were significantly higher than the mean scores of inmates who committed drug offense. This means that inmates who committed crime against person and property showed more concern about body complaint than inmates who committed drug offense. On Scale 2, it was found that the mean scores of inmates who committed crime against property were significantly higher than the mean scores of inmates who committed drug offense. It means that inmates who committed crime against property felt more depressed, helpless, and hopeless than inmates who committed drug offense. On Scale 5, it was found that the mean scores of inmates who committed crime against person were significantly higher than the mean scores of inmates who had drug offense. This means that inmates who committed crimes against person tended to manifest homosexual preference more frequently than inmates who committed drug offense. On Scale 7, the result shows that the mean scores of inmates committing crime against property and inmates committing crime against person and

property are significantly higher than mean scores of inmates committing drug offense. This means that inmates who committed crime against property and inmates who committed crime against person and property had more acute feeling of insecurity and low self-confidence than inmates who committed drug offense. On Scale 8, the result shows that the mean scores of inmates committing crime against person and property are significantly higher than the mean scores of inmates committing drug offense. It means that inmates who committed crime against person and property showed isolation, bizarre feeling, social alienation, and peculiar bodily dysfunction more than inmates who committed drug offense.

In conclusion, the results from ANOVA show that there are significant relationships between type of offense and scores on Scales 1, 2, 5, 7, and 8. Among four types of offense, i.e., crime against person including murder, criminal assaults, rape, sexual harassment, and child molestation, crime against property including burglary, theft, robbery, crime against person and property including both crime against person and crime against property, and drug offense including drug addiction, drug sale, and drug delivery, the mean scores of inmates who committed drug offense seem to be significantly lower than the mean scores of inmates who committed the other offenses. This lower scores mean that inmates who committed drug offense showed

fewer symptoms of somatic complaint, depression, disorder of sex role, anxiety, and low self-confidence than did other inmates who committed other crimes.

Hypothesis 7

H_A: There will be a relationship between inmates' past conviction and their scores on each MMPI scale.

This research hypothesis (H_A) was also supported. A negligible positive relationship was found between past conviction of inmates and scores on Scale 8, $r = 0.16$, $p < 0.05$ (see Table 9). It means that inmates who had past conviction had higher scores on Scale 8 than inmates who did not have past conviction. The high score on Scale 8 can be interpreted to mean that inmates who had past conviction show bizarre feeling, peculiar bodily dysfunction, and social alienation more than inmates who did not have past conviction.

In summary, the tests of hypotheses show that personality disorders are prevalent among this sample of Thai inmates. In fact, 88% of the sample manifested a pattern of personality disorders most frequently in the form of avoidant, dependent, obsessive-compulsive, and passive-aggressive personality types. Also, it was found that there was a significant relationship between personality disorder types and specific socio-demographic and criminal characteristics of the sample. For example, gender was significantly related to Scales 1, 2, 3, 5, 7, and 8 of the MMPI, with males scoring higher on these scales than females.

The high score on this scale means that male inmates showed signs of body complaint, depression, anxiety, low self-confidence, passivity, and the disturbance of behavior, mood, and thinking more frequently than female inmates.

Similarly, a significant relationship was found between personality disorder types and age. Older inmates scored lower on Scales 1, 2, and 3 than did younger inmates. The low score on these scales may be interpreted to mean that older inmates were less depressed and showed less body complaint than younger inmates. Also, inmates with long confinement time scored higher on Scales 1 and 3 than those who had been imprisoned for shorter periods of time. The high score on Scales 1 and 3 means that inmates with long confinement showed more body complaint than inmates who were confined for shorter periods of time.

These results also show a significant relationship between personality disorder types and prior offense history. However, the results show that inmates committing drug offenses scored lower on Scales 1, 2, 5, 7, and 8 of the MMPI than inmates committing other offenses. The lower scores on these scales means that inmates committing drug offense showed feeling of depression and insecurity, body complaint, and disturbance of mood, thinking, and behavior less than did inmates who committed other offenses. Also, inmates who had past conviction had higher scores on Scale 8 than did inmates who did not have past convictions. This means that inmates with past conviction showed disturbance of thinking, mood,

and behavior more frequently than inmates who did not have past conviction. On the contrary, there was no significant relationship between length of sentence and any MMPI scale.

It is interesting to note that the most frequently-occurring relationship was found to exist between gender and every related scale. However, personality disorder types (as measured by peaks on the MMPI scales) were found to be significantly affected by various socio-demographic and criminal characteristic variables, apart from gender. Accordingly, this researcher posited that a linear model of socio-demographic and criminal variables would better explain variations in the pattern of personality disorders than a single variable alone. Therefore, the data were further analyzed with multiple linear regression whose results are provided in the next section.

Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on the MMPI Scales

Predictor variables in this analysis are inmates' socio-demographic characteristics, that is, gender and age, and criminal characteristics, that is, length of confinement, length of sentence, type of offense, and past conviction. The criterion variables are scores on the ten MMPI scales, that is, the 1, 2, 3, 4, 5, 6, 7, 8, 9, and 0 scales.

Since gender, past conviction, and type of offense are the qualitative variables, they were reduced to dummy variables. For gender, male was valued 1 and female was

valued 0. For past conviction, having past conviction was valued 1 and no past conviction was valued 0. For type of offense, crime against person was valued 0, and crime against property, crime against person and property, and drug offense are valued 1 at each time.

In order to find the best model, a model where all predictor variables show a significant relationship with a criterion variable, the backward list procedure was used to select the predictor variables. With this procedure, all listed variables are entered, and then variables whose probability of t are lower than 0.05 are removed one at a time.

Scale 1

Table 11 shows that when all socio-demographic characteristics and criminal characteristics were introduced to predict the elevation of scores on Scale 1, the Multiple R was 0.39 and R^2 was 0.15, $p < 0.01$. Then the backward list procedure was applied to remove some predictor variables that did not significantly relate to scale scores at the probability of t of 0.05.

Table 11: The Full model of Multiple Regression Analysis for
Inmate Socio-Demographic and Criminal Characteristics and
Scores on Scale 1

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	4.3	2.3	0.2	1.9	0.06
Age	-0.2	0.1	-0.2	-1.8	0.07
Length of sentence	-0.0	0.0	-0.0	-0.3	0.78
Length of confinement	0.8	0.3	0.2	2.8	0.01
Crimes against property	4.5	4.4	0.1	1.0	0.30
Crimes against person & property	10.2	3.9	0.2	2.6	0.01
Drug offense	1.5	2.6	0.1	0.6	0.55
Past conviction	-0.4	3.7	-0.0	-0.1	0.90
(Constant)	66.0	5.1		12.9	0.00
Multiple R	0.39**				
R Square	0.15				
Adjusted R Square	0.11				
Standard error	12.02				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

The final and best fitting model for Scale 1 included only gender, length of confinement, and type of offense variables as shown in Table 12. Although they did not significantly relate to scale scores, crime against property and drug offense were included in the model, because they are attributes of the type of offense variable. Also, crime against person were not shown in the model because they were the reference which were valued 0 in the dummy variable.

Table 12: The Final model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 1

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	4.4	2.3	0.2	2.0	0.05
Length of confinement	0.6	0.3	0.2	2.3	0.02
Crime against property	5.2	4.1	0.1	1.3	0.21
Crime against person & property	11.3	3.8	0.2	3.0	0.00
Drug offense	0.1	2.4	0.0	0.0	0.98
(Constant)	59.2	2.7		21.9	0.00
Multiple R	0.37**				
R Square	0.13				
Adjusted R Square	0.11				
Standard error	12.03				

Note. n = 184 *p < 0.05 **p < 0.01 df = 5, 171

As shown in Table 12, the multiple regression analysis shows that gender, length of confinement, and type of offense significantly relate to scores on Scale 1 (Multiple R = 0.37, p < 0.01). The relationship is positive, which means male inmates, who committed crime against person and property and were confined for long period of time, showed concern about body function and malfunction more than other males or females, who committed other offenses and were confined shorter periods of time. For this model, only 13% of the variance of scores on Scale 1 was predicted by gender, length of confinement, and type of offense (R^2 = 0.13). Among predictor variables, type of offense, especially crime against person and property, produces the most increase in scale scores (B = 11.3).

Scale 2

Table 13 shows that all predictor variables can predict the elevation on Scale 2 with Multiple R = 0.53, R^2 = 0.28, p < 0.01.

Table 13: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 2

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	13..7	2.2	0.5	6.2	0.00
Age	-0.2	0.1	-0.2	-2.2	0.03
Length of sentence	-0.0	0.0	-0.1	-1.2	0.24
Length of confinement	0.3	0.3	0.1	1.1	0.27
Crime against property	2.7	4.3	0.1	0.6	0.53
Crime against person & property	3.1	3.8	0.1	0.8	0.41
Drug offense	4.3	2.5	0.2	1.7	0.09
Past conviction	-3.6	3.6	-0.1	-1.0	0.33
(Constant)	66.0	5.1		12.9	0.00
Multiple R	0.53**				
R Square	0.28				
Adjusted R Square	0.24				
Standard error	11.70				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

However, the backward listing procedure showed that only gender significantly related to scores on Scale 2 (Multiple R = 0.49, p < 0.01, B = 12.9) (see Table 14). These predictor variables can predict about 24% of the variance of scores on this scale (R^2 = 0.24). The results in Table 14 also showed that male inmates scored higher than female inmates on this scale. The high scores on Scale 2 means that males felt depressed, helpless, and hopeless more than females.

Table 14: The Final model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 2

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	12.9	1.8	0.5	7.4	0.00
(Constant)	67.6	1.3		53.0	0.00
Multiple R	0.48**				
R Square	0.23				
Adjusted R Square	0.23				
Standard error	11.83				

Note. n = 184 *p < 0.05 **p < 0.01 df = 1, 174

Scale 3

Table 15 shows that all predictor variables can predict about 14% of the variance of scores on Scale 3 ($R^2 = 0.14$, Multiple R = 0.37, $p < 0.01$).

Table 15: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 3

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	6.2	2.0	0.3	3.1	0.00
Age	-0.3	0.1	-0.2	-2.6	0.01
Length of sentence	-0.0	0.0	-0.1	-0.8	0.45
Length of confinement	0.6	0.3	0.2	2.4	0.02
Crime against property	-0.6	3.9	-0.0	-0.2	0.87
Crime against person & property	0.4	3.5	0.0	0.1	0.91
Drug offense	2.4	2.3	0.1	1.1	0.29
Past conviction	-4.5	3.3	-0.1	-1.4	0.18
(Constant)	70.7	4.5		15.6	0.00
Multiple R	0.37**				
R Square	0.14				
Adjusted R Square	0.10				
Standard error	10.69				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Table 16 shows the final model resulting from the backward listing procedure.

Table 16: The Final model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 3

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	4.6	1.7	0.2	2.7	0.01
Age	-0.2	0.1	-0.2	-2.3	0.02
Length of confinement	0.6	0.3	0.2	2.5	0.02
(Constant)	68.8	3.6		19.1	0.00
Multiple R	0.34**				
R Square	0.12				
Adjusted R Square	0.10				
Standard error	10.67				

Note. n = 184 *p < 0.05 **p < 0.01 df = 3, 173

Table 16 shows that there was a significant relationship respectively between age, gender, and length of confinement, and scores on Scale 3 (Multiple R = 0.34, p < 0.01). The relationship was positive for some variables, that is, gender and length of confinement, while it was negative for the age

variable. It means that male inmates who were younger and were confined for longer period of time scored higher on this scale than other females or males who were older and were confined for shorter period of time. The high score on this scale means that young male inmates with long confinement showed the need for affection and expressed body complaint more frequently than other inmates. Among all relating variables, gender was found to increase scores the most (B = 4.6). Finally, the result shows that a set of predictor variables, age, gender, and length of confinement, can predict about 12% of the variance of scores on this scale (R^2 = 0.12).

Scale 4

Table 17 shows that all socio-demographic and criminal characteristics can predict about 6% of the variance of scores on this scale (R^2 = 0.06). The Multiple R is 0.25, p > 0.05. The type of offense, especially crime against property, conspicuously increased scores on this scale (B = 6.7). This means that inmates who committed crime against property most frequently showed amoral and asocial personality. However, no significant relationship was found between these predictor variables and scores on Scale 4.

Table 17: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 4

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	0.2	1.7	0.0	0.1	0.91
Age	-0.1	0.1	-0.1	-0.7	0.51
Length of sentence	0.0	0.0	0.1	1.1	0.28
Length of confinement	-0.2	0.2	-0.1	-0.7	0.51
Crime against property	6.7	3.3	0.2	2.0	0.05
Crime against person & property	4.6	2.9	0.1	1.6	0.12
Drug offense	2.4	2.0	0.1	1.2	0.22
Past conviction	5.5	2.8	0.2	1.9	0.05
(Constant)	69.9	3.9		18.1	0.00
Multiple R	0.25				
R Square	0.06				
Adjusted R Square	0.02				
Standard error	9.12				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Scale 5

Table 18 shows that when all inmate socio-demographic and criminal characteristics predicted the elevation on Scale 5, the Multiple R was 0.37 (p < 0.01) and R^2 was 0.14.

