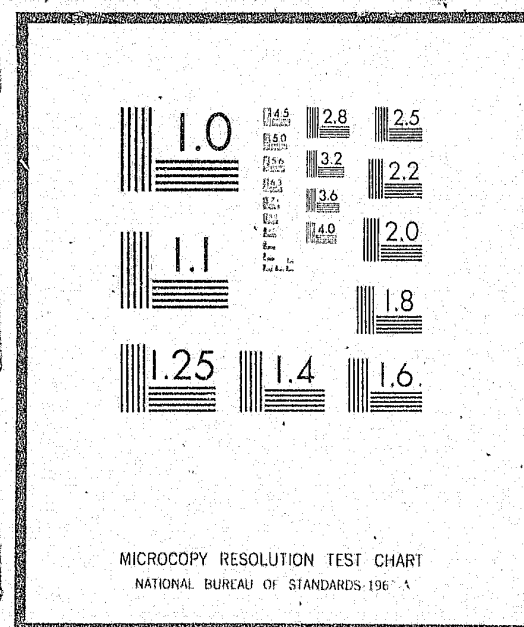


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7/18/77

Date filmed

PERSONALITY CHARACTERISTICS OF AGED INMATES WITHIN A STATE PRISON POPULATION

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INTRODUCTION

MAR 7 1977

A survey of the literature reveals a very limited number of MMPI studies on adult males beyond the age of 50. In one such study Brozek⁽²⁾ found that for age levels beyond fifty and upward to seventy there was some systematic variation in the D, Hs, and Ma scales. The aged males demonstrated some depression, somatic complaints, and lowered activity levels. Pearson, Swenson, and Rome⁽¹²⁾ found age trends in response to given sets of MMPI items up to the age of sixty or so, and then saw these trends approach the overall adult male norms again at older age levels.

The present study is an attempt to determine if the personality characteristics of aged male prison inmates 60 years and above as measured by the MMPI are different in any way from the personality characteristics of a state male prison population as a whole. If such differences do occur they could be utilized by treatment and custodial personnel to effect a better understanding of the aged male inmate - such knowledge being further utilized in an attempt to formulate specific treatment and or training programs for this often neglected segment of incarcerated populations.

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METHOD

One hundred and twenty male inmates 60 and above, (Mean 63.3, SD 3.3, Range 60-73) whose literacy level was such that they could read and comprehend the items in the booklet form of the Minnesota Multiphasic Personality Inventory (MMPI), were administered the MMPI at the time of their admission to the various correctional diagnostic and reception centers located throughout the state of North Carolina. The T score distributions of the MMPI scale scores for the Aged Inmates were compared with the distributions of like variables for a baseline Inmate Population Sample of 2,551 male inmates.⁽¹¹⁾ This baseline sample was randomly selected from the MMPI test files of approximately 15,000 male inmates and is considered as representative of the current North Carolina male inmate population. Test of statistical significance between mean scale score differences for the two groups were measured by t-ratios. Additional MMPI scale and subscale score configurations for the Aged Inmate Sample were examined and scale interpretations made.

RESULTS AND DISCUSSION

Table 1 presents a comparison of the Inmate Population and Aged Inmate Samples on the MMPI validity and clinical scales. These results reveal that both mean profiles are essentially behavior disorder profiles with the Aged Inmates demonstrating a neurotic overlay with less psychopathy than shown by the Inmate Population Sample. There are significantly higher mean scores for the Aged Inmates on the Hs, D, Hy and Si scales and a significantly lower mean score for these inmates on the Pd scale. The high Hs, high D mean score configuration for the Aged Inmates presents a picture of greater anxiety, despondency, apprehension, and concern with physical functioning both of a specific and diffused non-specific nature. The Hs material related to specific physical disorder type complaints supports the findings that approximately 50% of the Aged Inmates were classified as being in poor physical health at the time of their admission. The high Hs moderately high Hy configuration implies that one would also find specific or non-specific complaints which were somatic in nature and may in some incidences involve conversion of affect. The greater elevated mean Hy score of the Aged Inmates also implies an inclination toward being somewhat naive and self-centered in outlook. These results also imply that the Aged Inmates may be somewhat demanding of affection and support. The Aged Inmates higher mean score on the Si scale reflects a greater inclination toward avoidance of active socialization and a "shying away" from assuming responsibility in situations where such action is normally required. The Si scale is also considered to be a general index of neurotic behavior, moderately high and high scores indicating lack of self confidence, anxiety, and poor morale. The Aged Inmates presented a significantly lower mean score than the Non Aged Inmates on the Pd scale which indicates a possible decrease in psychopathy with increase in age - an observance which has often been reported in psychological and

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psychiatric literature^(3,9). This "burning out" of the psychopathic syndrome with the advancement of age implies for the Aged Inmates less anti-social hostility directed toward constituted authority, an increase in capacity to judge their own deviate behavior from the standpoint of others, and a greater awareness of the consequences of anti-social behavior.

- Table 1 About Here -

In order to examine in greater depth the characteristics implied for the Aged Inmates in the data presented in Table 1 the MMPI test portfolios of the Aged Inmate Sample were scored on four additional MMPI scales - Re (Responsibility)⁽⁵⁾, Do (Domance)⁽⁶⁾, Dy (Dependency)⁽¹⁰⁾, Es (Ego Strength)⁽¹⁾ and on five subscales for the D scale⁽⁷⁾. The most significant findings among these special scale and subscale results as presented in Table 2 appear to be the mean responses of the Aged Inmates to the Do, Dy and Es scales and to the D4 subscale. The low mean score on Do coupled with a significantly elevated mean score on Dy implies for the Aged Inmates a susceptibility toward being influenced and intimidated by younger more aggressive inmates. This low Do, high Dy mean score configuration also denotes the presence of dependency needs accompanied by feelings of insecurity, inadequacy, and lack of confidence in one's ability to cope with situational factors. These feelings of inadequacy are also reflected in the low mean Es score for the Aged Inmates, which also denotes problems in personal adaptability and resourcefulness. The mean elevation of the Aged Sample on the D4 subscale is indicative of difficulty in concentration, feelings of not being able to cope with problems, and despondency over possible deterioration of mental functioning.

