

## Penitentiary psychology- between theory and practice

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### Abstract:

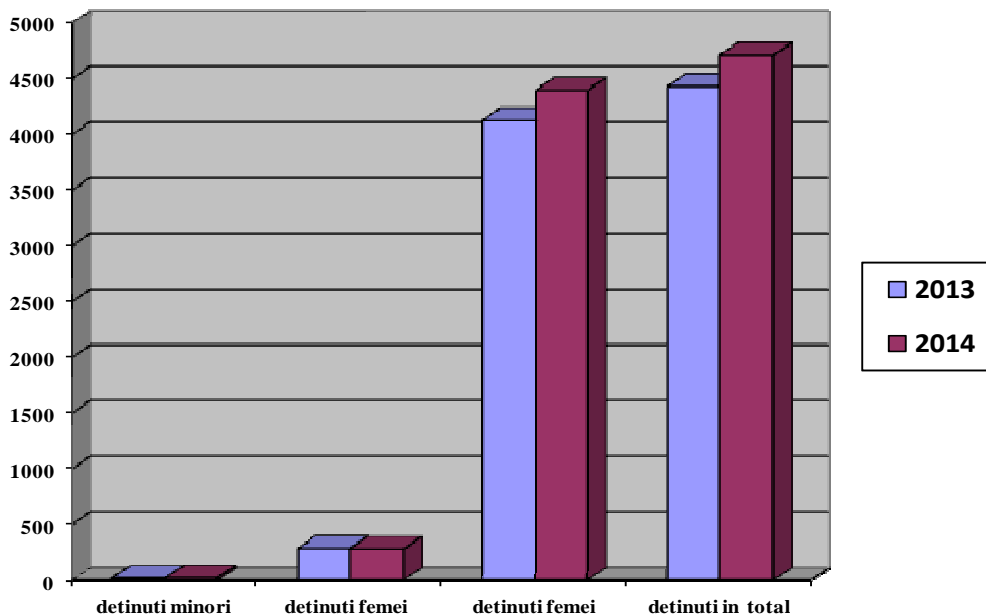
*Inmates as part of society and as a social phenomenon,from the conducted studies,we believe that punishment which they run is a period in which the state and civil society have a duty to intervene at the psychological level,so as to bach into society as citizens able to live and support by their own forces with applicable law and accepted moral norms.*

**Keyword:** *inmate, reintegration, test, psyhology.*

From the point of the psychological view, the prisoners from a penitentiary institution represent a human group which detains all the distinguished of such social formation.

*Attachment 1*

The prisoner quotient on various categories



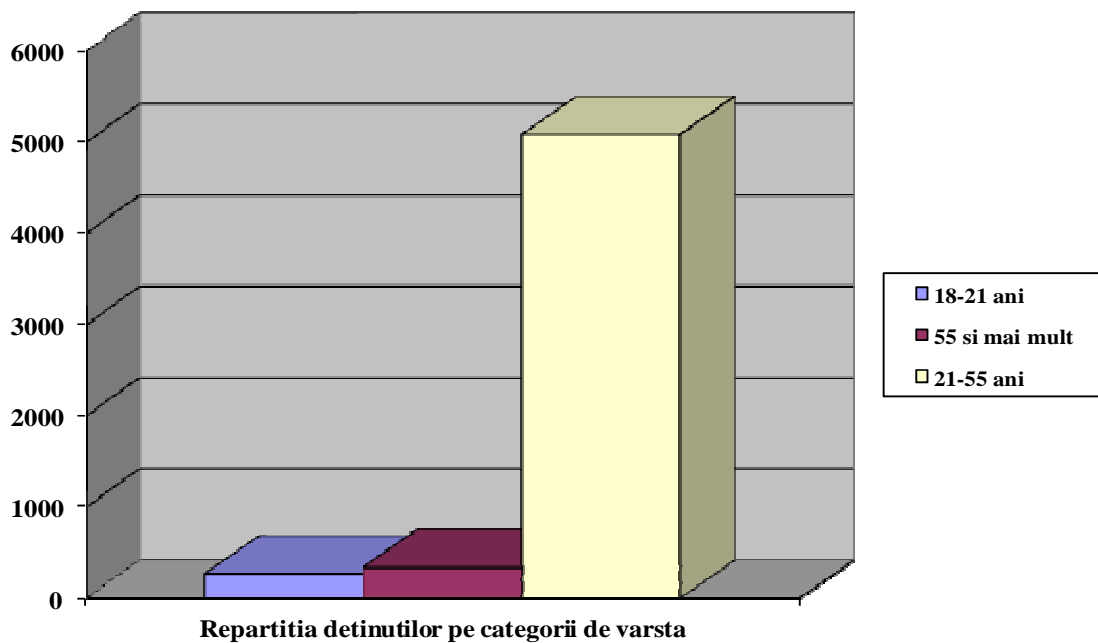
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Deterioration of the general chart is referred to the prisoners partition on age criteria, too. In that direction, the official statistics denote that in 2014, in the whole penitentiaries are:

- 266 persons of 18-21 years;
- 5083 persons between 21-55 year;
- 334 persons over 55 years (See attachment 2).

