Study of the Minnesota Multiphasic Personality Inventory (MMPI) in Extortionists in the Central Prison of Mashhad in 2014

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Abstract

Psychiatric disorders are one of the causes of disease among prisoners and common reasons for temporary and permanent separation from the family, and the most common causes of these differences, which lead to permanent abandonment from the life situations, are personality disorders. The fundamental goal of this research is to study the personality characteristics of the extortion prisoners in Mashhad Central Prison. This study in terms of purpose is applied and in terms of method is cross-sectional. The study population of this research consists of all extortionists in Mashhad prison in 2014, which by the method of random sampling, 50 of them were selected. In order to collect information, the “71 question-short form of The Minnesota Multiphasic Personality Inventory (MMPI)” was used. Then the data collected was finally analyzed in 11 scales. This study showed that the prevalence of personality disorders is more in the majority of the scales in extortion prisoners compared to the normal population. The findings of this study recommend the requirement of the use of psychology and psychiatry services in prisons to prevent the extortion crime.

Keywords: Personality disorder, The Minnesota Multiphasic Personality Inventory (MMPI), Extortion, Mashhad Central Prison.
Introduction

Mental diseases are considered as the most common diseases in the society. The most conservative estimates indicate that between 15-20 percent of patients, who go to general practitioners either suffer from mental illness or have important mental problems. In the general classification, mental diseases can be divided into three categories:

1. Psychosis: In this disease, the individual’s reality assessment is lost and it is probably accompanied by hallucinations and delusions. The patient is usually not aware of his disease.

2. Nervosa: In this state, there is also reality assessment. The patient is aware of his illness and suffers from it, but the society does not often notice it in the individual.

3. Personality disorder: In this case, there is also reality assessment. The patient is aware of their disease and the suffering, but society often does not notice it in person.

In the penal system and the old classic was given only to the crime and the perpetrator of the crime was not considered so much. Thus, in this system, the subject of offence/crime, whether it was human or animal, and children as well as adults responsible were punished.

In the old and classic Penal system only the attention was paid to the offence/crime and felony and the person responsible for the crime, which means the perpetrator was not considered so much. Thus, in this system, there was no difference, if the subject of the crime was whether a human or an animal, and children also the same as adults, were responsible for the crime and were punishable.

However, in Criminal law today as a result of advances in criminology, a perpetrator is considered and everyone will be held responsible for the crime he has committed and the punishment has a personal aspect. As a result, a criminal is a person, who has committed a crime or is involved in the realization of it directly or indirectly. In the legislator’s insight, the concept of criminal has a close link with the concept of crime, and as for the realization of the crime, in addition to the material element, another element, which means mental element is required, therefore, in this section the situation of a criminal and his connection with the material element and the mental element should be measured (Waleedi, 2013).
Personality can be defined as the specific profile of obvious behavioural response patterns in life. A generality that is usually stable and predictable. When this generality changes in a way that is beyond most people's disorders range and when the personality traits are flexible and non-flexible and create remarkable functional disorder or mental problem, it is likely that the diagnosis of personality disorder may be raised (Kaplan & Sadouk and Jack, Translator: Pour afkari, 2004). Therefore, the pathological or abnormal, inflexible and maladaptive forms of personality disorders are a collection of traits or personality factors (Alport, 1950; Alport, 1965).

The survey, which was conducted in England in 2002, showed that about half of male prisoners suffer antisocial personality disorder and 47% of the offenders from 63 countries suffer the personality disorder (Delavar, 1998).

From the perspective of sociological factors such as discrimination, the role of the media, lack of education, law and the social status are important; the economic perspective focuses more on aspects such as poverty, lack of resources and increase of the prices, from the psychological perspective, internal factors such as personality, mood, emotions, greed, envy and instability of the individual is important. While the sociological and economic factors have been widely studied, factors such as personality and temperament have not been considered so much. This is our most important reason for the study of personality disorders in the community of offenders convicted of extortion detained in the Central prison of Mashhad.

In general, the abundance of personality disorders in imprisoned extortionists is a warning to the researchers, sociologists and criminologists to broaden the scope of research in this field and conduct positive planning, based on the principles and scientific evidences, to prevent and have the required interventions resulting in a reduction of extortion crime and imprisoned extortion Statistics in the country. The results of this study can be inspiring for the personnel, counselors and prison officials, who are responsible to handle the situation of the prisoners and encourage the authorities of the country for a comprehensive and careful confrontation to prevent the incidence of this crime/offence.