- Table 2 About Here -

SUMMARY

An analysis of MMPI test differences appearing between a sample of 120 Aged Inmates (age 60 and above) and a representative population sample of 2,551 male inmates revealed that the mean test profiles of both groups were indicative of a behavior disorder with the Aged Inmates presenting more neurotic and less psychopathic responses than shown by the Inmates from the Population Sample.

The test responses of the Aged Inmates demonstrated a greater anxiety, despondency, apprehension, and concern with physical functioning. They appeared somewhat naive and self-centered, were likely to be demanding of attention and support, and appeared inclined toward the avoidance of responsibility. They expressed feelings of inadequacy and insecurity and were likely to be easily influenced and intimidated by younger more aggressive inmates. They appeared to have limited ability to cope with situational stress and appeared to have difficulty in personal adaptability and resourcefulness. They demonstrated difficulty in concentration and fear and apprehension over possible loss of mental functioning.

The "burning out" of psychopathy often reported for sociopathic individuals with the advancement of age was reflected in the Aged Inmates significantly lower mean Pd score. This lesser psychopathy than shown by the Population Sample implies for the Aged Inmates a greater capacity to judge the self's deviate behavior, a greater awareness of the consequences of anti-social behavior, and a reduction in anti-social hostility over that shown in past behavior.

As a group the Aged Inmates did not present a mean profile indicative of a serious mental illness; however, fifteen cases (12.5%) presented test scores which appeared to warrant further psychological and or psychiatric evaluation.

The probability of receiving benefit from psychotherapy or counseling appears to be more favorable for the Aged Inmates due to the dominance in their groups profile of those MMPI scales that have been found susceptible to change with therapy. However, they may be demanding of the counselor or therapist, present

As a group the Aged Inmates did not present a mean MMPI profile indicative of serious mental illness; however, in examining the individual test profiles for these inmates it was found that 15 cases (12.5% of the sample) presented test scores implying the possible presence of severe mental difficulties, which seemed to warrant further psychological and or psychiatric evaluation. Even though the percentage of Aged Inmates with possible severe mental problems is relatively small, certainly any treatment program formulated for elderly inmates should include the capability for psychiatric intervention.

The susceptibility to a treatment program involving psychotherapy or counseling appears more favorable for the Aged Inmates than for younger more sociopathic members of the prison population. Previous research^(4,8) has shown that individuals with high Hs, high D, and moderate to high Pt profiles (configuration presented by the Aged Inmates Sample) demonstrate a greater positive response to therapy than do individuals where Pd is the dominate scale elevation (Inmate Population Sample). However, the Hy scale score materials for the Aged Inmates imply that even though their initial response to treatment is apt to be enthusiastic, later they may make numerous demands of the counselor and claim that the counselor does not understand them or appreciate their needs, etc. Therefore considerable patience and understanding of the behavioral syndrome involved will have to be exercised by the counselor in order to establish and maintain adequate rapport with his aged clients. Any treatment program for these elderly inmates will have to take into careful consideration that even though they now appear less psychopathic than younger inmates, and therefore more adaptable to treatment, they are still basically anti-social type individuals with long histories of personal and social maladaptation.

numerous chronic complaints, and if these demands and complaints are not acted on to their satisfaction, they will likely claim that the counselor does not understand them or really care what happens to them. In addition, treatment programs for these people will have to include the capability for immediate psychological and or psychiatric intervention for those inmates demonstrating serious mental problems at the time of their admission to prison.

TABLE 1. COMPARISON OF MMPI SCALE MEANS AND STANDARD DEVIATIONS FOR INMATE POPULATION AND AGED INMATE SAMPLES.

MMPI SCALE	INMATE POPULATION SAMPLE N=2551		AGED INMATE SAMPLE N=120		M/DIFF	t-ratios
	MEAN	SD	MEAN	SD		
L	51.6	6.7	53.3	8.1	1.7	ns
F	57.6	8.8	59.0	10.4	1.4	ns
K	52.7	8.1	53.6	8.6	0.9	ns
Hs	60.6	15.2	70.4	16.5	9.8	6.9*
D	64.1	12.6	70.2	14.9	6.1	5.1*
Hy	59.9	10.9	64.6	11.2	4.7	4.6*
Pd	72.1	10.1	67.2	8.4	4.9	5.6*
Mf	53.8	9.4	54.3	7.3	0.5	ns
Pa	59.8	9.4	59.0	11.1	0.8	ns
Pt	60.7	11.8	62.4	10.1	1.7	ns
Sc	60.6	13.5	62.8	14.3	2.2	ns
Ma	59.7	10.9	58.5	11.4	1.2	ns
Si	53.6	8.7	60.1	8.8	6.5	8.0*

*p. < .001

(ns) Nonsignificant

TABLE 2. MMPI ADDITIONAL SCALE AND SUBSCALE MEANS AND STANDARD DEVIATIONS FOR AGED INMATE SAMPLE.

SCALE	MEAN	SD	SCALE	MEAN	SD
Re	46.3	8.9	D1	52.3	11.2
Do	42.2	9.6	D2	53.5	9.9
Dy	60.2	10.5	D3	49.9	12.0
Es	40.1	12.3	D4	58.2	12.3
			D5	47.6	8.7

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