*Attachment 2*

The repartition on age of the prisoners on 2014



Out of necessity of connector at the European standards, into the penitentiary institution of RM was originated the privation, social-educational and the psychological service. This service works from 2005, but the psychological service, accordance with the national regulations – from 1999. These achieved activities of that service are centred on the multi psycho-social-educational programmes achievement. [4, p.47]:

1. The how-to programme of the prisoners in the social-legal sciences field. It has the aim to get the informing-educational process, regarding the rights and the obligations of the prisoners in the detention performing. This programme is made by the psychological, educational-social and of taking of evidence service collaborators.

2. The newcomer prisoners work programme. It aims to study the newcomer prisoner and to ensure the psycho-social assistance and to confer help to the incarceration regime adaptation. This programme is suited on 15 days and it will begin starting of the arrival of the prisoner at the penitentiary.

3. The programme regarding the physical training with the prisoners (pro sport).

4. The absolution preparation programme. It aims to train the prisoners to resolve the problems which can appear once with the absolution. This programme heads to the reinstatement of an ex-prisoner into community. It is more promoted by the social assistants and psychologists (pro social). It lasts up to 6 months.

5. The programme regarding the employment prisoners. It aims to get involved the prisoners in remunerated and no remunerated works.

6. The psycho-social rehabilitation programme of the drugs addict persons.

7. The reduction programme of the violence in the prisoner environment. It aims to develop the social abilities of disposal of cases (made by the psychologist).

8. The resocialise programme. Promoted by the psychologist and proposed to the prisoners to develop pro-social demeanours[8].

*The functional duties of the psychologist in the penitentiary:*

- ✓ To abide by the professional – ethic code;
- ✓ To abide by the laws;
- ✓ To abide by the confidentiality principles;
- ✓ To abide by the proper use of the diagnostics methods under the person which will be administered;
- ✓ To abide by the qualitative use of the psycho-correction methods;

*The tasks with the prisoners:*

- ✓ The study of the prisoner personality peculiarities (psycho-diagnostics);
- ✓ The setting up of the recommendations, of the work procedure with the prisoner, headed to the consulting process elaboration and to psycho-correction programme elaboration;
- ✓ Detect and keep records the prisoners which need a high surveillance regime and organise the corection process;
- ✓ Study the psychological element in the penitentiary environment to prevent the conflict situations;
- ✓ Co-operate with the regime and security services to resolve the problems which can favour the murder commitments and the group excesses;
- ✓ Practise the psychological council at the prisoner investigation;
- ✓ With their consent practise the correction programmes;
- ✓ Take part in the prisoner meetings organised by the administration;
- ✓ Develop informing hours with psychological themes during the social-educational programmes or at the administration request;
- ✓ Take part in the preparation process for liberation through the liberation preparation programme;
- ✓ Co-operate with the psychiatrist and with other specialists, as the need arises

[1, p.55];

All the psycho-social activities can be passed to various stages of adaptation of the prisoner at the detention conditions, as:

1. The prisoner adaptation at the detention conditions (mobilization, the prisoner guideline, the skills activity, the new work and life condition abilities);
2. The psychological assistance in the case of regime changement of the prisoner, from a penitentiary to another, the chagement of some detention conditions;
3. The psychological assistance during the liberation preparation process of the prisoners [3, p.39].

If we talk about the liberation preparation, it needs to begin at the first day of the detention and during on the punishment execution, being part of the resocialization process.

The preparation step for the liberation of the prisoner follows not only a penitentiary passed correction process, but the strengthening of the social links to his adaptation at the outside social rules and life.

Usually, that kind of prisoners become aggressive, suspicious, revengeful, looking for criminal explanations and stand as injustice victims, thinking they behove to evince the aggressiveness regard the other prisoners, the penitentiary collaborators or regard the own relatives. The preparation process for the liberation with this kind of prisoners is difficult, because the psycho-correction activities which are not organised during the punishment execution , physical, can not be done in the last 6 months.