Research Background

From the perspective of criminologists, Keynia defines personality this way: "unique reaction of a person, which represents his character and this particular
aspect, distinguishes him from the others" (Will and Wilson, 2006). On the other hand, psychologists believe that there is a relationship between personality and vital behaviors (Shamlou, 1999). Researches have shown that there is a significant relationship between being a criminal and the personality disorders.

Bahrami (1998) showed that the score of imprisoned offenders in terms of morbid fears, anxiety, somatization, depression, paranoia, aggression, interpersonal sensitivity, and obsessive-compulsive obsession, is significantly more than ordinary people.

Shahzadeh Fazeli (1993) reported the rate of the prisoners’ relationship with antisocial personality disorders about 11.5%. and in prisoners with higher education, the personality disorders were 80% (Shahzadeh Fazeli, 1993). In 2002 in a survey, entitled the relationship between narcissistic personality disorder and antisocial personality disorder by Waran et.al, the strong association between antisocial personality disorder and narcissistic personality disorder with the type of the crime was confirmed (Warren, Brent, Saws, Chavhan and Frend, 2002).

People with personality disorder are extremely sensitive to rejection and because of this reason, it is possible that they turn to a life without relationships. However, such people are neither shy nor anti-social and show strong passion for a companion.

But a strong guarantee to be accepted without any criticism and critical requirement and requests from others, will lead them to isolation (Kaplan and Sadouk, 2004).

In a research conducted on crimes/offences, Delavar concluded that the percentage of prevalence of personality disorder in prisoners is very high (Delavar, 1998).

**Research methodology**

*The population, sample and sampling*

The applied study is of cross-sectional type. In cross-sectional studies, more attention is devoted to the description of the current participants and it has no manipulation in the current situation. The sample statistical population of the current study included all extortion criminals/offender sin the central prison in Mashhad and all ordinary men in society in 2014, and a number of 50 men guilty of extortion detained in the central prison of Mashhad and 50 men from ordinary people of the society were selected as the study sample (case study), through available sampling method aged between 20 to 40 years old). The information was
collected in the form of field and library. To collect the data, the “71 question-short form of The Minnesota Multiphasic Personality Inventory (MMPI)” was used.

Research tools

The Minnesota Multiphasic Personality Inventory (MMPI), can be known as the most important and reliable tests, in the field of personality. This inventory was provided by Stark Hathaway and Charney Mac keneli, at the University of Minnesota and since then it was widely used in different researches related to the personality problems and the mental disorders in the hospitals, clinics and mental health centers.

The authors of the Inventory (questionnaire) used the experimental key finding method to make different scales of MMPI. This method is a common technique nowadays, but at that time providing MMPI, was considered an important innovation. Using this method solved a lot of problems related to the previous mental methods. Since 1943 to 1945, over 689 articles, which indicated the remarkable value of this inventory in diagnosis and assessment of personality, were published and their results showed that MMPI has been the most widely used personality inventory in the United States (Penn, 1986).

The first modified version of MMPI is MMPI-2, which was published in 1989. This inventory is suitable for the 18-year old individuals and above and includes 567 statements. Answering to this inventory usually takes between one to two hours’ time. The short form of The Minnesota Multiphasic Personality Inventory (MMPI), which includes 71 statements, is often appropriate for the cases, which the individuals feel bored or they are in certain circumstances. Research on MMPI clearly showed that the short forms are not a quite convenient alternative for the original form (Dock and Vienne, 1999).

Interpretation of MMPI

Interpretation of reliability scales

Three scales of Lie detector (L), Infrequency (F) and Correction (K), are the determinants of validity and reliability responses:

1-Scales L
Scale L is related to the small weak points and most individuals tend to accept them. However, individuals, who deliberately try to show themselves very well, even do not tend to accept such a small weak point.

Such individuals have obtained a high score (T > 55) in L scale. This scale in principle is for the purpose of discovering one’s naive attempt to show a favourable face, which he has made of himself (Khajeh Mogehi, 1994).

