BS ritgerð

Mental Health and Blame Attribution of Prisoners in Iceland

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HÁSKÓLI ÍSLANDS

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Abstract

The object of the current study was to assess Icelandic prisoners’ mental health as well as the interrelationship between mental health and blame attribution. Seventy two percent of male prisoners population in Iceland participated in the study. The Beck Hopelessness Scale along with Bradburn’s Affect Balance Scale were used to assess mental health, and the Gudjonsson Blame Attribution Inventory was used to estimate blame attribution. Hopelessness was associated with external blame attribution and guilt feelings, and guilt feelings negatively correlated with affect balance. Older prisoners had longer sentences than younger ones, and those who had long sentences had more time left to serve than those who had short sentences. Prisoners did not differ in any way between prisons. Moreover, they did not differ in mental health or blame attribution, no matter what type of crime they had committed.

Key words: Icelandic prisoners, mental health, hopelessness, affect balance and blame attribution.
# Contents

Acknowledgments .................................................................1  
Abstract ..............................................................................2  
Contents .............................................................................3  
Introduction .........................................................................4  
  Mental health ........................................................................6  
  Affect balance ......................................................................7  
  Hopelessness .......................................................................8  
  Blame attribution ..................................................................10  
  The interrelations between mental health and blame attribution ..12  
  Hypotheses ..........................................................................13  
Method ..................................................................................15  
  Participants ..........................................................................15  
  Apparatus ...........................................................................15  
  Background questions and questions regarding sentence .....15  
  The Beck Hopelessness Scale (BHS) ....................................16  
  The Gudjonsson Blame Attribution Inventory (GBAI) ........16  
  The Affect Balance Scale (ABS) ..........................................17  
  Procedure ...........................................................................18  
  Experimental design ..........................................................19  
Results ..................................................................................20  
  Interaction ............................................................................26  
  Hypotheses ..........................................................................28  
Discussion ..............................................................................29  
References ............................................................................31  
Appendix A: Background questions and questions regarding sentence ..35  
Appendix B: BHS .....................................................................37  
Appendix C: GBAI ...............................................................38  
Appendix D: ABS .....................................................................39  
Appendix E: Letter of presentation ........................................40
In Scandinavian prisons (prisons in Finland, Sweden, Norway, Denmark and Iceland) there is an emphasis on rehabilitation of prisoners. The prisoners are obligated to work or study. If, for any reason, they are not able to do so, they are encouraged to take part in other activities while serving their sentences. Mainly, they are assisted in living a drug-free life. Many of the rehabilitation programmes within Scandinavian prisons are implemented by psychologists, social workers and sometimes priests. The rehabilitation programmes include both group and private sessions. Although the main emphasis is on drug-free-programmes there are also other rehabilitation programmes, such as Aggression Replacement Training (ART), Integrated Domestic Abuse Programme (IDAP), Relation and Living Together (ROS, swe: relation och samlevnad), Cognitive Skills, Enhanced Thinking Skills (ETS) and STOP; especially designed for sexual offenders.

The role of these prisons is, amongst others, to enable prisoners to live a better life when their sentence is over, than they did before (Fangelsi.is, (n.d.); Kriminalforsorgen, 2007; Kriminalomsorgen, 2007; Kriminalvården, 2007; Rikosseuraamus, 2005). The Swedish motto is for instance: “Better out” (swe: bättre ut), which means that prisoners should be better equipped to live a life without crime and drug-abuse after prison-rehabilitation (Kriminalvården, 2007). In Denmark they have a similar programme: “Good release” (dk: god løsladelse), which emphasises the collaboration of the prison service, social institutions and the work forces. The outcome is an easier transaction from prisoner to a constructive member of society. These collaboration efforts can make it easier for the prisoner to find a suitable job, acquiring an apartment, and receive support to keep them on the right track (Kriminalforsorgen, 2007). In Finland the prison-time is defined in three phases: (1) arriving at the prison, (2) serving the time, and (3) being released. The main emphasis is on phase 2 and especially on rehabilitation programmes, with 60 percent of the prisoners participating in some kind of programme (Rikosseuraamus, 2005).