Though, one of the Moldova prisoner problems is the limited acces to the pscychologist services. While the Penitentiary Institutions Departement responsables asseverate that in all the prisons there are psychiatry and psychological assistance specialists, the statistical data deny and show that the number of specialists are not enough. According to the organisation sheets there are 29 psychologists, in all the penitentiaries, but at the moment work only 24. The Penitentiary Institutions Departament representants asseverate that, in all the penitentiaries work psychology specialists.[7].

At the same time, it seems that the international standards, which stipulate for one psychologist at 200 prisoners, are disregarded in most of the prisons. For example, in the no. 15 penitentiary of Cricova, where there are 598 prisoners, there is one single psychologist. According to the official data, at the end of the 2014 year in the

penitentiaries of the country there were 7103 prisoners, which should have been thought minimum 36 psychologists, beside the 24 units which are in use.

In the Moldova Republic lates with the grant of the rights of the prisoners at the psychiatric and psychological assistance. The reports of the Helsinki Comitee for Human Rights show that, in the advanced democracy state penitentiaries are employed 4-5 persons which work as psychological assistent.

Apart from the statistical figures, the true role of the psychologist in the penitentiary is reflected through the adequately interventions, in time and with positive result, in the conditions in which the penitentiary life conditions cause to the prisoners to diverge from the general-human behaviour norms. The major problems with which the psychologists work in the penitentiaries are the violence and the suicides.

Valeriu has 30 years old. One third of his life spent in the prison. During this time he tried to commit suicide. *"I had about 5 suicide attempts and I am still alive... Every time I cut my throat with the razor blade... Only the throat"*, mentioned the prisoner.

The man says that he got to escape of the suicide thought after more conversations with the penitentiary psychologist.

According with the General Prosecution data, more than 5% of the prisoners tend to suicide and selfmutilation. But not all have the access at the specialists in the psychological and psychiatric assistance.

**The psychodiagnosis reffers at the knowledge of the psychological factors of the human subject which can be important in some situations or for various activities. Speciffically, the psychodiagnosis aim the knowledge of the psychological factors with importance for the normality or for deviance. The knowledge of these factors is shown by the evaluation process of the prisoner, using methods as psychological testing, or the interview (free, half-structured, structured[6, p.21].**

- In the first step there are investigated and evaluated the symptoms, the possible mental disorders and of personality. It is investigated the presence of some other somatic disorders, as well as the psycho-social stresses which this face them (the social-economical conditions, the family situation, the family support, the stressed situations)At the end of this step it can be established a global performance coefficient

of the evaluated prisoner, coefficient which offers a general view on his state. An hypothetical nosological diagnosis is proposed during this stage and there are identified the hypothetical factors which initiated, favoured, predisposed and maintained the symptomatology.

- In the second step there are realised a detailed investigation of the behaviour and of the mental functions. The main aspects which can be followed during the interview and psychological testing aim the perceptive function, the social interactions changes, of the posture or of the motor behaviour, the memory state, of the thinking and intelligence, of the attention, personality, the affective disposal, the presence of some nonachieving or depersonalizing feelings, the presence of some addictions or compulsions, the orientation in space and time and the presence or the absence of the disease conscience. At he end of this step it is clarified and ended the nosological diagnosis.

- The third step of the psycho-diagnosis and of the evaluation is one of thoroughness and identification of the specified characteristics of the diagnosed person. Herby we refer at the four levels of analyse of the human subject: emotional, cognitive, behavioural and psycho-physiological.

The psychological intervention aims, widely, the psychological factors implied in the general vision of the man (for example, the modification of the negative automatic thoughts,), behavioural (for example, the modification of the non-adapted behaviours), and psycho-physiological [2, p.73].

This kind of intervention offered by the psychologists can aim the growing of the problem resolving abilities or of the communication abilities, the conflict solving, the self-knowledge and the personal development, etc. and they proved to be efficient in the social rehabilitation of the prisoners, too.

The doctrine distinguish between some psychological intervention techniques useful in the prevention step:

- The intervention procedures at the cognitive level. These procedures aim the cognitive restructuration, respectively the changing of the way in which the prisoner represents himself the reality or of the way in which he acts it dysfunctional. [5, p.57]. The dysfunctional thoughts refer, for example at:

- ✓ Catastrophe (the exaggeration of the negative aspects of an event);
- ✓ Personalization (the assimilation of the negative events, the subject have not a contribution at all);
- ✓ Emotional reasoning („must be true because I am feeling like that”); The excessive generalization (the conclusion of the subject covers more situation than exists);
- ✓ Global evaluation or labelling (for example: ”I am stupid”, „everyone hates me”);
- ✓ Reading of someone mind (he thinks that he knows what is in the other mind, without discuting with him);
- ✓ To maximize the negative aspects and to minimize the positive ones; Expresses in the terms of absolute „must”;
- ✓ The dihotomic thinking (all or nothing) etc.