Table 18: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 5

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	6.1	1.6	0.4	3.9	0.00
Age	0.0	0.1	0.0	0.5	0.65
Length of sentence	-0.0	0.0	-0.1	-1.1	0.25
Length of confinement	-0.0	0.2	-0.0	-0.0	0.98
Crime against property	-2.9	3.0	-0.1	-1.0	0.33
Crime against person & property	-0.1	2.7	-0.0	-0.0	0.98
Drug offense	-1.2	1.8	-0.1	-0.7	0.51
Past conviction	-1.0	2.5	-0.0	-0.4	0.68
(Constant)	56.4	3.5		16.1	0.00
Multiple R	0.37**				
R Square	0.14				
Adjusted R Square	0.10				
Standard error	8.24				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Table 19 shows the final model with only gender significantly related to scale scores (Multiple R = 0.36, p < 0.01). The result shows that male inmates scored higher than female inmates on Scale 5 (B = 6.2). This also means that males were more likely to be passive and introversive, and were more likely to have homosexual interests than females. The variable gender can predict about 13% of variance of scores on this scale (R^2 = 0.13).

Table 19: The Final model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 5

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	6.2	1.2	0.4	5.1	0.00
(Constant)	54.6	0.9	-0.2	62.3	0.00
Multiple R	0.36**				
R Square	0.13				
Adjusted R Square	0.12				
Standard error	8.13				

Note. n = 184 *p < 0.05 **p < 0.01 df = 1, 175

Scale 6

Table 20 shows that all predictor variables can predict about 4% of variance of scores on Scale 6 (R^2 = 0.4). The Multiple R for this model is 0.20. The type of offense variable, especially, crime against property, seems to elevate scale scores the most (B = 10.1). This means that inmates who committed crime against property were most likely to show paranoid symptom, such as hypersensitivity, rigid opinion, and paranoid ideation. However, no significant relationship was found between these predictor variables and scores on Scale 6.

Table 20: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 6

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	-1.8	3.0	-0.1	-0.6	0.54
Age	0.0	0.2	0.0	0.3	0.81
Length of sentence	0.0	0.0	0.0	0.2	0.88
Length of confinement	-0.2	0.4	-0.0	-0.5	0.65
Crime against property	10.1	5.7	0.2	1.8	0.08
Crime against person & property	9.6	5.0	0.2	1.9	0.06
Drug offense	1.0	3.4	0.0	0.3	0.76
Past conviction	3.5	4.8	0.1	0.7	0.47
(Constant)	76.2	6.6		11.5	0.00
Multiple R	0.20				
R Square	0.04				
Adjusted R Square	-0.01				
Standard error	15.61				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Scale 7

Table 21 shows that the full model can predict about 22% of variance of scores on Scale 7 ($R^2 = 0.22$). The Multiple R is 0.47 (p < 0.01).

Table 21: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 7

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	14.1	2.5	0.5	5.6	0.00
Age	0.1	0.1	0.1	0.8	0.44
Length of sentence	0.0	0.0	0.1	1.2	0.25
Length of confinement	-0.5	0.3	-0.1	-1.6	0.12
Crime against property	11.0	4.8	0.2	2.3	0.03
Crime against person & property	9.8	4.3	0.17	2.3	0.02
Drug offense	5.3	2.9	0.2	1.9	0.07
Past conviction	-0.1	4.1	-8.5	-0.0	0.99
(Constant)	56.9	5.7		10.0	0.00
Multiple R	0.47**				
R Square	0.22				
Adjusted R Square	0.19				
Standard error	13.34				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

However, a significant relationship was found only between inmates' gender and scores on Scale 7 (Multiple R = 0.41, p < 0.01). Table 22 shows that the relationship between gender and scale scores was positive (B = 12), which means that male inmates were more obsessive and insecure than female inmates. This model can predict about 17% of variance of scores on this scale ($R^2 = 0.17$).

Table 22: The Final Model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 7

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	12.0	2.0	0.4	5.9	0.00
(Constant)	66.2	1.5		45.3	0.00
Multiple R	0.41**				
R Square	0.17				
Adjusted R Square	0.16				
Standard error	13.53				

Note. n = 184 *p < 0.05 **p < 0.01 df = 1, 175

Scale 8

Table 23 shows that all predictor variables can predict about 12% of variance of scores on this scale ($R^2 = 0.12$). The Multiple R is 0.34 (p < 0.01).

Table 23: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 8

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	8.9	3.6	0.2	2.5	0.02
Age	-0.0	0.2	-0.0	-0.1	0.89
Length of sentence	0.1	0.1	0.1	0.8	0.40
Length of confinement	-0.1	0.5	-0.0	-0.2	0.86
Crime against property	16.4	7.0	0.2	2.4	0.02
Crime against person & property	8.9	6.2	0.1	1.4	0.15
Drug offense	3.6	4.1	0.1	0.9	0.39
Past conviction	11.5	5.9	0.2	1.9	0.06
(Constant)	92.1	8.2		11.3	0.00
Multiple R	0.34**				
R Square	0.12				
Adjusted R Square	0.07				
Standard error	19.22				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

As shown in Table 24, the backward listing procedure resulted in the final model with only gender significantly related to scores on Scale 8 (Multiple R = 0.26, p < 0.01). About 7% of the variance of scores on Scale 8 is predicted by gender (R^2 = 0.07). The relationship between inmates' gender and scale scores is positive. It means that males showed bizarre feeling, social alienation, and peculiar bodily dysfunction more frequently than females.

Table 24: The Final Model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 8

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	10.2	2.9	0.3	3.5	0.00
(Constant)	98.0	2.1		46.9	0.00
Multiple R	0.26**				
R Square	0.07				
Adjusted R Square	0.06				
Standard error	19.36				

Note. n = 184 *p < 0.05 **p < 0.01 df = 1, 175

Scale 9

Table 25 shows that all predictor variables can predict about 7% of variance of scores on Scale 9 ($R^2 = 0.07$). The Multiple R is 0.27.

Table 25: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 9

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	-5.6	2.1	-0.3	-2.7	0.01
Age	0.0	0.1	0.0	0.2	0.87
Length of sentence	0.0	0.0	0.0	0.4	0.68
Length of confinement	0.3	0.3	0.1	1.1	0.27
Crime against property	1.5	4.0	0.0	0.4	0.70
Crime against person & property	5.8	3.6	0.1	1.6	0.11
Drug offense	-4.5	2.4	-0.2	-1.9	0.06
Past conviction	4.1	3.4	0.1	1.2	0.23
(Constant)	64.0	4.7		13.7	0.00
Multiple R	0.27				
R Square	0.07				
Adjusted R Square	0.03				
Standard error	10.99				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Although the full model did not show any significant relationship (p = 0.12), a significant relationship was found in the final model (p < 0.05) after the backward listing procedure was applied. Table 26 shows that gender and type of offense significantly related to scores on Scale 9 (Multiple R = 0.23, p < 0.05). It should be noted that crime against person cannot be found in Table 26 because it was a reference which was valued 0 in the dummy variable. Also, although crime against property and crime against person and property did not significantly relate to scale scores, they were included in the final model, because they are attributes of the type of offense variable.

About 6% of variance of scores on Scale 9 is predictable by these predictor variables (R^2 = 0.06). The relationship between predictor variables and scores is negative. This means that male inmates who committed drug offense were less hyperactive and energetic than other female inmates and male inmates who committed other offenses. Table 26 also shows that inmates' gender had the most significant effect on scale scores (B = -4.8).

Table 26: The Final model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 9

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	-4.8	2.0	-0.2	-2.4	0.02
Crime against property	0.0	3.8	2.8	0.0	1.00
Crime against person & property	5.4	3.5	0.1	1.5	0.13
Drug offense	-4.2	2.2	-0.2	-2.0	0.05
(Constant)	67.3	2.2	0.0	30.5	0.00
Multiple R	0.23*				
R Square	0.06				
Adjusted R Square	0.03				
Standard error	10.97				

Note. n = 184 *p < 0.05 **p < 0.01 df = 4, 172

Scale 0

Table 27 shows that all predictor variables can predict about 5% of variance of scores on Scale 0 (R^2 = 0.05). The Multiple R is 0.22.

Table 27: The Full model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 0

Predictor Variable	B	SE B	Beta	t	Sig t
Gender	1.7	1.6	0.1	1.1	0.28
Age	0.1	0.1	0.2	1.6	0.10
Length of sentence	-0.0	0.0	-0.1	-1.2	0.24
Length of confinement	-0.1	0.2	-0.0	-0.4	0.69
Crime against property	-2.0	3.0	-0.1	-0.7	0.51
Crime against person & property	1.9	2.7	0.1	0.7	0.49
Drug offense	1.9	1.8	0.1	1.1	0.28
Past conviction	0.9	2.6	0.0	0.4	0.73
(Constant)	56.4	3.5		16.0	0.00
Multiple R	0.22				
R Square	0.05				
Adjusted R Square	0.00				
Standard error	8.31				

Note. n = 184 *p < 0.05 **p < 0.01 df = 8, 168

Table 28 shows the final model with only age significantly related to scores on this scale (Multiple R = 0.16, p < 0.05). About 3% of variance of scores on Scale 0 was predicted by the predictor variable (R^2 = 0.03). Inmates' age has a positive relationship with scale scores (B = 0.1), which means that older inmates were more withdrawn and anxious in their contact with people than younger inmates.

Table 28: The Final Model of Multiple Regression Analysis for Inmate Socio-Demographic and Criminal Characteristics and Scores on Scale 0

Predictor Variable	B	SE B	Beta	t	Sig t
Age	0.1	0.1	0.2	2.1	0.04
(Constant)	55.5	2.5		22.6	0.00
Multiple R	0.16*				
R Square	0.03				
Adjusted R Square	0.02				
Standard error	8.25				

Note. n = 184 *p < 0.05 **p < 0.01 df = 1, 175

In summary, the multiple regression analysis found a best fitting model for each MMPI scale. It shows a stronger relationship among several socio-demographic and criminal variables and scale scores than a relationship between a single variable and scale scores. However, the model does not have high predictability since the R^2 of each model is low.

The multiple regression analysis also found a relationship in Scales 9 and 0, but these relationships were not found in the correlation analysis. The result shows that when inmates' gender and type of offense are analyzed together, they related to scores on Scale 9. The relationship can be interpreted to mean that male inmates who committed drug offense were less hyperactive and less energetic than other female inmates and male inmates who committed other offenses. The multiple regression analysis also shows a relationship between age and scores on Scale 0, which could not be found in the correlation analysis. The relationship shows that older inmates were more withdrawn and anxious in their contact with people than younger inmates.

Ultimately, the best model or set of predictor variables for Scales 1, 2, 3, 5, 7, 8, 9, and 0 can be summarized as follows:

Scale 1

A set of predictor variables for this scale was gender, length of confinement, and type of offense. The relationship between predictor variables and scale scores was that male

inmates who committed crime against person and property and
had a longer length of confinement showed more concern about
body function and malfunction more frequently than other
males or females who committed other offenses and had shorter
confinement time.

Scale 2

The final model showed that only gender was a predictor
variable for this scale. It showed that male inmates felt
depressed, helpless, and hopeless more frequently than female
inmates.

Scale 3

A set of predictor variables for this scale was gender,
age, and length of confinement. It was found that male
inmates who were younger and had a longer length of
confinement expressed the need of affection and body
complaint more frequently than other inmates.

Scale 4

No significant relationship was found among socio-
demographic and criminal characteristics and scores on Scale
4.

Scale 5

It was found that only inmates' gender related to scores
on this scale. The result showed that male inmates were more
passive and introversive, and developed homosexual interest
more frequently than female inmates.

Scale 6

It was shown that no significant relationship was found between the predictor variables and scores on Scale 6.

Scale 7

Inmates' gender is the only predictor variable for this scale. The result shows that male inmates were more obsessive and insecure than female inmates.

Scale 8

Inmates' gender is also a predictor variable for this scale. The result shows that males showed bizarre feeling, social alienation, and peculiar bodily dysfunction more frequently than female inmates.

Scale 9

The predictor variables for this scale are gender and type of offense. The result shows that male inmates who committed drug offense were less hyperactive and less energetic than female inmates.

Scale 0

The result shows that age is related to scores on Scale 0. It was found that older inmates were more withdrawn and anxious in their contact with people than younger inmates.

Summary

In this chapter, the researcher presented the data analysis and findings. The major finding is that about 88% of all inmates have personality disorders. They fall within the anxious and fearful, specially, avoidant, dependent,

obsessive-compulsive, and passive-aggressive personality disorder category. Other findings also show a relationship among inmates' gender, age, length of confinement, type of offense, and past conviction, and scores on the 1, 2, 3, 5, 7, 8, 9, and 0 scales.

Some findings in this research are consistent with other researchers' findings. However, some findings are different. Therefore, the next chapter discusses the research findings.

SUMMARY AND CONCLUSIONS

Summary

From the reviewed studies relating to personality
disorders, the researcher found that many prior researchers
used the MMPI to measure personality and generally arrived at
consistent findings. These prior researchers found
personality disorders among inmates. Also, many researchers
uniformly found that there is a relationship among inmates'
demographic characteristics, criminal history, and the
development of personality disorders.

In Thailand, some studies have been conducted on inmate
personality disorders. Some of these studies focused on
personality typology, while others focused on personality
differences among inmates based on differential criminal
background and age. All studies found that inmates'
personality was different from that of the general
population, and that this difference could be attributed to
differences in socio-demographic characteristics and criminal
history. Such studies are, however, few in number.