In all Icelandic prisons, there are weekly AA meetings and the most common psychological therapy is Cognitive Behavioural Therapy. Although Iceland is a country with few inhabitants, prisoners are relatively many. In the year 2008, 238 people began their community service and 155 began their imprisonment. The average number of prisoners 2007 was 141, which makes 45 prisoners on every
100,000 inhabitants. 20 of the above mentioned prisoners were not incarcerated in prisons, but were in rehabilitation centers, hospitals, Iceland’s half-way house, or other institutions (Fangelsi.is, n.d.).

When prisoners are sentenced to prison in Iceland, factors such as type of crime committed and severity of the crime determine what prison is considered to be most suitable for each individual prisoner. Gender, age and physical health can also have an impact on the decision. There are five prisons in Iceland: (1) Litla-Hraun, (2) the prison in Kopavogur, (3) the Penitentiary, (4) the prison in Akureyri and (5) Kviabryggja. Litla-Hraun is Iceland’s largest and only high-security prison, located in the town of Eyrabakki and has 77 cells in addition to the isolation-cells. Work consists mainly of the production of license plates and various signs, as well as the upkeep of the prison. Litla-Hraun collaborates with the local high school (Fjölbrautaskoli Sudurlands) and the prisoners can study almost everything the school has to offer. The recreation facilities are modern and include a gym, a library, a place for crafting and a pool table. Outside activities are mainly football and basketball. The prison in Kopavogur, however, is a fairly new prison and was opened in 1989. It is Iceland’s only prison for women. There are about seven women incarcerated in Iceland per year, and due to this the prison in Kopavogur also holds men. The building is divided into a men’s section and a women’s section and has a total of twelve cells. The men who serve their sentence there are carefully selected and have to be well behaved, able to work, have short sentences, and must not have committed sexual offenses or offenses against children. Work is relatively light so that everyone can participate. The outdoor area is small, and prisoners mainly spend their time watching TV or playing computer games (Fangelsi.is, n.d.).

The Penitentiary is located in downtown Reykjavik and is the oldest prison in Iceland, built in 1874. It does not have a dining room, no work-facilities, hardly any place to workout and no common rooms. The outdoor facilities are fairly small, but frequently used. The prisoners mainly watch TV and play computer games in their cells. Five cells are doubles, nine cells are singles, and there are two isolation-cells. The prison is mainly used as a first-prison, with prisoners being transferred to other prisons as soon as possible. The prison in Akureyri (1978) is located in the local police station and was modified in 2008. It has ten cells and excellent work and study facilities. The prison focuses on drug-rehabilitation and prisoners must be willing to participate in the programmes if they are to stay there. Iceland’s only
open-prison is Kvia Bryggja. There are no bars on the windows, the cells can be locked from the inside (for privacy) and there the prisoners must be able to work. The work is tied to the local fishing industry as well as carpentry. But the work can vary in accordance with the skills of the prisoners. Prisoners are mainly men with short sentences, but in addition they must be considered to be trustworthy. There are 22 cells, a large common room, dining room, kitchen, library, a gym and a pool table. Women can, in some instances, be allowed to serve their sentence there and have a separate building for their cells. (Fangelsi.is, n.d.).

As in other Scandinavian countries one of the main objectives of the Icelandic Prison and Probation Administration is to encourage prisoners to live a crime free life and it does so by offering various options of rehabilitation. In all Icelandic prisons, there are weekly AA meetings, individual counselling is available and various psychological programmes are on offer, for instance, anger management and drug free treatments which are all cognitively behaviourally based. Due to the emphasis on rehabilitation-programmes in Icelandic prisons they can be seen as a place of personal growth. The prisoners’ well-being is of great importance for the prison administration and their individual needs are often taken into account when decisions are to be made regarding the completion of their sentence.