In the cognitive reorganisation it uses the following techniques:

**a.** *The identification techniques of the disfunctional automatical and/or irrational thoughts:*

- ✓ The direct questions technique (“What are you thinking at when you are furious?”);
- ✓ The guided picture technique (“Try to remember or to imagine, as real as possible, a situation in which you were very furious. What are you thinking at before being so furious?”);
- ✓ Daily thought recording techniques (“Every time you face an unpleasant or stressed situation, please shortly describe it, record how you feel and what were your thoughts in those moments”);
- ✓ Free association techniques (“Which is the first thing you have in mind when you are furious?”).

**b.** *The changing techniques of the disfunctional automatical and/or irrational thoughts:*

- ✓ Logical techniques (“Which is the logic of this thought?”, “Can you argue that?”);
- ✓ Empiric techniques (“Why do you think the things stay what you want?”, “What are your proofs?”);



✓ Pragmatic techniques – The benefits-costs analyse (“Please make me a list with all the benefits and costs which this thought there is”);

✓ Figurative techniques (stories which promote a rational thinking style; songs or moral stories, which provide a rational and functional thinking style; verses and prayers, humor).

**c.** *The problem solve*. The prisoners learn how to advance and how to approach, step by step, a problem: the problem identification, the establishing of the aims, the alternative solutions, the consequences, the decision appearance, the decision implementation, the evaluation.

**d.** *The assertive training procedure*. The prisoners learn how to express, how to ask for their rights, respecting the other rights; how they interact with the others; which are the situations when they want to be more assertive; the examination of their own behaviour in the past when they were aggressive or passive; the identification of some people which are assertive; to bill more assertive behaviours; the own imagine acting assertive; character plays which train the assertive behaviours; the implementation of the assertive behaviours in the real situations).

● The behavioural intervention procedures. These procedures aim the strengthening of some behaviours which proved to be useful, functional, respectively the elimination of disfunctional behaviours.

**a.** *The behaviour accelerated techniques:*

✓ The positive strengthening technique (the awarding of the positive strengthenings, figurative or material object rewards, activities – according to the task-behaviours achievements);

✓ The negative strengthening technique (The awarding of the negative strengthenings –critics, punishment – to non-achievement of the task-behaviours);

✓ The contract technique (making a written agreement between two or more persons which establishes which are the task-behaviours for each part and which are the consequences of fulfill or not fulfill of these);

✓ The priming technique (The environment organisation so to be present the stimulus favour the task-behaviour emergence).

**b. The behaviour eliminated techniques**

- ✓ The punishment technique (the punishment application – unpleasant consequences – right after the appearance of the behaviour which we want to eliminate);
- ✓ The extinction technique (the disposal of the rewards which accompany the non-adaptation behaviours);
- ✓ The isolation technique.

- Intervention procedures at the biological level. These procedures, as a general rule follows the inducing of the modifications at the psycho-physiological level to obtain a relaxation answer [5, p.79]. This technique is extremely useful in the fury or anxiety control.

- The auto-administered techniques. The advantages of that approach include the higher access of the prisoners at the psychological intervention, less significant costs, the possibility to form auto-administrated psychological intervention professionals, reducing thus the qualified personal need, etc.

- Crisis state interventions. Crisis state refers to the fortuitous situations which one person can faces it at a given moment, situation in which that person faces one or more obstacles which can not be surpassed with his own resources.

**References:**

- [1] The European Council Recommendation no.92 16, regarding the European rules on the community applied sanctions
- [2] The 45/112 Resolution of 1998 – The United Nation Principles to prevent the juvenile delinquency
- [3] Cioclei V. Criminology handbook. Bucharest; Ed. Știința, 1999. 143 p.
- [4] Dragomirescu, V. T. The devious behaviour psycho-sociology. Bucharest: Ed. Științifică și Enciclopedică, 1976. 190 p.
- [5] Mitrofan N., Butoi T. The forensic psychology. Bucharest; Ed. Nemira, 1994. 132 p.
- [6] Rusnac S. The law psychology; Chișinău: Allfa, 2000. 307 p.
- [7] [www.irp.md/statistics](http://www.irp.md/statistics)