Therefore, the researcher proposed to use the MMPI-168
to examine personality disorders among Thai inmates, and the
relationship among inmates' socio-demographic
characteristics, criminal history, and elevated scores on
each MMPI scale. The researcher studied inmates at two Thai

prisons and attempted to determine the number of inmates who have personality disorders as well as the extent of personality disorders. Research hypotheses were also set up to test the relationship among inmates' socio-demographic and criminal characteristics and their scores on each MMPI scale. They are as follows:

1. There will be inmates in Thai prisons who have personality disorders.

2. There will be a relationship between inmates' gender and their scores on each MMPI scale.

3. There will be a relationship between inmates' age and their scores on each MMPI scale.

4. There will be a relationship between inmates' length of confinement and their scores on each MMPI scale.

5. There will be a relationship between inmates' length of sentence and their scores on each MMPI scale.

6. There will be a relationship between inmates' type of offense and their scores on each MMPI scale.

7. There will be a relationship between inmates' past conviction and their scores on each MMPI scale.

The researcher used the survey design with a questionnaire and the MMPI-168 as the measurement instruments. The sample of inmates was selected by simple random sampling from Bangkwang Central Prison and the Women Correctional Institution. This included 100 males and 100 females.

After data were collected, the frequency distribution,
correlation analysis, one-way analysis of variance, and
multiple regression analysis were used to analyze the data.
The results from the data analysis show that about 88% of the
sample manifested personality disorders of the avoidant,
dependent, obsessive-compulsive, and passive-aggressive,
anxious, and fearful personality type. Other findings also
show a relationship among inmates' gender, age, length of
confinement, type of offense, and past conviction, and scores
on Scales 1, 2, 3, 5, 7, 8, 9, and 0. Table 29 shows a
summary of the results of this research.

Table 29: Summary of the Research Findings

Research question	Finding
Inmates' socio-demographic characteristics:	
Age	38.4 years (X)
Religion	Most inmates were Buddhists.
Marital status	Most inmates were married.
Educational level	Most inmates finished primary school.
Occupation	Most inmates had their own private business.
Inmates' criminal history:	
Type of offense	Most inmates committed drug offense.
Length of confinement	6 years (X)

(Table 29 continued)

Length of sentence	80 years (X)
Status of sentence	Most inmates had final sentence.
Past conviction	Most inmates did not have past conviction.

Personality typology of Thai inmates	Peaks on Scale 8 or in Cluster C

No. of personality disordered inmates	88% of the sample
The extent of personality disorders	Peaks on Scales 6 and 8

Relationship among inmates' socio-demographic and criminal characteristics and scores on each MMPI scale:

Gender	Positively relating to scores on Scales 1, 2, 3, 5, 7, and 8
Age	Negatively relating to scores on Scales 1, 2, and 3
Length of sentence	No significant relationship
Length of confinement	Positively relating to scores on Scales 1 and 3
Type of offense	Relating to scores on Scales 1, 2, 5, 7, and 8
Past conviction	Positively relating to scores on Scale 8.

The results of the research show some significant findings that are similar to other researchers' findings. Yet, there are some differences. Therefore, the interpretation of the findings will be discussed. The chapter will conclude with a presentation of the limitations of this study and the implications of the findings.

Interpretation of the Findings

In this study, inmates' personality typology peaked at Scale 8, which has been described as being characterized by social alienation, bizarre feeling, and isolation. Dahlstrom, Welsh, & Dahlstrom (1972, p. 280) noted in the MMPI handbook that the peak on Scale 8 was likely to be found in prison inmates. This result is also consistent with that of Guy, Platt, Zwerling, & Bullock (1985), which also showed that inmates' average scores were highest on Scale 8. On the contrary, Juntarak, et al. (1979) found the peak on Scales 1, 4, 5, 6, and 9.

The major finding about the prevalence of personality disorders in this research was that about 88% of Thai inmates have personality disorders. This number seems to be larger than the number found by other researchers. Guy, et al. (1985) found that about 34% of the jail inmates studied manifested psychiatric disturbance. Also, Gunn, Maden, & Swinton (1991) found that approximately 37% of the male

prisoners studied had psychiatric disorders, and of these 10%
had personality disorders. On the contrary, Juntarak, et al.
(1979) and Siripun, et al. (1985) did not find such a result.

The large number of personality disordered inmates in
this research may be attributed to differences in
characteristics, such as age, marital status, length of
sentence, and length of confinement. In this study, the
average length of confinement was six years and the average
length of sentence was 80 years. The average age of the
sample was 38 years. About 40% of them were married.
Characteristically, many of those who were married were also
in the younger age bracket. Also, at the time of this study,
this group had been confided for a relatively short period of
their sentence. The combination between their young age, the
fact of being married and their short confinement time may
explain the large number of personality disordered inmates
encountered in this study.

Many researchers have reported that the incidence of
personality disorders is very high among newly-confined
inmates. Certainly, the harshness of the prison environment,
the feeling of social rejection, ostracism, and de-
personalization, and the de-humanizing experience associated
with prison life are hard realities that inflict deep
emotional trauma on the newly-confined inmate. There is
reason to believe that such emotional trauma will be most
acute among young and married inmates with long prison
sentence, but who are at the early stage of their sentence.

The above analysis appears to be most compelling in explaining the large number of personality disordered inmates in this study, especially when one interprets these findings in their proper cultural context. In the Thai culture, criminal convictions and sentence cast indelible social stigma not only on the offender but also on his or her nuclear and extended families. So, not only is the Thai inmate emotionally traumatized by the harsh reality of prison life. This individual also feels a deep sense of guilt for the embarrassment and shame that he or she has caused on the family.

For the male inmate, the trauma and guilt are even more pronounced than for the female inmate, in a society where the male is still held as the source of sustenance for the family. If then follows that the young and married male inmate who has been recently confined will manifest very severe personality disorders. Not only does he find prison life hard to adjust to, but he feels guilty of embarrassing the family, and of abandoning his responsibilities as a son, husband and father. This fact may help explain the higher incidence of observed personality disorders among subjects in this study than in most previous studies. It may also help explain variance in the type of relationship between inmates' socio-demographic characteristics and the elevation on each MMPI scale. Walter, Mann, Miller, Hemphill, and Chlumsky (1985) found that their subjects had higher scores on Scales F, 2, 4, 6, 7, and 8 than the general inmate population.

High scores on Scales 6 and 8 characterize paranoid schizophrenic personality. The same results were obtained in this study. However, no other Thai research made similar findings.

When the results of the relationship of inmates' characteristics and the elevated scores on each MMPI scale were compared with the results from other research, a relationship was found to exist but the type of relationship was different. Panton (1976-77) found a positive relationship between inmates' age and scores on Scales 1, 2, 3, and 0, which are scales measuring body complaint, depression, and social participation. Conversely, the result in this research shows that inmates' age negatively relates to scores on Scales 1, 2, and 3. The reason for the difference in findings may be the different age distribution in the respective samples. Inmates' age in this research ranged from 21 to 67 years, that is an average of 38 years. In Panton's research, the sample was sixty years and above (n = 120). Thus, in this research, the sample was younger than Panton's.

Silverman and Vega (1990) found that inmates who are young have more difficulty adjusting themselves to prison life than older inmates who know how to do their time in prisons. They also found that as age increased, the intensity of expression of anger and curiosity decreased. The older inmates seemed to avoid involvement with the prison world which they may perceive as dangerous, and they control

their anger feeling better than younger inmates. Contrarily,

younger inmates expressed their anger feeling and did not

know how to deal with the dangers of prison life. In other

words, younger inmates cannot adjust well to the prison

environment, and the problem of adjustment might result in

elevated scores on the MMPI.

Another divergent finding concerns the relationship

between length of sentence and scale scores. It was expected

that inmates with long sentences would display severe

personality disorders. This relationship was not found. A

plausible explanation may reside in inmates' expectation of

reduced sentences usually given either on special occasions

(King's or Queen's birthday) or for good behavior. Inmates

who have final sentences and have excellent report on their

conduct can have reduced sentences for good behavior. Their

sentence can normally be reduced by 50% of the original

sentence (Thai Department of Corrections, 1991). Thus, the

length of official sentence issued by the court might not

affect inmates' personality disorders as long as they are

certain that they can be released before the designated time.

Therefore, this may explain why a relationship between the

length of sentence which was issued by the court and scale

scores could not be found.

Also, contrary to findings from other studies, a

significant relationship was found among gender, length of

confinement, types of offense, past conviction and elevated

scores on the MMPI. It was found that male inmates scored

higher on Scales 1, 2, 3, 5, 7, and 8 than female inmates.
This means that male inmates were more frequently concerned
about body complaint, felt more acute sense of hopelessness,
helplessness, and were more insecure than female inmates.
The disorders among male inmates may have resulted from the
fear of other inmates. Most males in this study committed
crime against persons, that is, mostly murder. Therefore,
there were many violent and aggressive inmates who were
confined together. These violent inmates can cause dangerous
assault or battery on other inmates. Inmates might feel that
they cannot protect themselves and, therefore, become anxious
about their security and personal safety. The violent
situation might not be found in female prison because most of
them committed non-violent crime, that is, drug offense.

The finding of the relationship between length of
confinement and scale scores showed that inmates who had
longer period of confinement scored higher on Scales 1 and 3
than inmates who had shorter period of confinement. It means
that inmates who had long confinements showed concern for
body complaint and need for affection and support. Their
concern for body complaint and need for affection and support
may be attributed to the increasing sense of isolation,
weakness, anxiety about health, fear of assault from other
inmates and loss of self-confidence.

The findings also revealed that inmates who committed
drug offense showed less somatic and sex role disorders, less
depression, anxiety, and self-confidence problems than

inmates who committed other offenses. These findings are consistent with those of Walters, et al. (1986) and of Ingram, et al. (1985). The reason that inmates who convicted of drug offense showed less disorders than other inmates might be that less stigma is attached to drug offense than to other crimes. Drug offenders are believed to commit this crime for economic reasons, unlike the perceived heinous nature of other offenses.

The relationship between past conviction and scores on Scale 8 showed that inmates who had past conviction showed bizarre feeling, peculiar bodily dysfunction, and social alienation more frequently than inmates who did not have past conviction. It may be surmised that inmates with past conviction perceive themselves and are perceived by society as inherently bad. Thus, they feel ashamed and realize that society does not accept recidivists. These inmates have social stigma which isolate them from society. Moreover, their past prison experience was a lesson in brutality which they would prefer not to experience again. These factor may cause these recidivists to react with intense personality disorders.

Although these findings were significant, some findings were inconsistent with findings from other studies. The reason for the inconsistency might be the difference in the measurement procedure. While the MMPI-168 was used to measure personality disorders in this study, the other studies used different measures, such as the Problem Solving

Inventory, the State-Trait Personality Inventory, and Anger

Expression Scale. Also, some studies used only male inmates

and studied the effect of several variables on the

development of personality disorders. This study used both

male and female inmates and studied multiple variables some

of which were different from other researchers' variables.

Despite the inconsistencies, this study made a unique

contribution concerning inmates' gender. It found that

gender was a significant variable which most frequently

related to scores on the MMPI scales the most. The findings

showed that gender related to many scales, that is Scales 1,

2, 3, 5, 7, and 8. Even when multiple variables were

analyzed together to find the relationship with scale scores,

it was found that only gender related to some scale scores,

i.e., Scales 2, 5, 7, and 8. Although gender seems to be a

significant variable, very few studies used gender as an

independent variable.

Overall, inmates' socio-demographic characteristics in

this research are similar to those of inmates in the research

of Juntarak, Tasaniyom, Meksawat, & Ratanachareon (1979) and

Siripun, Thammakosit, Bampenphol, & Kowbunngam (1985). In

terms of religion and educational level, most Thai inmates in

these research were Buddhist and had finished primary school.

Yet, the average age of inmates, 38 years, in this research

is higher than inmates' age in other research, which ranged

from 21 to 30 years. Inmates' occupation is also different. Inmates in this research ran their own business while inmates in other research were farmers before their confinement.

However, it should be pointed that inmates in Juntarak's and Siripun's research were males, whereas inmates in this research were both males and females. When only male inmates in this research were examined, their average age was 36 years. Almost 95% of them were Buddhist. About 43% of them were single and had 61% finished primary school. Approximately 34% of them were farmers. It seems that male inmates in this study were not much different from those in the studies of Juntarak, et al. (1979) and Siripun, et al. (1985).

Inmates' criminal history in this research is also similar to that of inmates in Juntarak's and Siripun's research when only male inmates are compared. However, in their studies, Juntarak and Siripun included inmates who received the death sentences while this researcher did not include them. Inmates with the death sentence might show more severe personality disorders than other inmates.

It should be noted that the sample in this study had an average length of confinement of six years while their length of sentence was normally 80 years. Inmates confinement period may be shorter than their sentences because many of them received reduced sentences, and were released before the designated time.

This study also used multiple regression to determine the effect of multiple variables on MMPI scales. Preliminary results suggested that variables, such as socio-demographic characteristics and criminal history, could elevate scores on some MMPI scales but not on others. For example, Scales 1, 3, and 9 showed such elevation, while Scales 4 and 6 were not significantly affected by any variable. It was suspected that the lack of relationship among Scales 4 and 6 and the independent variables could be due to the absence of intervening variables, such as inmate marital status and status of sentence. Similarly, it was believed that other scales might be affected by these intervening variables. Therefore, the researcher did further multiple regression analysis by entering these intervening variables into the full model for each scale. The findings showed that marital status and status of sentence have no significant relationship with any scale either independently or in conjunction with other variables.

In conclusion, the findings in this research are identical to those from research conducted in the United States, when the extent of personality disorders among inmates is compared. Also, the sample in this study showed peaks on Scales 6 and 8, which refers to paranoid schizophrenic personality with the symptoms of depression, delusion, and phobias, just like in the study of Walter, et al. (1988). The peak on Scale 8, which has been described as being withdrawn and autistic, was found in the average T-

scores of inmates in this study. This finding was similar to the study of Guy, et al. (1985). Although the present research findings are not completely consistent with all other research findings, they show some significant results which call for further inquiry in future research.