**Mental health**

Making prison a place for personal growth increases the likelihood that the prisoner will adapt to society, once released. Which in turn could decrease the likelihood of returning to prison. Mental health, in the current study, was defined in terms of general well-being (affect balance) and feelings of hopelessness. Affect balance is assessed by subtracting negative feelings from positive ones, with the outcome being a sort of “balance” between the negative and the positive. If the negative feelings were to be stronger than the positive ones, the balance would be negative, and vice versa. Hopelessness, on the other hand, is defined in terms of negative expectations of the future. Good mental health is when you are more positive than negative, and future expectations are positive. Poor mental health is when the negative outweigh the positive, and future expectations are pessimistic.

When assessing mental health it is also important to take into account blame attribution and its effects on well-being. Hart, Hanks, Bogner, Mills and Esselman (2007) examined the effect of blame attribution in traumatic brain injuries with
regards to whether the injuries were accidental or violent-related. Amongst others, they used the Blame Attribution Questionnaire, Satisfaction with Life Scale and the Depression Scale. They found that those who had suffered traumatic brain injury in an accident blamed themselves more, while violent-related cases blamed others more. External blame (blaming others) was predictive of depression but self-blame was not, and neither external blame nor self-blame predicted life satisfaction. Their conclusion was that in the case of traumatic brain injury, the way blame is attributed could be indicators of emotional distress (Hart et al., 2007).

Affect Balance
Measuring psychological well-being is a task not easily conducted, and seldom without scrutiny. Measurements are many, and the theories and assumptions they are based on vary. Norman M. Bradburn developed an instrument called the Affect Balance Scale (ABS) in the 1960s, which measured general psychological well-being. The idea behind the scale is that negative affect and positive affect are independent of each other as well as major components of general psychological well-being. When they are combined, with the positive outweighing the negative, the outcome gives an assessment of general well-being. This is, because experience is assumably inclined to be associated with either positive or negative affect. The experience of having one’s tonsils removed, for instance, is a displeasing one, and therefore associated with negative affect. Reading one’s favourite book, however, is a pleasing experience and therefore associated with positive affect. Individual differences of what are perceived as pleasing or displeasing does not matter for the overall assessment of psychological well-being. The reason is that when positive affect is high more experiences are found to be pleasing than when positive affect is low. In conclusion it could be said that the experience in itself is of no importance, merely the way it is interpreted. And the way the experience is interpreted is dependent of how high or low the perceiver is in positive or negative affect (Bradburn, 1969).

Van Schuur and Kruijtbosch (1995) criticized the ABS for subtracting an independent factor from another, as is done with latent dimensions. Or as they put it: “how can one justify subtracting apples from oranges?” (Van Schuur et al., 1995). They took the results from a survey designed by the European Values Study System Group (EVSSG) that was conducted in ten European countries in 1981,
using amongst others, the ABS. Van Schuur and Kruijtbosch then factor analyzed the data and found, as expected, two independent variables, negative and positive affect. They then conducted a reliability analysis. If the reliability is high ($\alpha > 0.70$), then the two factors (negative and positive affect) measure the same underlying construct, and if the reliability were to be low, they do not. Even though the reliability was low (and never higher than $\alpha = 0.65$) they performed cumulative scale analysis on the data. The homogeneity coefficients however were all low ($0.22 \leq \alpha \leq 0.40$). Finally, the data was put through the unfolding analysis. The unfolding analysis is a bottom-up procedure that finds unfolding factors with one dimension that conforms to a certain criteria for unfoldability. They found that the data was unfoldable, meaning that they did in fact measure the same construct. Correlations between the ABS scores and the unfolding scale scores ranged from 0.63 to 0.81. Their conclusion was that the ABS does measure a single construct and is therefore a valid measure of psychological well-being (Van Schuur et al., 1995).

Maitland, Dixon, Hultsch and Hertzog (2001) studied the meaning of well-being for people of different ages and over time, using the ABS. They found that when interpreting the results of the ABS, caution should be used when it comes to comparisons between groups in older people as well as usage in longitudinal studies.

The ABS has been widely used in research, amongst others in finding predictors of well-being (Pilcher, 1998) and in sleep research (Pilcher, Reimer and Dailey, 1997).