2- Scale F

This scale is used for the purpose to explore the deviation or unusual techniques in response to the contents of the inventory. Based on a statistical definition, these questions reflect unconventional thoughts. This scale further represents the participant’s thought confusion and self-minimization. High scores suggest that the individual may have responded to the clauses randomly, giving correct or false answers to all clauses or while answering, pretended the bad characteristics.

Scores between (80 and 90), may represent conflict, exaggeration or psychosis. Scores (65 -79) can represent deviant ideas, morbid disorders, anxiety (restlessness) and opportunism. Scores (50-64) represents the individuals, who have confirmed the clauses related to one special problematic area and usually have good performance in different life conditions. Scores (T < 50) represents the individuals, who are normal, have debilitative psychopathology, have social conformity or in responding to the clauses, they have pretended to good characteristics (Khajeh Mogehi; Dalstrom, 1986).

3- K scale

K scale is an accurate index of participants’ efforts to deny pathology and represent themselves in a favourable way or vice versa in order to exaggerate the pathology and try to represent themselves worse. Very high scores (T< 65) represents individuals, who have chosen the wrong option in most clauses, or tried to pretend good characteristics. Scores (56 – 65) represents offensive approach, show off, Shame, suspicion (uncertainty) in communication, or unconventional behaviour. Scores (45 – 55) can represent positive balance, mental adjustment, independence and the ability of solving problems (trouble-shooting). Low scores (T < 40) represents individuals, who have answered correctly to all clauses and tried to pretend characteristics, exaggerated in expressing the problems, they are inefficient or have low insight (Khajeh Mogehi, 1994).
Interpretation of clinical scales

Clinical scales of short form are similar to MMPI-2, except for some of them, which have been deleted in Persian version. High scores in each of the scales represent the existence of that disorder in the individual (Khajeh Mogehi, 1994).

1- Hypochondriasis (Hs)

This scale has been provided to identify patients, who show the symptoms related to the diagnosis label of Hypochondriasis from themselves. The characteristic of these Syndromes in clinical conditions is mental occupation with the body and fear of disease. Although the nature of such fears is not delusional, they are stable and persistent. Patients with physical problems usually obtain relatively raising scores in this scale. Old participants obtain scores higher than the ordinary adult participants of normal samples in this scale. This is probably the reflection of health declining, which is associated with aging (Khajeh Mogehi, 1994).

2- Depression

This scale was first provided to evaluate symptomatic depression. The symptomatic depression feature is low morale, hopelessness (disappointment) about the future and general dissatisfaction with the life condition. It seems that this scale is a very good index for the participant’s discomfort and dissatisfaction with the life conditions.

Although very high scores in this scale are a sign of morbid depression, medium scores are a sign of general approach or the type of life style, which its characteristic is low morale and not engaging in affairs. Scores of this scale are associated with age, so that the score of old individuals is 5 to 10 scores higher than the average of the normal sample. Participants, who have recently been hospitalized or imprisoned, show moderate rising in this scale, which is the reflection of dissatisfaction with the current situations rather than morbid depression, (Khajeh Mogehi, 1994; Imam Hadi, 2005).

3- Hysteria (Hy)

This scale is to identify the patients, who show hysterical reactions in stressful situations. The characteristic of Hysterical syndrome is that the individual involuntarily suffers decline or impairment in performance. The scores of this scale are associated with mental ability; more intelligent individuals obtain higher scores.
in this scale. In addition, high raw scores among women compared to men is more common. While the prominent rising \((T > 80)\) represents the pathological condition, which is clear with the Hysteria classic typology, the moderate levels are associated with the features, which is consistent with the hysterical difference, but does not include the symptoms of classic Hysteria. In this scale, usually T scores about 60 are obtained (Khajeh Mogehi, 1994; Penn ³, 1999).

4- Psychosocial deviation (Pd)

This scale is to identify patients, who have been diagnosed as antisocial personality, the type of unsociable and unethical. While in the routine behaviour of these individuals, criminal acts such as: theft, sexual promiscuity, high consumption of Alcoholic drinks and so on, is observed, but they do not have any major penal or criminal acts. The scores of this scale are associated with the age. The scores of younger individuals are slightly higher than the scores of older individuals. Individuals, who get the highest score in this scale, show disobedience through antisocial and criminal outbursts. The individuals, who get relatively higher scores, are perhaps disobedient and rebellious, but they show this disobedience and rebellion by more acceptable sociable methods and the individuals who get lower scores are prone to be quite conservative and obedient to the power (Khajeh Mogehi, 1994; Yell, 2008).