The Limitations of the Present Study

As mentioned in Chapter 4, the use of a single measure of personality disorders, and particularly, the use of the short form of the MMPI is a recognized limitation in this study. It is surmised that the use of multiple measures would have allowed a better understanding of the nature of personality dysfunction among these inmates than has been observed with the short form of the MMPI. Also, it is believed that the analysis of other variables, such as inmate juvenile delinquency history, education, and so forth, would have helped explain the observed variance in this sample's personality disorders. Time and budget constraints led this researcher to limit the scope and breadth of this study. It is hoped that future research endeavors will be undertaken to enhance the scope of this study.

The Implication of the Findings

The strengths of the present study and the implications of the findings are varied. First, the inclusion of both male and female inmates in the sample has provided a gender-based understanding of personality disorders among inmates.

Prior research mostly concentrated on male inmates thus
losing the wealth of information resulting from gender-based
comparison. Second, the use of multiple regression
statistics has allowed a good understanding of how and to
what extent each MMPI scale is affected by various extraneous
variables.

In addition to the above methodological strengths,
generally the findings of this research carry important
policy implications. The findings of the research are
expected to provide information about personality disorders
among inmates at the two correctional institutions in
Thailand. This information will assist in considering the
delivery of mental health services to prison inmates.
Specifically, the findings can be used in developing mental
health programs that are suitable to the needs of inmates.
By mental health services, this author does not intend
medical treatment. Instead, the author hopes that inmates
will be given program like counseling, mentoring, religious
instructions, and support groups to relieve their frustration
during the early period of confinement and to assist inmates
who have problems of adjustment. Also, the findings
regarding how gender, age, length of sentence, length of
confinement, type of offense, and past conviction relate to
personality disorders will assist in the future prevention of
such disorders. Finally, correctional institutions can use
these findings in classifying inmates and in designing
programs to fit their individual handicaps and needs. If

inmates have particular characteristics relating to personality disorders, they could be observed by prison personnel so that those disorders can be detected and treated before they become very severe.

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APPENDIX A

QUESTIONNAIRES IN THAI AND ENGLISH LANGUAGE

แบบสอบถามในการสัมภาษณ์ผู้ต้องโทษ

<u>วิธีทำ</u>   ผู้สัมภาษณ์ถามคำถาม แล้วจึงเติมคำหรือกาเครื่องหมาย [/] ในช่องว่างที่
จัดไว้ ให้ตรงกับคำตอบของผู้ต้องโทษ

<u>ภาคที่ 1</u>   ข้อมูลทางด้านประชากร

1. อายุ_____ปี

2. ชาย [   ]   หญิง [   ]

3. ศาสนา :   พุทธ   [   ]

                       คริสต์   [   ]

                       อิสลาม   [   ]

                       ฮินดู   [   ]

                       อื่น ๆ   [   ] โปรดระบุ_____

                       ไม่มี   [   ]

4. สถานภาพการสมรส :   โสด   [   ]

                                        สมรส   [   ]

                                        หย่า/แยกกันอยู่ [   ]

                                        เป็นหม้าย   [   ]

5. การศึกษา :   ป. 1 - 6 หรือ ป. 1 - 7   [   ]

                       ม. 1-3 หรือ มศ. 1 - 3   [   ]

                       ม. 4-6 หรือ มศ. 4 - 5   [   ]

                       ปวช. หรือ ปวส.   [   ]

                       ปริญญาตรี   [   ]

                       อื่น ๆ   [   ]

                       โปรดระบุ_____

6. อาชีพ (ก่อนการต้องโทษ) : เกษตรกรรม   [   ]

                                          ธุรกิจส่วนตัว   [   ]

                                          งานด้านบริการ (รับจ้างทั่วไป) [   ]

                                          ข้าราชการ   [   ]

                                          นักศึกษา   [   ]

แม่บ้าน   [   ]

อื่น ๆ   [   ]

โปรดระบุ_____

ไม่มี   [   ]

<u>ภาคที่ 2</u>   ข้อมูลการย้ายเรือนจำ

1.   ท่านเคยอยู่ในสถานพินิจหรือเรือนจำอื่นก่อนที่จะมาอยู่ในเรือนจำนี้หรือไม่

       ใช่   [   ]   ไม่ใช่   [   ]

ถ้า <u>ไม่ใช่</u> ข้ามไปที่ภาคที่ 3

ถ้า <u>ใช่</u>   1. ที่ไหน_____

           2. ระยะเวลา _____ปี _____เดือน

           3. ชนิดของสถานพินิจหรือเรือนจำ_____

<u>ภาคที่ 3</u>   ประวัติการต้องโทษ

1.   ข้อหาปัจจุบันของผู้ต้องโทษ :   ฆาตกรรม   [   ]

     (ตอบได้มากกว่า 1 ข้อ)   ประทุษร้าย   [   ]

                           ทำลายสาธารณะสมบัติ   [   ]

                           ลักทรัพย์   [   ]

                           ลักทรัพย์ในเคหฐาน   [   ]

                           ปล้น   [   ]

                           ข่มขืน   [   ]

                           ขายบริการทางเพศที่

                           ที่ผิดกฎหมาย   [   ]

                           เสพยาเสพติดและสิ่งมึนเมา [   ]

                           อื่น ๆ   [   ]

                           โปรดระบุ_____

2.   ท่านถูกพิพากษาวางโทษกี่ปี? _____ปี

3.   ท่านอยู่ในเรือนจำนี้กี่ปีหลังจากถูกพิพากษาวางโทษ _____ปี _____เดือน

4.   สถานะของกำหนดโทษ :   ระหว่างอุทธรณ์ [   ] เด็ดขาด [   ]

5.   การต้องโทษครั้งนี้เป็น :   ครั้งแรก   [   ]

		1-5ครั้ง/ปี	6-10ครั้ง/ปี	ทุกเดือน	ทุกสัปดาห์	ทุกวัน
กัญชา	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
ฝิ่น	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
กระท่อม	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เฮโรอิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
โคเคน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เอมฟิตามิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
สารระเหย	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เหล้า	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
อื่น ๆ	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

โปรดระบุ_____

2. ท่านเคยเสพยาเสพติดหรือสิ่งมึนเมาในขณะที่อยู่ในเรือนจำใช่หรือไม่?

ใช่ [ ]   ไม่ใช่ [ ]

ถ้า <u>ไม่ใช่</u> ข้ามไปที่ข้อ 3

ถ้า <u>ใช่</u> โปรดบอกชนิดและจำนวนครั้งที่ใช้ ในขณะที่อยู่ในเรือนจำ (ตอบได้

มากกว่า 1 ข้อ)

<u>ชนิดของยาเสพติดและสิ่งมึนเมาที่ใช้</u>		<u>จำนวนครั้งที่ใช้</u>				
		1-5ครั้ง/ปี	6-10ครั้ง/ปี	ทุกเดือน	ทุกสัปดาห์	ทุกวัน
กัญชา	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
ฝิ่น	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
กระท่อม	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เฮโรวิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
โคเคน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เอมฟิตามิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
สารระเหย	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เหล้า	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
อื่น ๆ	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

โปรดระบุ_____

3. ปัจจุบันนี้ท่านใช้ยาเสพติดหรือสิ่งมึนเมาใช่หรือไม่

ใช่ [ ]   ไม่ใช่ [ ]

ครั้งที่สอง   [ ]

ครั้งที่สาม   [ ]

ครั้งที่สี่หรือมากกว่า   [ ]

__ภาคที่ 4__ ประวัติของอาชญากรรมเด็กและเยาวชน

1. ท่านเคยถูกส่งไปที่สถานพักและอบรมเด็กและเยาวชนหรือไม่ ใช่ [-] ไม่ใช่ [ ]

2. ถ้า __ใช่__ กี่ครั้งที่ท่านถูกส่งไปที่สถานพักและอบรม _____ ครั้ง

3. ชนิดของข้อหาที่ต้องโทษทั้งหมด : ฆาตกรรม   [ ]

   (ตอบได้มากกว่า 1 ข้อ)   ประทุษร้าย   [ ]

                                 ทำลายสาธารณะสมบัติ   [ ]

                                 ลักทรัพย์   [ ]

                                 ลักทรัพย์ในเคหสถาน   [ ]

                                 ปล้น   [ ]

                                 ข่มขืน   [ ]

                                 ขายบริการทางเพศที่ผิด

                                 กฎหมาย   [ ]

                                 เสพยาเสพติดและสิ่งมึนเมา   [ ]

                                 อื่น ๆ   [ ]

                                 โปรดระบุ_____

4. ท่านมีอายุเท่าไรเมื่อถูกส่งมาที่สถานพักและอบรมครั้งแรก? _____ ปี

__ภาคที่ 5__ ประวัติการเสพยาเสพติดและสิ่งมึนเมา

1. ท่านเคยใช้ยาเสพติดหรือสิ่งมึนเมาชนิดหนึ่งชนิดใดก่อนมาที่เรือนจำนี้ใช่หรือไม่?

                ใช่   [ ]   ไม่ใช่   [ ]

   ถ้า __ไม่ใช่__ ข้ามไปทำคำถามที่ 2

   ถ้า __ใช่__ โปรดบอกชนิดและจำนวนครั้งที่ใช้ก่อนมาอยู่ที่เรือนจำนี้ (ตอบได้

มากกว่า 1 ข้อ)

ชนิดของยาเสพติดและสิ่งมึนเมาที่ใช้	จำนวนครั้งที่ใช้
	1-5ครั้ง/ปี 6-10ครั้ง/ปี ทุกเดือน ทุกสัปดาห์ ทุกวัน

ถ้า <u>ไม่ใช่</u> ข้ามไปที่ ภาคที่ 6

ถ้า <u>ใช่</u> โปรดบอกชนิดและจำนวนครั้งที่ใช้ ในปัจจุบัน (ตอบได้มากกว่า 1 ข้อ)

<u>ชนิดของยาเสพติดและสิ่งมึนเมาที่ใช้</u>   <u>จำนวนครั้งที่ใช้</u>

		1-5ครั้ง/ปี	6-10ครั้ง/ปี	ทุกเดือน	ทุกสัปดาห์	ทุกวัน
กัญชา	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
ฝิ่น	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
กระท่อม	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เฮโรอิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
โคเคน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เอมพิตามิน	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
สารระเหย	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
เหล้า	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
อื่น ๆ	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

โปรดระบุ_____

<u>ภาคที่ 6</u>   การประเมินเกี่ยวกับความต้องการรักษาสุขภาพสุขภาพจิต

    1. ถ้าในเรือนจำมีศูนย์บริการรักษาสุขภาพจิต ท่านจะใช้บริการหรือไม่

        ใช้   [ ]   ไม่ใช้   ]

    2. ถ้าในเรือนจำมีการรักษาการติดยาเสพติดและสิ่งมึนเมา ท่านจะใช้บริการหรือไม่

        ใช้   [ ]   ไม่ใช้   [ ]

QUESTIONNAIRE FOR INTERVIEWING PRISONERS ON PERSONALITY
DISORDERS-PRISONERS RESEARCH

INSTRUCTION : Interviewer asks these questions and fills out or checks (✓) the answers that apply to prisoners in the space or [   ] block.

SECTION 1 Demographic data

1. Age_____years

2. Male [   ]   Female [   ]

3. Religion : Buddhism   [   ]

              Christianity   [   ]

              Islam   [   ]

              Hindu   [   ]

              Others   [   ] please specify___

              None   [   ]

4. Marital status :   Single   [   ]

                      Married   [   ]

                      Divorced/Separated [   ]

                      Widowed   [   ]

5. Education :   Prathom 1-6 or Prathom 1-7   [   ]

                Matayom 1-3 or M.S. 1-3   [   ]

                Matayom 4-6 or M.S. 4-5   [   ]

                Certificate   [   ]

                Bachelor degree   [   ]

                Others   [   ]

                          please specify_____

6. Occupation: Farming   [   ]

(Prior to confinement)   Private business   [   ]

                          Service worker   [   ]

                          Government official [   ]

                          Student   [   ]

                          Housewife   [   ]

                          Others   [   ]

                          please specify_____

                          None   [   ]

SECTION 2   Transfer information

1. Were you in other prisons/institutions before coming to

     this prison?   Yes [   ]   No [   ]

        If no, go to Section 3.

        If yes, a. Where_____

                b. For how long_____years_____months

                c. What type of prison/institution _____

SECTION 3 Criminal record

1. Types of offense for the present conviction:

(check all that applies)   Murder   [   ]

                          Criminal assaults   [   ]

                          Vandalism   [   ]

                          Theft   [   ]

                          Robbery   [   ]

                          Rape   [   ]

                          Prostitution   [   ]

Drug/alcohol offense[   ]

Others   [   ]

please specify_____

2. For how many years have you been sentenced?_____years

3. Of the number of years of sentence how many have you
    served in this prison?____years____months

4. What is the status of your sentence?_____

            _____Appeal   _____Final sentence

5. This conviction is : First time   [   ]

                          Second time   [   ]

                          Third time   [   ]

                          Fourth time or more   [   ]

SECTION 4 Juvenile criminal record

1. Have you ever been sent to a juvenile institution?

                    Yes [   ]   No [   ]

2. If yes, how many times were you in a juvenile
    institution?_____

3. Types of offense for all convictions:

                  Murder   [   ]

                  Criminal assaults   [   ]

                  Vandalism   [   ]

                  Theft   [   ]

                  Robbery   [   ]

                  Rape   [   ]

                  Prostitution   [   ]

                  Drug/alcohol offense [   ]

                    Others   [   ]

                    please specify _____

4. How old were you when you were first sent to a juvenile

    institution?_____years old

SECTION 5 Drug/alcohol history

1. Have you ever used any type of drug or alcohol before

    coming this prison?