**Hopelessness**

Depression is a mood disorder generally characterized by feelings of sadness, loss of motivation for participating in general every-day activities, feelings of ineptness, uselessness and other related symptoms. Because of the complex nature of depression scholars have yet to agree upon a single definition of depression and even disagree on some symptoms that characterize depression. Research on depression is vast and includes research on the effect of miscellaneous therapies (Kristjansdottir, Sigurdsson, J.F., Agnarsdottir and Sigurdsson, E., 2008) to suicide prevention (Joiner, Jr., Steer, Brown, Beck, Pettit and Rudd, 2003), as well as
specific psychometric qualities of various depression inventories (Smari, Olason, Arnarsson and Sigurdsson, 2008).

One of the symptoms of depression is hopelessness. Hopelessness, in turn, can be divided into generalized and specific hopelessness – more commonly known as circumscribed pessimism. Aaron T. Beck constructed an inventory to measure hopelessness called the Beck Hopelessness Scale (BHS), which measures negative expectations of the future. Expectations about crucial single events are referred to as specific hopelessness and expectations about all events in general are referred to as generalized hopelessness. These life events are of great importance and destined to happen no matter what actions are taken to avert them. That is, you are helpless in the matter. It is possible for someone to feel helpless without feeling hopeless. For instance, someone who has lost his or her job because of recession is helpless in the matter and no matter what they do, it will not change the fact that they are unemployed. Helplessness is a necessary component of hopelessness. You can, however, be helpless without being hopeless. In a hierarchy of depression that takes into account the concepts mentioned above, helplessness would be below hopelessness, being a necessary component (but not causing hopelessness). Above hopelessness would be the symptoms of depression that would be directly below the concept of depression (Abramson, Metalsky and Alloy, 1989), see figure 1.
Abramson and colleagues did not include negative affect in their definition of hopelessness, but highlighted instead the negative future expectancies of important life events and the helplessness in averting them. One of the main benefits of the *Hopelessness Theory* is that because of its structural design of causes and correlations, each connection in the structure provides a platform for clinical intervention (Abramson, Alloy and Metalsky, 1989).

Besides measuring hopelessness, the BHS has proven to be a good predictor of suicide attempts (Perry and Olason, 2008; Lohner and Konrad, 2006; Joiner et al., 2003) and is often used as a screening test for suicide (Rush, First and Blacker, 2008). This makes perfect sense because amongst all psychological disorders in prisons, depressive disorders are most commonly linked to suicide (Daniel, 2006).

**Blame attribution**

Attributions are ways in explaining the day-to-day behaviour of oneself and others (Snyder, 1976). To attribute is to make assumptions as to the reason (causation) for certain behaviour. That does not, however, mean that the attribution made is accurate, merely what causation is attributed to the behaviour in question. This can
in turn lead to the fundamental attribution error. The fundamental attribution error states that people are automatically predisposed to attribute the causation for other people’s behaviour to inner states (for example to personality) rather than situational ones (Snyder, 1976). An example of the fundamental attribution error would be making the automatic assumption that a homeless person is homeless because he (or she) lacks the motivation to get a job without considering the situational factors that might have led that person to the streets in the first place.

Attribution of behaviour makes up a large part of blame attribution and blame attribution, in turn, is the attribution of responsibility (Heider, 1982). When attributing reasons for behaviour, there are three main routes by which attribution is established; personal intentions, situational factors and the assessment of personal control over the behaviour in question. Responsibility for one’s actions is attributed differently in accordance with the three factors mentioned above. When behaviour is attributed to personal intentions the responsibility level is high, but can be far less when attributed to situational factors. Situational factors can excuse bad behaviour (he or she did what they did because they needed the money, not because they were ultimately bad persons). When people are, however, perceived to have full control over their actions the level of responsibility is higher (Heider, 1982).

The relationship between responsibility and blame develops in instances where individuals seek to rid themselves from responsibility (Heider, 1982). In such instances, the blame for behaviour is attributed to external or environmental factors. External blame attribution can occur when the reason for behaviour is perceived to be social or environmental, for example because of peer pressure. Environmental blame attribution refers to instances where the reason for the behaviour is attributed to situational factors, for example because the individual was in a particular place at a specific point in time. If however, blame attribution are internal, they refer to personality characteristics, such as being careless (Heider, 1982).