5- Paranoia (Pa)

This scale was first provided to identify the patients, who were supposed to have the symptoms of Paranoid such as: assignment ideas, feeling of persecution and injury, imagining of self-magnanimity, suspicion, high sensitivity and flexible ideas and approaches. Individuals, who get high scores in this scale, usually have Paranoid symptoms. However, some of the patients with obvious symptoms obtain moderate scores in this scale (Khajeh Mogehi, 1994).

6- Psychotic weakness (Pt)

This scale was first provided to assess a general symptom pattern, which was called Psychosis weakness (Mental). Individuals who are diagnosed suffering psychotic weakness, have mentality, which its characteristic is suspicions (uncertainties), compulsions, obsessions and extremely illogical fears. Most of these clauses is related to obsessive and uncontrollable thoughts, feeling of fear or anxiety and
suspicions (uncertainties) about the individual’s ability, dissatisfaction, physical complaints and difficulty in concentration (Khajeh Moghehi, 1994).

7. Schizophrenia (Sc)

This scale has been provided to identify the patients, who were diagnosed Schizophrenic. This classification includes a heterogeneous group of disorders, which their characteristics are also common as misinterpretation of reality, delusion, hallucination, emotional duality, weird thoughts and limitation in emotional responses. Their behaviour may be withdrawal, aggressive or bizarre and unfamiliar.

Other topics included are: social self-alienation, weak family relationships, sexual anxieties, shock control problems, concentration, fear, anxiety and dissatisfaction. The scores of this scale are associated with age and race (Imam Hadi, 2005).

8. Hypomania (Ma)

This scale has been provided to identify the patients, who were diagnosed with Hypomania symptoms. The Hypomania symptoms are: elevated mood, rapid speech and moving activity, irritability, thoughts bouncing, short periods of depression, other clauses include topics such as family relationships, moral approaches and values, body or physical anxieties. The scores of this scale are associated with age and race. Younger participants usually obtain scores in the range of T score between 50 and 60. In old participants, T scores lower than 50 are common (Khajeh Moghehi, 1994).

The Analysis of Data

In this research, for descriptive studies and analysis of hypotheses of the research, “Chi Square and Independent T-test”, were used. The research data were analyzed through “Software package in the Social science version 16” and the significance level of 0.01 and 0.05 was selected.

Research Findings

"Table 1" showed the descriptive results of raw scores of MMPI scale for the extortionist offender/criminal group.
Table 1- Descriptive results of raw scores of MMPI scale for the extortionist offender/criminal group

<table>
<thead>
<tr>
<th>Descriptive Scales</th>
<th>Mean</th>
<th>Standard error</th>
<th>Standard deviation</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lie detection (L)</td>
<td>58.7 6</td>
<td>0.843</td>
<td>5.958</td>
<td>48</td>
<td>69</td>
</tr>
<tr>
<td>Un frequency (F)</td>
<td>57.3 4</td>
<td>0.777</td>
<td>5.494</td>
<td>44</td>
<td>68</td>
</tr>
<tr>
<td>Correction Scale (K)</td>
<td>52/0 0</td>
<td>0793</td>
<td>5.606</td>
<td>42</td>
<td>60</td>
</tr>
<tr>
<td>Self-Hypochondriasis (Hs)</td>
<td>60.1 4</td>
<td>0.814</td>
<td>5.757</td>
<td>50</td>
<td>70</td>
</tr>
<tr>
<td>Depression (D)</td>
<td>59.8 0</td>
<td>0.818</td>
<td>5.782</td>
<td>51</td>
<td>60</td>
</tr>
<tr>
<td>Hysteria (H)</td>
<td>58.4 0</td>
<td>0.862</td>
<td>6.098</td>
<td>48</td>
<td>68</td>
</tr>
<tr>
<td>Psychopathic deviation (Pd)</td>
<td>65.7 2</td>
<td>0.892</td>
<td>60395</td>
<td>55</td>
<td>78</td>
</tr>
<tr>
<td>Paranoia (Pa)</td>
<td>58.4 0</td>
<td>0.862</td>
<td>6.098</td>
<td>46</td>
<td>70</td>
</tr>
<tr>
<td>Psychotic weakness (Pt)</td>
<td>58.4 0</td>
<td>0.862</td>
<td>6.098</td>
<td>45</td>
<td>67</td>
</tr>
<tr>
<td>Schizophrenia (Sc)</td>
<td>71.2 4</td>
<td>0.748</td>
<td>5.286</td>
<td>60</td>
<td>85</td>
</tr>
<tr>
<td>Mania (Ma)</td>
<td>60.5 3</td>
<td>0.685</td>
<td>4.840</td>
<td>44</td>
<td>62</td>
</tr>
</tbody>
</table>