                                    Yes [   ]   No [   ]

     If no, go to question 2.

     If yes, indicate which of the following you have used

    before coming to this prison and the number of times

    used.

Type of drug/alcohol used   Number of times used

	1-5 times /year	6-10 times /year	Every month	Every week	Every day
Marijuana	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Opium	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Heroin	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Cocaine	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Amphetamine	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Alcohol	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Others	[ ] [ ]	[ ]	[ ]	[ ]	[ ]

please specify

2. Have you ever used drug or alcohol since you have been in this prison? Yes [ ] No [ ]

    If no, go to question 3.

    If yes, indicate which of the following you have used and the number of times used.

Type of drug/alcohol used	Number of times used				
	1-5 times /year	6-10 times /year	Every month	Every week	Every day
Marijuana	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Opium	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Heroin	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Cocaine	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Amphetamine	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Alcohol	[ ] [ ]	[ ]	[ ]	[ ]	[ ]
Others	[ ] [ ]	[ ]	[ ]	[ ]	[ ]

please specify

3. Do you use drug or alcohol at the present time?

                  Yes [ ] No [ ]

    If no, go to Section 6.

    If yes, indicate which of the following you are using and the number of times used.

Type of drug/alcohol used	Number of times used				
	1-5 times /year	6-10 times /year	Every month	Every week	Every day
Marijuana	[ ] [ ]	[ ]	[ ]	[ ]	[ ]

Opium   [ ] [ ]   [ ]   [ ]   [ ]   [ ]

Heroin   [ ] [ ]   [ ]   [ ]   [ ]   [ ]

Cocaine   [ ] [ ]   [ ]   [ ]   [ ]   [ ]

Amphetamine[ ] [ ]   [ ]   [ ]   [ ]   [ ]

Alcohol   [ ] [ ]   [ ]   [ ]   [ ]   [ ]

Others   [ ] [ ]   [ ]   [ ]   [ ]   [ ]

please specify

SECTION 6 Self-assessment of need for mental health

treatment

1. Would you use mental health service in prisons if it was

available?   Yes [ ]   No [   ]

2. Would you use drug or alcohol treatment in prison if it

was available?   Yes [ ]   No [   ]

APPENDIX B

THE MMPI-168 IN THAI AND ENGLISH LANGUAGE

<div align="center">แบบทดสอบบุคลิกภาพ MMPI</div>

โดย : สตาร์ค อาร์ แฮธเวย์, Ph.D. และ เจ ชาร์นลี่ย์ แมคคินลี่, M.D.

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โดย : La-Or Pongpanich M.Ed. (Psycho.)   ละออ พงษ์พานิช ค.บ.,ค.ม. (จิตวิทยา)
     Department of Psychiatry   แผนกจิตเวช
     Pramongkut Klao Hospital   รพ.พระมงกุฎเกล้า
     Rajvidhi Rd., Phya Thai   ถนนราชวิถี พญาไท
     Bangkok 10400,Thailand   กรุงเทพฯ ๑๐๔๐๐ ประเทศไทย

     James N. Butcher Ph.D.   เจมส์ เอ็น บุทเชอร์ Ph.D.
     Department of Psychology   แผนกจิตวิทยา
     University of Minnesota   มหาวิทยาลัย มินนิโซต้า
     Minneapolis, Minnesota 55455   มินนีอาโปลิส มลรัฐมินนิโซต้า ๕๕๔๕๕
     USA   สหรัฐอเมริกา

กรุณาอย่าเปิดจนกว่าจะได้รับคำสั่ง

แบบทดสอบนี้ประกอบด้วยหลายข้อความ อ่านแต่ละข้อความ และตัดสินใจว่า
เป็นความจริงหรือไม่หากเกี่ยวกับตัวท่าน ท่านจะต้องทำเครื่องหมายคำตอบของท่านลง
ในกระดาษคำตอบที่ท่านมีอยู่ ดูตัวอย่างของกระดาษคำตอบที่แสดงทางด้านล่าง หากข้อ
ความใดเป็นความจริง หรือส่วนมากเป็นความจริงถ้าเกี่ยวกับตัวท่าน ให้เขียนทึบสีดำลง
ในช่องว่างระหว่างเส้นแถว T (ดูข้อ ๑ ทางด้านล่าง) หากข้อความใดไม่เป็นความจริง
หรือไม่เป็นความจริงเสมอ ๆ ถ้าเกี่ยวกับตัวท่าน ให้เขียนทึบสีดำลงในช่องว่างระหว่าง
เส้นแถว F (ดูข้อ ๒ ทางด้านล่าง) แต่ถ้าข้อความใดไม่เกี่ยวกับตัวท่านหรือท่านไม่ทราบ
ก็ไม่ต้องทำเครื่องหมายในกระดาษคำตอบ

ตัวอย่างการทำเครื่องหมาย
ในกระดาษคำตอบที่ถูกต้อง

T   ●   ○   ●   ●
    ๑   ๒   ๓   ๔
F   ○   ●   ○   ○

กรุณาจำไว้ว่า ท่านจะต้องใช้ความคิดเห็นของตัวท่านเอง และไม่ปล่อยช่องคำตอบว่างไว้
หากท่านสามารถจะหลีกเลี่ยงได้

การทำเครื่องหมายคำตอบลงในกระดาษคำตอบ ท่านจะต้องแน่ใจว่า ตัวเลขของแต่ละ
ข้อความตรงกับเลขข้อในกระดาษคำตอบ ทำเครื่องหมายขีดทึบให้หนัก และเห็นได้ชัดเจน หากท่าน
ต้องการจะเปลี่ยนคำตอบ กรุณาลบคำตอบเดิมออกให้หมด

อย่าทำเครื่องหมายใด ๆ ในแบบทดสอบเล่มนี้

โปรดจำไว้ว่า ท่านควรจะต้องพยายามให้คำตอบบางอย่าง ต่อทุก ๆ ข้อความ

เปิดแบบทดสอบ และทำได้

อย่าทำเครื่องหมายใด ๆ ในสมุดเล่มนี้

----

๑.   ฉันชอบนิตรสารเกี่ยวกับเครื่องยนตร์กลไก

๒.   ฉันทานอาหารได้อย่างเอร็ดอร่อย

๓.   เกือบทุกเช้า ฉันตื่นขึ้นอย่างสดชื่น และรู้สึกได้พักผ่อนอย่างเพียงพอ

๔.   ฉันคิดว่าฉันอยากทำงานเป็นบรรณารักษ์ห้องสมุด

๕.   เสียงรบกวนทำให้ฉันตื่นง่าย

๖.   ฉันชอบอ่านบทความหนังสือพิมพ์เกี่ยวกับอาชญากรรม

๗.   มือและเท้าของฉันอุ่นเพียงพอเกือบตลอดเวลา

๘.   ชีวิตประจำวันของฉันเต็มไปด้วยสิ่งที่ทำให้ฉันสนใจอยู่เรื่อย

๙.   ฉันสามารถทำงานได้เกือบเท่า ๆ กับที่เคย

๑๐.   ดูเหมือนฉันจะรู้สึกสลดตื้นตันใจเกือบตลอดเวลา

๑๑.   คนเราควรจะพยายามเข้าใจความฝันของตนเอง และใช้มันเป็นเครื่องแนะแนวทาง หรือเตือน
      ว่าอะไรจะเกิดขึ้น

๑๒.   ฉันสนุกกับเรื่องสืบสวนสอบสวนหรือเรื่องลึกลับ

๑๓.   ฉันทำงานภายใต้ความเคร่งเครียดอย่างมาก

๑๔.   ฉันท้องเดินเดือนละครั้งหรือมากกว่านั้น

๑๕.   บางครั้งฉันคิดถึงสิ่งที่เลวเกินกว่าที่จะพูดถึง

๑๖.   ฉันแน่ใจว่าฉันได้รับสิ่งที่ไม่ยุติธรรมจากชีวิต

๑๗.   ตอนฉันเป็นเด็ก พ่อของฉันเป็นคนดี

๑๘.   ฉันไม่ค่อยมีปัญหาเกี่ยวกับท้องผูก

๑๙.   เมื่อฉันทำงานใหม่ ฉันอยากจะได้รับการบอกเล่ารายละเอียดเป็นการส่วนตัว เกี่ยวกับบุคคลที่
      จะทำให้ฉันมีความก้าวหน้าในการงาน

๒๐.   ชีวิตทางเพศของฉันเป็นที่น่าพอใจ

๒๑.   บางครั้งฉันต้องการที่จะหนีออกจากบ้านมาก

๒๒.   บางเวลา ฉันเป็นโรคปัจจุบันประจำตัว ซึ่งฉันหัวเราะและร้องไห้อย่างที่ควบคุมตัวเองไม่ได้

๒๓.   ฉันถูกรบกวนด้วยโรคคลื่นไส้และอาเจียร

๒๔.   ดูเหมือนไม่มีใครเข้าใจฉัน

๒๕.   ฉันอยากจะเป็นนักร้อง

๒๖.   ฉันแน่ใจว่าเป็นการดีที่สุดที่จะเงียบเฉย ในเจาะที่พบว่าตัวเองได้ทำบางอย่างผิด ซึ่งอาจ

จะถูกลงโทษ

๒๗. บางขณะวิญญาณที่ชั่วร้ายเข้าครอบงำฉัน

๒๘. เมื่อบางคนทำกับฉันไม่ถูกต้อง ฉันรู้สึกว่าควรจะตอบสนองไปถ้าทำได้ ซึ่งเป็นเพียงหลักทั่ว ๆ ไป

๒๙. ฉันถูกรบกวนด้วยโรคแก๊ซในกะเพาะอาหารสัปดาห์ละหลาย ๆ ครั้ง

๓๐. บางครั้งฉันรู้สึกอยากจะพูดสบถสาบาน

๓๑. ฉันฝันร้ายทุก ๒-๓ คืน

๓๒. ฉันพบว่ามันเป็นการยากที่จะทำใจให้มีสมาธิ อยู่กับการงานอย่างใดอย่างหนึ่ง

๓๓. ฉันมีประสพการณ์หลายอย่างที่ผิดธรรมดาและแปลกมาก

๓๔. ฉันมีอาการไอเกือบตลอดเวลา

๓๕. ถ้าคนไม่มีอคติ และคอยจับผิดฉัน ฉันจะประสพความสำเร็จมากกว่านี้

๓๖. ฉันไม่ค่อยจะกังวลกับสุขภาพของฉัน

๓๗. ฉันไม่เคยมีความลำบากใจเกี่ยวกับพฤติกรรมทางเพศของฉัน

๓๘. ตอนที่ฉันยังเป็นหนุ่มเป็นสาว มีช่วงเวลาหนึ่งที่ฉันเกี่ยวข้องกับการลักขโมย

๓๙. บางครั้งฉันรู้สึกอยากจะทุบตีสิ่งของ

๔๐. ฉันอยากจะนั่งและฝันกลางวันมากกว่าจะทำสิ่งอื่นใดเกือบตลอดเวลา

๔๑. ฉันมีช่วงของวัน สัปดาห์หรือของเดือนที่ฉันไม่สามารถจะอาไจไส่ต่อสิ่งใด ๆ เพราะฉันไม่มี จิตใจที่จะทำอะไร

๔๒. ครอบครัวของฉันไม่ชอบงานที่ฉันเลือกทำ

๔๓. การนอนของฉันไม่สม่ำเสมอและถูกรบกวน

๔๔. เกือบตลอดเวลาที่ดูเหมือนว่าศีรษะของฉันปวดร้าวไปทั่ว

๔๕. ฉันไม่พูดความจริงตลอดเวลา

๔๖. การตัดสินของฉันดีกว่าที่เคยเป็น

๔๗. สัปดาห์ละครั้งหรือย่อยกว่านั้น ที่ฉันรู้สึกร้อนวูบไปทั่วทั้งตัวขึ้นมาทันทีโดยไม่มีสาเหตุแน่ชัด

๔๘. เวลาที่ฉันอยู่กับคนอื่น ๆ ฉันรู้สึกกังวลใจที่ได้ยินสิ่งแปลกประหลาดมาก ๆ

๔๙. จะเป็นการดีขึ้น ถ้าได้ยกเลิกกฎหมายไปเกือบทั้งหมด

๕๐. บางครั้งวิญญาณของฉันออกจากร่างฉันไป

๕๑. สุขภาพทางกายของฉันดีเหมือนกับของเพื่อนของฉันส่วนมาก

๕๒. ฉันเลือกที่จะเดินผ่านเพื่อนร่วมโรงเรียน หรือคนที่รู้จักแต่ไม่ได้พบกันเป็นเวลานาน นอกจาก ว่าเขาจะมาพูดกับฉันก่อน

๕๓. พระสามารถที่จะรักษาโรคได้ด้วยการสวดมนตร์ และวางมือของท่านลงบนศีรษะฉัน

จะถูกลงโทษ

๒๗. บางขณะวิญญาณที่ชั่วร้ายเข้าครอบงำฉัน

๒๘. เมื่อบางคนทำกับฉันไม่ถูกต้อง ฉันรู้สึกว่าควรจะตอบสนองไปถ้าทำได้ ซึ่งเป็นเพียงหลักทั่ว ๆ ไป