The Gudjonsson Blame Attribution Inventory (GBAI) was developed by Gisli Gudjonsson. It is an assessment of blame attribution for a specific criminal act and was especially designed to be used with prisoners. In his research he found three types of blame attribution especially important in criminal behaviour. They were external attribution, mental element attribution and guilt feeling attribution (Gudjonsson, 1984). External attribution of blame is when society, victims or environmental factors are perceived as the cause for the crime in question (such as
the 18th question on the GBAI: “In my case the victim was largely to blame for my crime(s)”). Mental element attribution concerns occasions where an individual is not considered responsible for their actions due to mental disorders or other factors that diminish self-control, such as substance abuse (for example the 25th question on the GBAI: “I was very depressed when I committed the crime(s)”). Guilt feeling attributions is when the person in question feels regret or remorse about what he or she did (for instance the first question on the GBAI: “I feel very ashamed of the crime(s) I committed”). Gudjonsson factor analysed the inventory and found that amongst prisoners, mental element attribution, external attribution and guilt feeling attribution were the three main elements of blame attribution in general, as well as being independent of each other (Gudjonsson, 1984). During the revision of the Blame Attribution Inventory, Gudjonsson and Singh (1989) found, amongst other things, that age was negatively correlated with external blame attribution but positively correlated with guilt feeling attribution, which means that with age external blame attribution diminishes and sense of guilt increases.

The interrelations between mental health and blame attribution

Kingree and Thompson (2000) explored blame attribution in 12-step groups (AA) and well-being in connection with personal sadness and gender. They used AA participation as a way of measurement, as well as the Personal and parental blame, Centre for Epidemiology Scale for Depression and a six-item version of the Rosenberg Self Esteem scale in their study. Amongst other things they found that psychological well-being and self-blame were negatively related, which means that when well-being is high self-blame is low and vice versa. But they did not find any correlation when it came to parental blame (external blame) and well-being. One reason for this, they say, is that the parental-blame could be a specific type of external-blame, different from other types of external blame (e.g. society, strangers, rivals, friends and other sources excluding oneself) or characteristic for low-income individuals from disadvantaged family background, as was the case in their study.

In a study with passengers and drivers who had been at-fault in motor vehicle accidents, the varying ways of blame attribution and its effect on psychological well-being were compared. Two identical questionnaires were constructed. One was intended for drivers and the other was intended for passengers. Drivers who engaged in external blame and did not consider themselves
to be responsible for the accident, showed a reduction in well-being and in their relationship with family members. One major reason could be that the drivers did not perceive themselves as being in control over the event, which is a vital component when it comes to external blame attribution and well-being. Being in control over a given situation increases sense of responsibility (self-blame) and increases well-being - as long as the focus is on the behaviour that led to the event, rather than on personal characteristics. The results indicated that when the accident was perceived to be the cause of someone else and beyond the control of the respondent the dominant emotion was anger. In concordance, both drivers and passengers who engaged in external blame showed an increase in anger, which in turn lowered well-being. Additionally, increased family involvement subsequent to the motor vehicle accident improved sense of well-being for drivers as well as passengers (Ho, Davidson, Van Dyke, and Agar-Wilson, 2000).

Mental health in regards to blame attribution has been widely researched. For instance with rape victims (Branscombe, Wohl, Owen, Allison and Ng’gbala, 2003), people with HIV and/or AIDS (Mak, Cheung, Law, Woo, Li and Chung, 2007), racism (Neville, Coleman, Falconer and Holmes, 2005), as well as in other fields. In spite of this, there does not seem to be much research on the mental health and blame attribution relationship in prison settings. The emphasis seems to be on the interrelationship between blame attribution and personality (Gudjonsson and Sigurdsson, 2007; Weizmann-Henelius, Sailas, Viemerö and Eronen, 2002; Wood and Newton, 2003), as well as mental disorders (Blumenthal. Gudjonsson and Burns, 1999; Fox, Koning and Leicht, 2003).