Results obtained from the study of the standardized scores showed that in general 31 individuals (62%) of the offenders/criminals suffer personality disorder, which of this number in 15 individuals (48.38%) self-hypochondriasis, in 7 individuals (22.58%) depression, in 10 individuals (32.25%) hysteria, in 20 individuals (64.31%) psychopathic diversion, in 8 individuals (29%) Paranoia, in 5 individuals (16.13%), psychotic weakness, in 25 individuals (80.64%) Schizophrenia and in 4 individuals (12.9%) Mania has been observed.
In order to test the research hypothesis “T test with two independent samples and Multivariate Chi Square Test” were used. First the existence of significant relationship between the personality disorder components and the type of the offence (extortion) was studied through T- test. The results obtained have been presented in "table 2".

**Table 2- T test results in clinical and validity scale for two independent groups of extortion and normal offenders**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Sample mean</th>
<th>Normal mean</th>
<th>P value</th>
<th>T value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>58.76</td>
<td>50.00</td>
<td>0.554</td>
<td>7.672</td>
<td>0.000</td>
</tr>
<tr>
<td>F</td>
<td>57.34</td>
<td>48.00</td>
<td>0.854</td>
<td>8.414</td>
<td>0.007</td>
</tr>
<tr>
<td>K</td>
<td>52.00</td>
<td>40.80</td>
<td>0.220</td>
<td>9.438</td>
<td>0.000</td>
</tr>
<tr>
<td>Hs</td>
<td>60.14</td>
<td>52.40</td>
<td>0.106</td>
<td>7.346</td>
<td>0.000</td>
</tr>
<tr>
<td>D</td>
<td>59.80</td>
<td>54.98</td>
<td>0.759</td>
<td>4.231</td>
<td>0.000</td>
</tr>
<tr>
<td>Hy</td>
<td>58.40</td>
<td>56.94</td>
<td>0.107</td>
<td>1.281</td>
<td>0.203</td>
</tr>
<tr>
<td>Pd</td>
<td>.7265</td>
<td>52.00</td>
<td>0.265</td>
<td>11.499</td>
<td>0.000</td>
</tr>
<tr>
<td>Pa</td>
<td>58.40</td>
<td>56.84</td>
<td>0.981</td>
<td>1.342</td>
<td>0.183</td>
</tr>
<tr>
<td>Pt</td>
<td>58.40</td>
<td>51.14</td>
<td>4.146</td>
<td>6.585</td>
<td>0.000</td>
</tr>
<tr>
<td>Sc</td>
<td>71.24</td>
<td>52.00</td>
<td>0.718</td>
<td>17.657</td>
<td>0.000</td>
</tr>
<tr>
<td>Ma</td>
<td>53.60</td>
<td>50.00</td>
<td>0.471</td>
<td>3.437</td>
<td>0.001</td>
</tr>
</tbody>
</table>

As it can be observed in the above table, only the psychopathic weakness scale, because of being significant, the F value of the values related to unequalled variances were reported. From the table 2, we can find out that:

1- There is a significant difference between the extortionists and normal group in terms of lying. These individuals have shown intention to lying more than the normal individuals.

2- There is a significant difference between the extortionists and normal group in terms of unconventional thoughts. These individuals have more unconventional thoughts than normal individuals.