๒๙. ฉันถูกรบกวนด้วยโรคแก๊ซในกะเพาะอาหารสัปดาห์ละหลาย ๆ ครั้ง

๓๐. บางครั้งฉันรู้สึกอยากจะพูดสบถสาบาน

๓๑. ฉันฝันร้ายทุก ๒-๓ คืน

๓๒. ฉันพบว่ามันเป็นการยากที่จะทำใจให้มีสมาธิ อยู่กับการงานอย่างใดอย่างหนึ่ง

๓๓. ฉันมีประสพการณ์หลายอย่างที่ผิดธรรมดาและแปลกมาก

๓๔. ฉันมีอาการไอเกือบตลอดเวลา

๓๕. ถ้าคนไม่มีอคติ และคอยจับผิดฉัน ฉันจะประสพความสำเร็จมากกว่านี้

๓๖. ฉันไม่ค่อยจะกังวลกับสุขภาพของฉัน

๓๗. ฉันไม่เคยมีความลำบากใจเกี่ยวกับพฤติกรรมทางเพศของฉัน

๓๘. ตอนที่ฉันยังเป็นหนุ่มเป็นสาว มีช่วงเวลาหนึ่งที่ฉันเกี่ยวข้องกับการลักขโมย

๓๙. บางครั้งฉันรู้สึกอยากจะทุบตีสิ่งของ

๔๐. ฉันอยากจะนั่งและฝันกลางวันมากกว่าจะทำสิ่งอื่นใดเกือบตลอดเวลา

๔๑. ฉันมีช่วงของวัน สัปดาห์หรือของเดือนที่ฉันไม่สามารถจะอาจใจจดต่อสิ่งใด ๆ เพราะฉันไม่มี
จิตใจที่จะทำอะไร

๔๒. ครอบครัวของฉันไม่ชอบงานที่ฉันเลือกทำ

๔๓. การนอนของฉันไม่สม่ำเสมอและถูกรบกวน

๔๔. เกือบตลอดเวลาที่ดูเหมือนว่าศีรษะของฉันปวดร้าวไปทั่ว

๔๕. ฉันไม่พูดความจริงตลอดเวลา

๔๖. การตัดสินของฉันดีกว่าที่เคยเป็น

๔๗. สัปดาห์ละครั้งหรือย่อยกว่านั้น ที่ฉันรู้สึกร้อนวูบไปทั่วทั้งตัวขึ้นมาทันทีโดยไม่มีสาเหตุแน่ชัด

๔๘. เวลาที่ฉันอยู่กับคนอื่น ๆ ฉันรู้สึกกังวลใจที่ได้ยินสิ่งแปลกประหลาดมาก ๆ

๔๙. จะเป็นการดีขึ้น ถ้าได้ยกเลิกกฎหมายไปเกือบทั้งหมด

๕๐. บางครั้งวิญญาณของฉันออกจากร่างฉันไป

๕๑. สุขภาพทางกายของฉันดีเหมือนกับของเพื่อนของฉันส่วนมาก

๕๒. ฉันเลือกที่จะเดินผ่านเพื่อนร่วมโรงเรียน หรือคนที่รู้จักแต่ไม่ได้พบกันเป็นเวลานาน นอกจาก
ว่าเขาจะมาพูดกับฉันก่อน

๕๓. พระสามารถที่จะรักษาโรคได้ด้วยการสวดมนตร์ และวางมือของท่านลงบนศีรษะฉัน

๕๔. คนส่วนมากที่ฉันรู้จักชอบฉัน

๕๕. ฉันแทบจะไม่เคยถูกรบกวนด้วยอาการเจ็บที่หน้าอกหรือหัวใจ

๕๖. ตอนที่เป็นเด็ก ฉันถูกพักโรงเรียนชั่วคราวเนื่องจากความประพฤติไม่ดี ครั้งหนึ่งหรือมากกว่านั้น

๕๗. ฉันเป็นคนที่ปรับตัวได้ดี

๕๘. ทุกสิ่งทุกอย่าง เป็นไปตามคำทำนายที่กล่าวไว้ทางศาสนา

๕๙. บ่อยครั้งที่ฉันต้องรับคำสั่งจากคนบางคนที่ไม่รู้อะไรมากกว่าฉัน

๖๐. ฉันไม่อ่านบทบรรณาธิการในหนังสือพิมพ์ทุกวัน

๖๑. ฉันดำเนินชีวิตไปในวิถีทางที่ไม่ถูกต้อง

๖๒. ฉันมักจะรู้สึกคล้ายกับว่าส่วนของร่างกายหลายแห่งร้อนวูบเหมือนมีอะไรได้ตามตัว หรือเหมือนเป็นเหน็บ

๖๓. ฉันไม่มีความยุ่งยากเกี่ยวกับระบบการขับถ่ายของลำไส้

๖๔. บางครั้งฉันเอาใจใส่กับสิ่งใดสิ่งหนึ่งไปเรื่อย ๆ จนกระทั่งคนอื่น ๆ หมดความอดทนในตัวฉัน

๖๕. ตอนฉันเป็นเด็ก ฉันรักพ่อของฉัน

๖๖. ฉันเห็นสิ่งของ สัตว์หรือคนรอบ ๆ ตัวฉัน ซึ่งคนอื่นมองไม่เห็น

๖๗. ฉันปรารถนาให้ฉันมีความสุขได้เท่า ๆ กับที่ดูเหมือนคนอื่นมี

๖๘. ฉันเกือบจะไม่เคยเจ็บที่ต้นคอ

๖๙. ฉันให้ความสนใจทางเพศกับคนเพศเดียวกับฉัน

๗๐. ฉันเคยชอบเล่นมอญซ่อนผ้า

๗๑. ฉันคิดว่า คนส่วนมากพูดเกินความจริง เกี่ยวกับการที่มีโชคร้าย เพื่อที่จะเรียกร้องความเห็นอกเห็นใจ และความช่วยเหลือจากผู้อื่น

๗๒. ฉันมีความยุ่งยากจากการปวดท้องทุก ๒-๓ วัน หรือบ่อยกว่านั้น

๗๓. ฉันเป็นบุคคลสำคัญคนหนึ่ง

๗๔. ฉันปรารถนาอยู่บ่อย ๆ ที่จะเป็นผู้หญิง (หรือถ้าท่านเป็นผู้หญิง) ฉันไม่เคยเสียใจเลยที่ฉันเป็นผู้หญิง

๗๕. บางครั้งฉันรู้สึกโกรธ

๗๖. ฉันรู้สึกเศร้าเป็นส่วนมาก

๗๗. ฉันเพลิดเพลินต่อการอ่านเรื่อง เกี่ยวกับรัก ๆ ใคร่ ๆ

๗๘. ฉันชอบบทประพันธ์ร้อยกรอง

๗๙. ฉันไม่รู้สึกสะเทือนใจง่าย ๆ

๘๐. บางครั้งฉันชอบเย้าแหย่สัตว์

๘๑. ฉันคิดว่าฉันอยากจะทำงานเป็นผู้พิทักษ์ป่า

๘๒. ฉันพ่ายแพ้ในการโต้แย้งได้อย่างง่าย ๆ

๘๓. ใครก็ตามที่เต็มใจและสามารถจะทำงานหนักก็จะมีโอกาสที่จะประสพความสำเร็จ

๘๔. เดี๋ยวนี้ฉันรู้สึกเหมือนกับว่าฉันต้องการจะยกเลิกความหวังในการที่จะประสพความสำเร็จในชีวิต

๘๕. ในบางครั้ง ของใช้ส่วนตัวของคนอื่นสะดุดตาฉันมากเหลือเกิน จนกระทั่งฉันอยากจะจับต้อง หรือชโมยมัน ทั้ง ๆ ที่ของนั้นไม่มีประโยชน์สำหรับฉัน เช่น รองเท้า ร่ม เป็นต้น

๘๖. ฉันแน่ใจว่า ฉันขาดความเชื่อมั่นในตัวเอง

๘๗. ฉันอยากจะเป็นคนขายดอกไม้

๘๘. ฉันรู้สึกอยู่เสมอว่า ชีวิตเป็นสิ่งที่มีค่า

๘๙. ต้องอาศัยการถกเถียงกันอย่างมาก ที่จะทำให้คนส่วนมากมั่นใจว่า ตัวเองพูดความจริง

๙๐. บางครั้งบางคราว ฉันผลัดวันประกันพรุ่ง

๙๑. ฉันไม่ว่าอะไรถ้าใครจะหยอกล้อฉัน

๙๒. ฉันอยากจะเป็นนางพยาบาล

๙๓. ฉันคิดว่าคนส่วนมากพูดโกหก เพื่อตัวเองจะได้ประสพความสำเร็จ

๙๔. ฉันทำอะไรหลายอย่างที่ฉันเสียใจภายหลัง (ดูเหมือนว่าฉันจะเสียใจในหลายสิ่งหลายอย่าง มากกว่าหรือบ่อยครั้งกว่าคนอื่น ๆ)

๙๕. ฉันไปวัดเกือบทุกวันพระ

๙๖. ฉันทะเลาะกับคนในครอบครัวของฉันน้อยมาก

๙๗. บางครั้งฉันมีความต้องการอย่างรุนแรงที่จะทำอะไรบางอย่างให้เกิดอันตรายบาดเจ็บ และทำให้คนอื่นประหลาดใจ

๙๘. ฉันเชื่อในเรื่องโลกพระศรีอารีย์

๙๙. ฉันชอบไปงานปาร์ตี้ และงานอื่น ๆ ที่เต็มไปด้วยความสนุกสนานเพลิดเพลิน

๑๐๐. ฉันพบปัญหาที่มีหลายแง่หลายมุมมากจนกระทั่งฉันไม่สามารถจะตัดสินใจเกี่ยวกับปัญหานั้น ๆ ได้

๑๐๑. ฉันเชื่อว่าผู้หญิงควรจะมีอิสรภาพทางเพศมากเท่า ๆ กับผู้ชาย

๑๐๒. การต่อสู้ที่ยากลำบากที่สุดของฉัน คือการต่อสู้กับตัวเอง

๑๐๓. ฉันมีปัญหาเล็กน้อยหรือไม่มีเลยต่ออาการกล้ามเนื้อกระตุก

๑๐๔. ฉันดูเหมือนจะไม่แยแสต่อสิ่งที่เกิดขึ้นกับฉัน

๑๐๕. ในเวลาที่ฉันรู้สึกไม่ค่อยสบาย ฉันรู้สึกหงุดหงิดเป็นบางครั้ง

๑๐๖. เกือบตลอดเวลาที่ฉันรู้สึกเหมือนกับว่าฉันทำอะไรบางอย่างที่ผิด หรือทำสิ่งที่ชั่วร้ายเลวทราม

๑๐๗. ส่วนใหญ่ฉันรู้สึกสุขสบาย

๑๐๘. ดูเหมือนฉันจะรู้สึกสมองตึงเครียด และแน่นจมูกเกือบตลอดเวลา

๑๐๙. คนบางคนชอบวางอำนาจเหนือผู้อื่นมาก จนกระทั่งฉันรู้สึกอยากจะทำในสิ่งที่ตรงกันข้ามกับที่เขาขอร้อง แม้ฉันจะรู้ว่าเขาทำถูกต้อง

๑๑๐. คนบางคนมีอคติ และพยายามจับผิดฉัน

๑๑๑. ฉันไม่เคยทำอะไรก็ตามที่เป็นอันตราย เพื่อให้เกิดความตื่นเต้นในการกระทำอันนั้น

๑๑๒. บ่อยครั้งที่ฉันพบว่ามันจำเป็นจะต้องยืนกรานในสิ่งที่ฉันคิดว่าถูกต้อง

๑๑๓. ฉันคิดว่ากฎหมายควรจะใช้บังคับให้กระทำได้

๑๑๔. บ่อยครั้งที่ฉันรู้สึกว่าสมองตึงเครียดเหมือนถูกบีบแน่นรอบ ๆ ศีรษะ

๑๑๕. ฉันเชื่อว่าคนตายแล้วจะเกิดใหม่

๑๑๖. เวลาที่ฉันวางเดิมพัน ฉันจะรู้สึกสนุกสนานกับการแข่งขันหรือเกมส์มากขึ้น

๑๑๗. ส่วนใหญ่คนส่วนมากจะซื่อสัตย์ เนื่องจากกลัวว่าจะถูกจับได้

๑๑๘. ตอนที่ฉันยังอยู่ในโรงเรียน บางครั้งฉันถูกส่งตัวเข้าพบอาจารย์ใหญ่เนื่องจากปัญหาความประพฤติ

๑๑๙. การพูดของฉันปกติเหมือนอย่างเคย (ไม่เร็วไปหรือช้าไป ชัดเจน และไม่มีเสียงแหบแห้ง)

๑๒๐. เวลาที่อยู่บ้าน มารยาทในโต๊ะอาหารของฉันไม่เรียบร้อยเหมือนเวลาที่ฉันออกสังคม

๑๒๑. ฉันเชื่อว่าฉันกำลังถูกวางแผนกับดัก

๑๒๒. ดูเหมือนฉันจะมีความสามารถ และเฉลียวฉลาดเท่ากับคนอื่น ๆ รอบ ๆ ตัวฉัน

๑๒๓. ฉันเชื่อว่าฉันกำลังถูกซุ่มตาม

๑๒๔. คนส่วนมากจะใช้วิธีการที่ค่อนข้างจะไม่ยุติธรรม เพื่อจะได้ผลประโยชน์หรือข้อได้เปรียบมากกว่าที่จะสูญเสีย

๑๒๕. ฉันมีความยุ่งยากเกี่ยวกับกะเพาะอาหารอย่างมากทีเดียว

๑๒๖. ฉันชอบการแสดงละคร

๑๒๗. ฉันรู้ว่าใครที่รับผิดชอบในความเดือดร้อนของฉัน

๑๒๘. การเห็นเลือดไม่ทำให้ฉันตกใจกลัวหรือทำให้ฉันไม่สบาย

๑๒๙. บ่อยครั้งที่ฉันไม่สามารถเข้าใจว่าทำไมฉันจึงโกรธและหงุดหงิดมากเหลือเกิน

๑๓๐. ฉันไม่เคยอาเจียรหรืออาออกมาเป็นเลือด

๑๓๑. ฉันไม่วิตกกังวลเกี่ยวกับการติดเชื้อโรค

๑๓๒. ฉันชอบสะสมดอกไม้หรือปลูกพันธุ์ไม้ในบ้าน

๑๓๓. ฉันไม่เคยร่วมกระทำเกี่ยวกับความประพฤติทางเพศที่ผิดปกติ

๑๓๔. บางครั้งความคิดของฉันแล่นเร็วกว่าคำพูด

๑๓๕. ถ้าฉันสามารถเข้าดูภาพยนตร์ได้โดยไม่ต้องจ่ายเงิน และแน่ใจว่าไม่มีใครเห็นก็เป็นไปได้

ที่ฉันจะทำ

๑๓๖. โดยทั่วไป ฉันสงสัยว่าคนอื่นอาจจะมีเหตุผลอะไรที่ซ่อนเร้นอยู่ต่อการทำดีต่อฉันในบางสิ่ง
บางอย่าง

๑๓๗. ฉันเชื่อว่าชีวิตในบ้านของฉันเป็นที่น่าชื่นชมยินดีเท่า ๆ กับครอบครัวของคนส่วนมากที่ฉันรู้จัก

๑๓๘. การวิพากย์วิจารณ์หรือการดุด่าว่ากล่าวทำให้ฉันสะเทือนใจอย่างรุนแรง

๑๓๙. บางครั้งฉันรู้สึกราวกับว่าฉันจะต้องทำอันตรายตัวเองหรือไม่ก็ทำอันตรายต่อคนอื่นบางคน

๑๔๐. ฉันชอบทำอาหาร

๑๔๑. ความประพฤติของฉัน ถูกกำหนดกฎเกณฑ์อย่างมากโดยขนบธรรมเนียมประเพณีของ
บุคคลรอบ ๆ ตัวฉัน

๑๔๒. บางครั้งฉันรู้สึกว่าตัวเองไม่มีประโยชน์อะไรเลยจริง ๆ

๑๔๓. ตอนที่ฉันเป็นเด็ก ฉันร่วมอยู่ในกลุ่มของคนที่พยายามจะอยู่รวมกันอย่างสนิทแน่นแฟ้นไม่ว่า
จะเป็นยามดีหรือยามร้าย

๑๔๔. ฉันอยากเป็นทหาร

๑๔๕. บางครั้งฉันอยากจะสู้กับคนบางคนด้วยการชกต่อย

๑๔๖. ฉันต้องการเดินทางท่องเที่ยวมากทีเดียว และฉันจะไม่เคยมีความสุขเลยถ้าฉันไม่ได้ท่องเที่ยว
ไปตามที่ต่าง ๆ ที่ต้องการ

๑๔๗. ฉันมักจะสูญเสียหลายสิ่งหลายอย่างไป เพราะฉันไม่สามารถจะตัดสินใจได้เร็วขึ้นอย่างเพียงพอ

๑๔๘. ฉันหมดความอดทนในการที่คนมาขอคำแนะนำหรือขัดจังหวะในเวลาที่ฉันกำลังทำงานที่สำคัญ
บางอย่าง

๑๔๙. ฉันเคยเก็บรักษาสมุดบันทึกประจำวัน

๑๕๐. ฉันอยากจะชนะมากกว่าพ่ายแพ้ในเกมส์การเล่น

๑๕๑. บางคนกำลังพยายามที่จะวางยาพิษฉัน

๑๕๒. ส่วนมากตอนกลางคืนฉันจะเข้านอนโดยปราศจากความคิดที่รบกวน

๑๕๓. ระหว่าง ๒-๓ ปีที่แล้ว ฉันรู้สึกสุขสบายดีเกือบตลอดเวลา

๑๕๔. ฉันไม่เคยเป็นโรคปัจจุบันหรือโรคลมชัก

๑๕๕. ฉันไม่อ้วนขึ้นหรือผอมลง

๑๕๖. มีหลายช่วงเวลาที่ฉันทำอะไรหลาย ๆ อย่างและในเวลาต่อมาฉันไม่รู้ว่าตัวเอง
ได้ทำอะไรลงไป

๑๕๗. ฉันรู้สึกว่าตัวเองมักจะถูกลงโทษโดยไม่มีสาเหตุบ่อย ๆ

๑๕๘. ฉันร้องไห้ง่ายเหลือเกิน

๑๕๙. ฉันไม่สามารถเข้าใจในสิ่งที่ฉันอ่านได้ดีเท่าที่เคย

๑๖๐. ในชีวิตของฉัน ฉันไม่เคยรู้สึกดีมากกว่าที่เป็นอยู่ในปัจจุบัน

๑๖๑. ส่วนบนศีรษะของฉันบางครั้งรู้สึกอ่อนนุ่ม

๑๖๒. ฉันรู้สึกโกรธในเวลาที่มีคนมาเล่นตลกอย่างเฉลียวฉลาดกับฉัน   และฉันจำเป็นจะต้องยอมรับว่ามันเป็นจริงตามนั้น

๑๖๓. ฉันไม่เหนื่อยเร็ว

๑๖๔. ฉันชอบศึกษาและอ่านเกี่ยวกับเรื่องงานที่ฉันทำอยู่

๑๖๕. ฉันชอบรู้จักคนสำคัญบางคนเพราะมันทำให้ฉันรู้สึกว่าตัวเองก็มีความสำคัญ

๑๖๖. ฉันรู้สึกกลัวในเวลาที่ฉันมองลงไปจากที่สูง

๑๖๗. ฉันไม่รู้สึกกังวลใจต่อการที่คนในครอบครัวของฉันมีปัญหาเกี่ยวกับกฎหมาย

๑๖๘. มีอะไรบางอย่างที่ไม่ถูกต้องในใจของฉัน

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY™

S.R. Hathaway and J.C. McKinley

Group Form Test Booklet

MMPI™

INTERPRETIVE
SCORING
SYSTEMS

DO NOT OPEN UNTIL TOLD TO DO SO.

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
S.R. Hathaway and J.C. McKinley

MMPI

This inventory consists of numbered statements. Read each statement and decide whether it is *true as applied to you or false as applied to you.*

Example. Section of answer sheet correctly marked.		
A	●	Ⓕ
B	Ⓣ	●

You are to mark your answers on the answer sheet you have. Look at the example of the answer sheet shown at the right. If a statement is true or mostly true, as applied to you, blacken the circle marked T. (See A at the right.) If a statement is false or not usually true, as applied to you, blacken the circle marked F. (See B at the right.) If a statement does not apply to you or if it is something that you don't know about, make no mark on the answer sheet. But try to give a response to every statement.

Remember to give **your own** opinion of yourself.

In marking your answers on the answer sheet, *be sure that the number of the statement agrees with the number on the answer sheet.* Make your marks heavy and black. Erase completely any answer you wish to change. Do not make any marks on this booklet.

Remember, try to respond to every statement.

Now open the booklet and go ahead.

DO NOT MAKE ANY MARKS ON THIS BOOKLET.

1. I like mechanics magazines.

2. I have a good appetite.

3. I wake up fresh and rested most mornings.

4. I think I would like the work of a librarian.

5. I am easily awakened by noise.

6. I like to read newspaper articles on crime.

7. My hands and feet are usually warm enough.

8. My daily life is full of things that keep me interested.

9. I am about as able to work as I ever was.

10. There seems to be a lump in my throat much of the time.

11. A person should try to understand his dreams and be guided by or take warning from them.

12. I enjoy detective or mystery stories.

13. I work under a great deal of tension.

14. I have diarrhea once a month or more.

15. Once in a while I think of things too bad to talk about.

16. I am sure I get a raw deal from life.

17. My father was a good man.

18. I am very seldom troubled by constipation.

19. When I take a new job, I like to be tipped off on who should be gotten next to.

20. My sex life is satisfactory.

21. At times I have very much wanted to leave home.

22. At times I have fits of laughing and crying that I cannot control.

23. I am troubled by attacks of nausea and vomiting.

24. No one seems to understand me.

25. I would like to be a singer.

26. I feel that it is certainly best to keep my mouth shut when I'm in trouble.

27. Evil spirits possess me at times.

28. When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing.

29. I am bothered by acid stomach several times a week.

30. At times I feel like swearing.

31. I have nightmares every few nights.

32. I find it hard to keep my mind on a task or job.

33. I have had very peculiar and strange experiences.

34. I have a cough most of the time.

35. If people had not had it in for me I would have been much more successful.

36. I seldom worry about my health.

37. I have never been in trouble because of my sex behavior.

38. During one period when I was a youngster I engaged in petty thievery.

39. At times I feel like smashing things.

40. Most any time I would rather sit and daydream than to do anything else.

41. I have had periods of days, weeks, or months when I couldn't take care of things because I couldn't "get going."

42. My family does not like the work I have chosen (or the work I intend to choose for my life work).

43. My sleep is fitful and disturbed.

44. Much of the time my head seems to hurt all over.

45. I do not always tell the truth.

46. My judgment is better than it ever was.

47. Once a week or oftener I feel suddenly hot all over, without apparent cause.

48. When I am with people I am bothered by hearing very queer things.

49. It would be better if almost all laws were thrown away.

50. My soul sometimes leaves my body.

51. I am in just as good physical health as most of my friends.

52. I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first.

53. A minister can cure disease by praying and putting his hand on your head.

54. I am liked by most people who know me.

55. I am almost never bothered by pains over the heart or in my chest.

56. As a youngster I was suspended from school one or more times for cutting up.

57. I am a good mixer.

58. Everything is turning out just like the prophets of the Bible said it would.

59. I have often had to take orders from someone who did not know as much as I did.

60. I do not read every editorial in the newspaper every day.

61. I have not lived the right kind of life.

62. Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep."

63. I have had no difficulty in starting or holding my bowel movement.

64. I sometimes keep on at a thing until others lose their patience with me.

65. I loved my father.

66. I see things or animals or people around me that others do not see.

67. I wish I could be as happy as others seem to be.

68. I hardly ever feel pain in the back of the neck.

69. I am very strongly attracted by members of my own sex.

70. I used to like drop-the-handkerchief.

71. I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others.

72. I am troubled by discomfort in the pit of my stomach every few days or oftener.

73. I am an important person.

74. I have often wished I were a girl. (Or if you are a girl) I have never been sorry that I am a girl.

75. I get angry sometimes.

76. Most of the time I feel blue.

77. I enjoy reading love stories.

78. I like poetry.

79. My feelings are not easily hurt.

80. I sometimes tease animals.

81. I think I would like the kind of work a forest ranger does.

82. I am easily downed in an argument.

83. Any man who is able and willing to work hard has a good chance of succeeding.

84. These days I find it hard not to give up hope of amounting to something.

85. Sometimes I am strongly attracted by the personal articles of others such as shoes, gloves, etc., so that I want to handle or steal them though I have no use for them.

86. I am certainly lacking in self-confidence.

87. I would like to be a florist.

88. I usually feel that life is worth while.

89. It takes a lot of argument to convince most people of the truth.

90. Once in a while I put off until tomorrow what I ought to do today.

91. I do not mind being made fun of.

92. I would like to be a nurse.

93. I think most people would lie to get ahead.

94. I do many things which I regret afterwards (I regret things more or more often than others seem to).

95. I go to church almost every week.

96. I have very few quarrels with members of my family.

97. At times I have a strong urge to do something harmful or shocking.

98. I believe in the second coming of Christ.

99. I like to go to parties and other affairs where there is lots of loud fun.

100. I have met problems so full of possibilities that I have been unable to make up my mind about them.

101. I believe women ought to have as much sexual freedom as men.

102. My hardest battles are with myself.

103. I have little or no trouble with my muscles twitching or jumping.

104. I don't seem to care what happens to me.

105. Sometimes when I am not feeling well I am cross.

106. Much of the time I feel as if I have done something wrong or evil.

107. I am happy most of the time.

108. There seems to be a fullness in my head or nose most of the time.

109. Some people are so bossy that I feel like doing the opposite of what they request, even though I know they are right.

110. Someone has it in for me.

111. I have never done anything dangerous for the thrill of it.

112. I frequently find it necessary to stand up for what I think is right.

113. I believe in law enforcement.

114. Often I feel as if there were a tight band about my head.

115. I believe in a life hereafter.

116. I enjoy a race or game better when I bet on it.

117. Most people are honest chiefly through fear of being caught.

118. In school I was sometimes sent to the principal for cutting up.

119. My speech is the same as always (not faster or slower, or slurring; no hoarseness).

120. My table manners are not quite as good at home as when I am out in company.

121. I believe I am being plotted against.

122. I seem to be about as capable and smart as most others around me.

123. I believe I am being followed.

124. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.