3- There is a significant difference between the extortionists and normal group in terms of resistance against the test. In response to the test, these individuals have shown more resistance than the normal individuals.
4- Self-Hypochondriasis between extortion group and normal group is significantly different. The feeling of suffering from physical disease in these individuals is much more than the ordinary people.

5- Depression between extortion group and normal group is significantly different. Suffering from depression in these individuals is to some extent more than the normal individuals.

6- Hysteria in the extortion group and normal group has no significant difference.

7- Social-psychopathic diversion between the extortion group and the normal group is significantly different. In these individuals social diversion has been observed more than normal individuals.

8- Paranoia (Extreme pessimism), is nearly similar in both extortion group and normal group, and no significant difference is observed between them.

9- Psychopathic weakness between extortionist group and normal group is significantly different. The offenders have more psychopathic weakness compared to normal individuals.

10- Schizophrenia between the extortionists’ group and normal group is significantly different. Extortion offenders feel more loneliness and roving compared to normal individuals.

11- Mania has significant difference between extortionists’ group and normal group. Extortionists have more feeling of euphoria and mania compared to the normal individuals.

The mean score of each individual in scale 11, as his total personality disorder score was considered and through T-test was analyzed. The test results have been presented in "table 3". As the F value is significant, the values related to unequal variances were reported and showed that there is significant difference between personality disorder between extortion offenders and normal offenders.

<table>
<thead>
<tr>
<th>Table 3- T test results in suffering from personality disorder for two independent groups: extortion and normal offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>T test</strong></td>
</tr>
<tr>
<td>Personality disorder</td>
</tr>
</tbody>
</table>
Now, we will move towards “Chi Square Test” in studying main hypotheses and sub-hypotheses of the research. These hypotheses were analyzed through using “Chi Square Test”, which results have been presented below.
There is a significant relationship between the personality disorder and the type of offence (extortion).

Table 4- Chi Square Test results in suffering from personality disorder for two independent groups of offenders: extortionists and normal

<table>
<thead>
<tr>
<th>Chi Square Test</th>
<th>Pearson Chi Square</th>
<th>Significant level</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality disorder</td>
<td>29.34</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>

The results presented in "table 4" confirm the research main hypothesis and shows the significant relationship of personality and extortion offence/crime. There is a significant relationship between the components of personality disorder and the type of the offence.

Table 5- results of Chi Square Test in clinical and validity scales for two independent groups of offenders/criminals: extortionists and normal

<table>
<thead>
<tr>
<th>Chi Square test</th>
<th>Pearson-Chi Square</th>
<th>Significant level</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>23.52</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>F</td>
<td>16.27</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>K</td>
<td>6.38</td>
<td>0.013</td>
<td>0.012</td>
</tr>
<tr>
<td>Hs</td>
<td>36.07</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>D</td>
<td>11.94</td>
<td>0.001</td>
<td>0.001</td>
</tr>
<tr>
<td>Hy</td>
<td>2.21</td>
<td>0.101</td>
<td>0.137</td>
</tr>
<tr>
<td>Pd</td>
<td>46.53</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Pa</td>
<td>2.49</td>
<td>0.066</td>
<td>0.086</td>
</tr>
<tr>
<td>Pt</td>
<td>18.88</td>
<td>0.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Sc</td>
<td>78.57</td>
<td>0.000</td>
<td>0.008</td>
</tr>
<tr>
<td>Ma</td>
<td>2.17</td>
<td>0.134</td>
<td>0.140</td>
</tr>
</tbody>
</table>
The results of "table 5", shows that there is significant relationship between lying components (P< 0.01), infrequency (P< 0.01), correction scale (P< 0.01), self-hypochondriasis (P< 0.01), depression (P< 0.01), psycho-social deviation (P< 0.01), psychopathic weakness (P< 0.01), Schizophrenia (P< 0.01) and extortion offence. However, this hypothesis is rejected for three other components, which means hysteria, paranoia and mania.

As we know, personality disorders include sustainable personality traits, which have been formed in the growth process, mainly before the age of 18 and have tendency for stability and resistance against change until the end of life (America Psychological Association, 1994). Therefore, it can be said with a little caution that the personality of these individuals has caused their inclination to offense and extortion.