125. I have a great deal of stomach trouble.

126. I like dramatics.

127. I know who is responsible for most of my troubles.

128. The sight of blood neither frightens me nor makes me sick.

129. Often I can't understand why I have been so cross and grouchy.

130. I have never vomited blood or coughed up blood.

131. I do not worry about catching diseases.

132. I like collecting flowers or growing house plants.

133. I have never indulged in any unusual sex practices.

134. At times my thoughts have raced ahead faster than I could speak them.

135. If I could get into a movie without paying and be sure I was not seen I would probably do it.

136. I commonly wonder what hidden reason another person may have for doing something nice for me.

137. I believe that my home life is as pleasant as that of most people I know.

138. Criticism or scolding hurts me terribly.

139. Sometimes I feel as if I must injure either myself or someone else.

140. I like to cook.

141. My conduct is largely controlled by the customs of those about me.

142. I certainly feel useless at times.

143. When I was a child, I belonged to a crowd or gang that tried to stick together through thick and thin.

144. I would like to be a soldier.

145. At times I feel like picking a fist fight with someone.

146. I have the wanderlust and am never happy unless I am roaming or traveling about.

147. I have often lost out on things because I couldn't make up my mind soon enough.

148. It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important.

149. I used to keep a diary.

150. I would rather win than lose in a game.

151. Someone has been trying to poison me.

152. Most nights I go to sleep without thoughts or ideas bothering me.

153. During the past few years I have been well most of the time.

154. I have never had a fit or convulsion.

155. I am neither gaining nor losing weight.

156. I have had periods in which I carried on activities without knowing later what I had been doing.

157. I feel that I have often been punished without cause.

158. I cry easily.

159. I cannot understand what I read as well as I used to.

160. I have never felt better in my life than I do now.

161. The top of my head sometimes feels tender.

162. I resent having anyone take me in so cleverly that I have had to admit that it was one on me.

163. I do not tire quickly.

164 I like to study and read about things that I am working at.

165. I like to know some important people because it makes me feel important.

166. I am afraid when I look down from a high place.

167. It wouldn't make me nervous if any members of my family got into trouble with the law.

168. There is something wrong with my mind.

APPENDIX C

THE ANSWER SHEET FOR THE MMPI

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
(Group Form Booklet)

APPENDIX D

MMPI PROFILES FOR MALE AND FEMALE

Profile and Case Summary

The Minnesota Multiphasic Personality Inventory

Starke R. Hathaway and J. Charnley McKinley

Name _____

Address _____

Occupation _____ Date Tested _____

Education _____ Age _____

Marital Status _____ Referred by _____

NOTES

Scorer's Initials _____

Male

Profile and Case Summary

The Minnesota Multiphasic Personality Inventory

Starke R Hathaway and J Charnley McKinley

Name _____

Address _____

Occupation _____ Date Tested _____

Education _____ Age _____

Marital Status _____ Referred by _____

NOTES

Female

F
Female

Raw Score
K to be added
Raw Score with K

APPENDIX E

CONSENT FORMS IN THAI AND ENGLISH LANGUAGE

คำยินยอม

งานวิจัยนี้มีจุดประสงค์เพื่อศึกษาเกี่ยวกับปัญหาสุขภาพจิตของผู้ต้องโทษ ซึ่งผลของงานวิจัยจะเป็น
ประโยชน์ในการวางแผนเกี่ยวกับงานบริการด้านสุขภาพในเรือนจำได้

ความร่วมมือของท่านในงานวิจัยนี้ขึ้นอยู่กับความสมัครใจของท่านเอง ท่านมีสิทธิ์ที่จะไม่ตอบคำ
ถามได้หรืออาจจะหยุดและถอนตัวจากงานวิจัยนี้ได้ทุกเมื่อโดยที่ท่านจะไม่ถูกลงโทษโดยวิธีการใดๆ ทั้ง
สิ้น ท่านมีสิทธิ์ที่จะร่วมมือหรือไม่ร่วมมือในงานวิจัยนี้ ซึ่งคำตอบของท่านจะไม่ทำให้ท่านถูกลงโทษและจะ
ไม่เป็นผลต่อกิจกรรมของท่านหรือสถานะของท่านในเรือนจำนี้ รวมทั้งผลของการวิจัยนี้จะไม่ใช้ใน
การพิจารณาใดๆ ที่เกี่ยวกับท่านโดยบุคคล

หากท่านยินยอมให้ความร่วมมือในงานวิจัย ท่านจะได้รับการสัมภาษณ์จากนักวิจัยหรือผู้ช่วย และ
จะได้รับแบบสอบถาม MMPI-168 ท่านจะทำแบบทดสอบนี้ด้วยตนเอง แบบทดสอบนี้เป็นการตอบแบบกา
ถูกหรือผิด โปรดตอบคำถามทุกข้อหากท่านต้องการความช่วยเหลือในการอ่านหรือเขียนกรุณาขอความ
ขอความช่วยเหลือจากนักวิจัยผู้นี้

ระยะเวลาในการสัมภาษณ์และทำแบบทดสอบ ประมาณ 45 นาที ในระหว่างนี้จะมีนักวิจัยคอย
ให้ความช่วยเหลือตามที่ท่านต้องการ

ข้อมูลของท่านจะถูกเก็บรักษาโดยเป็นความลับอย่างรัดกุม และผลของการวิจัยจะไม่กล่าวอ้างถึง
ผู้ใดโดยข้อมูลใดๆ ที่อ้างอิงถึงท่านได้ ผลต่างๆ ในการสัมภาษณ์และการทำแบบทดสอบจะถูกศึกษาและ
รายงานโดยไม่กล่าวอ้างถึงท่านหรือผู้ใด ข้อมูลทั้งหมดจะถูกเก็บรักษาอย่างดีและจะไม่เปิดเผยแก่ผู้ใด
นอกจากนักวิจัยในงานวิจัยนี้

ท่านสามารถแสดงความยินยอมในการร่วมมือครั้งนี้ได้โดยลงชื่อในคำยินยอมฉบับนี้

"ข้าพเจ้ายินดีที่จะให้สัมภาษณ์และกรอกแบบทดสอบ MMPI-168 นี้ ข้าพเจ้าทราบดีว่าผลงานวิจัย
นี้จะถูกเก็บรักษาโดยรัดกุมที่สุด"

ลงชื่อ.........................

174

CONSENT FORM

The purpose of this research is to investigate mental health problems among prisoners. The results of the research are expected to be useful for planning mental health services program in correctional institutions in the future.

Your participation in the research is on voluntary basis. You are free not to answer some or all of the questions. You are even free to stop and withdraw from this study at any time without penalty. You are free to participate, and whether you participate or not, it will not result any kind of penalty or affect your activity or your status in this prison. Also, the results of the research will not be used to make any judgement about you individually.

If you want to participate in the research, you will be interviewed with the questionnaire and administered the MMPI-168 test, which is the true/false test. This procedure will take approximately 45 minutes. If you have any questions or need assistance, the researcher will be available during the administration of the test.

The results of the research will be kept anonymous and confidential. You will not be asked your name or any identification during the interview or administration of the test. The results of the interview and test will be studied and reported without identifying you or any other persons

participating in this research. All data will be kept confidential and will not be used by anyone except the researcher.

You will indicate your voluntary agreement to participate by signing this consent form.

"I voluntarily agree to be interviewed and fill out the MMPI-168 test. I know that the results of the interview and test will be kept in strictest confidentially."

_____
Signature

APPENDIX F

LETTERS FROM THE THAI DEPARTMENT OF CORRECTIONS AND THE

UCRIHS

STUDENTS' DEPARTMENT

ROYAL THAI EMBASSY

1906-23rd ST., N.W.

WASHINGTON, D.C. 20008

TEL. (202)667-6063

(202)667-6006

(202)667-9113

FAX (202)365-7239

ที่ นร. 0705/ 2677

17 เมษายน 2535

เรื่อง การเดินทางกลับประเทศไทยเพื่อรวบรวมข้อมูลวิทยานิพนธ์

เรียน คุณยศวินต์ บริบูรณ์ธนา

อ้างถึง หนังสือของท่านลงวันที่ 12 มีนาคม 2535

            ตามหนังสือที่อ้างถึง ขออนุมัติเดินทางกลับประเทศไทยเพื่อรวบรวมข้อมูล
วิทยานิพนธ์ นั้น

            ก.พ. พิจารณาแล้ว อนุมัติให้ท่านเดินทางกลับประเทศไทยเพื่อรวบรวมข้อมูล
วิทยานิพนธ์ ตั้งแต่วันที่ 15 เมษายน - 15 กรกฎาคม 2535 โดยได้รับค่าใช้จ่ายในการ
เดินทาง ค่าโดยสารเครื่องบินไป-กลับ ค่าใช้จ่ายประจำเดือนระหว่างอยู่ในประเทศ และ
ค่าใช้จ่ายอื่น ๆ ตามหลักเกณฑ์

            จึงเรียนมาเพื่อทราบ

(นายวรเทพ สวัสดี)

ผู้ช่วยที่ปรึกษาการศึกษา

ปฏิบัติราชการแทนที่ปรึกษาการศึกษา

MICHIGAN STATE UNIVERSITY

OFFICE OF VICE PRESIDENT FOR RESEARCH   EAST LANSING • MICHIGAN • 48824-1046
AND DEAN OF THE GRADUATE SCHOOL

May 5, 1992

Yossawan Boriboonthana
1401 I Spartan Village
East Lansing, MI 48823

RE: THE STUDY OF MENTAL ILLNESS OF PRISONERS IN THAILAND, IRB #92-143

Dear Ms. Boriboonthana:

UCRIHS' review of the above referenced project has now been completed. I am
pleased to advise that the rights and welfare of the human subjects appear to be
adequately protected and the Committee, therefore, approved this project at its
meeting on May 4, 1992.

You are reminded that UCRIHS approval is valid for one calendar year. If you
plan to continue this project beyond one year, please make provisions for
obtaining appropriate UCRIHS approval one month prior to May 4, 1993. This may
be acccomplished by writing UCRIHS to stipulate that:
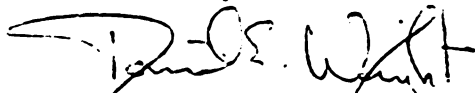
1.   The human subjects protocol is the same as in previous studies.
2.   There have been no ill effects suffered by the subjects.
3.   There have been no complaints by the subjects or their representatives.
4.   There has not been a change in the research environment nor new
     information which would indicate greater risk to human subjects than that
     assumed when the protocol was initially reviewed and approved.

There will be a maximum of four renewals possible. If you wish to continue a
project beyond that time, it must again be submitted for complete review.

Any changes in procedures involving human subjects must be reviewed by the UCRIHS
prior to initiation of the change. UCRIHS must also be notified
promptly of any problems (unexpected side effects, complaints, etc.) involving
human subjects during the course of the work.

Thank you for bringing this project to our attention. If we can be of any future
help, please do not hesitate to let us know.

Sincerely,

David E. Wright, Ph.D., Chair,
University Committee on Research
Involving Human Subjects (UCRIHS)

DEW/pjm

cc: Dr. Rosie Ekpengyong-Rowan

ที่ มท 0905/ **2156**

กรมราชทัณฑ์ ถนนนนทบุรี 1

ตำบลสวนใหญ่ อำเภอเมือง

จังหวัดนนทบุรี 11000

8 มิถุนายน 2535

เรื่อง   ขออนุญาตเข้าทำการเก็บข้อมูลในเรือนจำกลางบางขวางและทัณฑสถานหญิง

เรียน   น.ส.ยศวันต์ บริบูรณ์ธนา

อ้างถึง   หนังสือฯ ลงวันที่ 29 พฤษภาคม 2535

           ตามหนังสือที่อ้างถึง น.ส.ยศวันต์ บริบูรณ์ธนา นักเรียนทุนรัฐบาลในสังกัด
กรมราชทัณฑ์ ได้ขออนุญาตเข้าทำการเก็บรวบรวมข้อมูล จากนักโทษไทยในเรือนจำกลางบางขวาง
และทัณฑสถานหญิง แห่งละประมาณ 100 คน โดยการสัมภาษณ์และการให้นักโทษทำแบบทดสอบ
ด้วยตนเอง เพื่อทำวิทยานิพนธ์ในหัวข้อเรื่อง ความผิดปกติทางบุคลิกภาพของผู้ต้องไทยใน
ประเทศไทย (Personality Disorders of Prison Inmates in Thailand) และ
ผู้วิจัยขออนุญาตนำผู้ร่วมวิจัย รวม 4 คน เข้าทำการเก็บข้อมูลพร้อมกันด้วย   นั้น

           กรมราชทัณฑ์พิจารณาแล้ว ยินดีอนุญาตให้ น.ส.ยศวันต์ บริบูรณ์ธนา และ
ผู้ร่วมวิจัย รวม 4 คน เข้าทำการเก็บข้อมูลจากผู้ต้องขังในเรือนจำกลางบางขวางและ
ทัณฑสถานหญิงได้ เมื่อทำการวิจัยเสร็จเรียบร้อยแล้ว ขอให้จัดส่งวิทยานิพนธ์ให้แก่กรมราชทัณฑ์
จำนวน 2 เล่ม เพื่อรวบรวมไว้เป็นประโยชน์ทางวิชาการต่อไป

ขอแสดงความนับถือ

(นายประเสริฐ เมามณี)
รองอธิบดี รักษาราชการแทน
อธิบดีกรมราชทัณฑ์

กองทัณฑวิทยา

โทร 591-5513

โทรสาร 591-5512