On the other hand, 38% of extortionists’ profile being normal prevents us to generalize the results to all extortionists. So it can be said that extortionists are a heterogeneous group and we cannot include all in one category. Typology of the offenders also should be both on the basis of psychological perspectives and studied from the sociological viewpoints. Extortionists can not only be classified, but also are so different in terms of responding to the treatment.

In a society in transition today, which we witness a variety of economic, social and cultural in frequences, disappointment about the future, self-engulfed depression, anger and hostility and other psychological traumas threaten a lot of adolescents and young people (Heydari Pahlavian & Mahjoob 2000; Heydari Pahlavian & Maleki, 2000; Heydari Pahlavian et al, 2001; Heydari Pahlavian, Mahjoob et al, 2001), which it can be a serious groundwork for a variety of social traumas including a tendency to the extortion crime. Therefore, adopting measures to prevent the increase of the above components must be considered as the strategies to prevent the emergence of extortion crime and it must be considered by the authorities.

In their researches, Doctor Mayers et al from the University of Florida concluded that adequate treatment whether in terms of emotional or in terms of behavioural and pharmaceutical regarding the offenders is required (Mayers, 1995). Through the study conducted on the mental health condition of 15-year old individuals and above in the country, by SCL90R Test and for 35,000 people, Doctor Mahdavi et al, (2005) estimated the prevalence of mental disorders 21, which depression and anxiety had the maximum prevalence.
Conclusion:

In this study, the abundance of personality disorder was assessed 62%, in the male extortion offenders imprisoned in the Central prison of Mashhad. This rate is consistent with the findings of Noreik and Grunfeld (1996). In this study, the high prevalence of morbid and antisocial personality disorder in the offenders/criminals was confirmed.

Practical suggestions:

Considering the findings of this study, it seems that some measures must be thought for the prisoners suffering personality disorder. First, as Rice believes, some of the offenders are exposed to a high risk of committing a crime again. In his opinion, after releasing from prison, the probability of committing a crime with aggressive behaviour in the antisocial offenders/criminals is more.

With consideration to what was mentioned above, while trying to treat the mental patient and the mental and psychological state of the criminals (extortionist), the objectives of psychotherapy services for the case study (sample under study) can be outlined: providing mental health services, in general providing mental health for the public. Of course in a smaller scale, which is prison, the following objectives can be mentioned:

- Prevention of missing opportunities and creating an appropriate ground for flourishing and accomplishing the human resources investment.
- Assist to increase the effectiveness and ability of the patients (in creating adaptability with the new environment and preserve it.
- Strengthening self-esteem of the patients.
- Strengthening self-reliance towards solving the life difficulties and problems of the patients.
- Psychological preparation of the patient to accept the offence.
- Making the patient understand the meaning of life and extending life expectancy in them.
- Facilitating the patients’ talents flourish.
- Constructive influence on the mental atmosphere of the patients’ family.
- Knowledge and recognition of the patients to their behavioral personalities and mental conditions.
- Strengthening the moral, religious and spiritual mechanisms of the patients.
• Boosting the mental capacity of the patients towards reducing the anxiety, fear, and distress and regret.

Pragmatists emphasize on the application of the results obtained from the real conditions. Hence, the findings of the study must have practical use. The importance of repeatability is more than the ability of generalize ability. Thus, for the repeatability of the research findings, the researchers interested can study it in different similar areas.

1- As the individuals, who commit extortion, in addition to impairment in social recognition, often have a wide range of behavioral, emotional, educational and family problems. It is suggested that the authorities provide the possibility of implementing correction approach and using consulting services to reduce the depression and anxiety and increase the life expectancy.

2- Strengthening the rehabilitation units in the prisons and using experienced rehabilitators to obtain the plaintiff's consent.

3- Considering the low number of participants and the research limitations related to extortion prisoners, it is required to conduct more studies in other provinces to prove and determine the efficiency of this research.

4- Holding training courses entitled life skill for the target groups including school students, higher education students and families of the prisoners.

5- Conducting researches on studying mental disorders among different groups to prevent the emergence of future problems.

6- Studying in the fields of personality disorder, discipline disorder, depression, aggression and anxiety disorders in a larger group with different samples can probably show remarkable results, which can be studied further.

Identifying the behavioural causes and the problems of extortion prisoners and using skills to solve problems and their causes.
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