Hypotheses

The aim of this study was to examine the mental health of Icelandic prisoners and the relation between mental health and blame attribution.

In accordance with the research of Hart et al. (2007) and Ho et al. (2000) the hypotheses of the current study anticipated that external blame would be predictive of low mental health (high in hopelessness and low in affect balance), and that external blame attribution would be higher for younger prisoners and hence that older prisoners would have better mental health than younger ones (Gudjonsson et al., 1989). Furthermore it was predicted that better mental health (high affect
balance and low hopelessness) would be associated with low guilt feeling attribution (self-blame) (Kingree et al., 2000).
Method

Participants

Participants were Icelandic prisoners, men and women confined to Icelandic prisons. They were in addition older than eighteen years of age. Those who resided in Vernd, Iceland’s only half-way house, were excluded from the research. As were those in custody, solitary confinement, hospitals, or in rehabilitation institutions. Participation was anonymous and without payment or rewards of any kind.

In all, 73 percent of all viable respondents participated in the research, 4 women and 72 men. The participation at Kviabryggja prison was 68 percent, and at Akureyri prison 71 percent of all inmates took part in the study. At Iceland’s only high-security prison, Litla-Hraun, 74 percent of the men participated, and at the Penitentiary 67 percent partook in the study. Finally, all women and all men at the Kopavogur prison participated (100 percent).

Prisoners being transferred between prisons did cause a problem for the current research, especially at Litla-Hraun. Because of the way the research was conducted there, there was no way of keeping track of those who had participated in the research elsewhere. No one, however, participated more than once.

At the time of the research 13 prisoners were excluded at Litla-Hraun because of language difficulties as well as an additional four who were in solitary confinement or segregation. At the Penitentiary one man was in custody and thereby excluded from the research.

There were no male participants younger than 20 years, or any older than 59 years of age. The women were not younger than 20 years nor were they older than 39 years of age.

Apparatus

Background questions and questions regarding sentence included questions regarding age, sex, length of sentence, and how much time was left to serve. There was also a question regarding the fairness of the sentence (“Do you think your sentence is fair”) along with one regarding type of crime where participants answered by checking the relevant option, or options, if their sentence included more than one type of crime. To protect person identification all answers were set
on intervals, for example: younger than 20 years of age, 20 years of age to 24 years of age, and so on (see appendix A).

The Beck Hopelessness Scale (BHS) is a self-report scale and is used to assess negative attitudes towards the future (see appendix B). It was originally intended to be used on psychiatric patients but has been used on general population and in prison settings (Lohner et al., 2006; Palmer and Connelly, 2006; Perry et al., 2008). The list consists of 20 statements with the options true (s) or false (ó), of which nine are keyed as false and 11 as true. If the total score ranges from zero to three the hopelessness is minimal, four to eight equals mild hopelessness, nine to 14 is moderate hopelessness and a total score of 15 to 20 is severe hopelessness (Rush et al. 2008). This scale has been translated into Icelandic and is widely used in clinical practice in Iceland. Participants were instructed to read the questions carefully and answer them in relation to how they felt during the past week, including on the day of participation.

The reliability of the BHS fluctuates in concordance with the population being measured, 0.93 in normative samples and 0.65 in college students (Perry et al., 2008). One of the limitations of the scale is that it is best used in populations where hopelessness can be expected to some degree as the reliability declines in populations who are low in hopelessness. This was not seen as a limitation in this research, where some degree of hopelessness was expected due to the setting of the study. Test-retest reliability is also sufficient with an estimate of 0.85 (Joiner et al., 2003). Among non-psychiatric students the reliability coefficient is around 0.85 but declines for clinical groups, and is lowest amongst mixed psychiatric samples (Beck, Weissman, Lester and Traxler, 1974; Dozois, 2003).

Studies have supported the validity of the BHS by comparing it to other similar constructs, for example, with regards to suicide and other hopelessness measures – both in clinical- and nonclinical situations (Beck et al., 1974; Dozois, 2003; Joiner et al., 2003).

The Revised Gudjonsson Blame Attribution Inventory (GBAI) is a self-report inventory and is used to assess the way blame is attributed for a certain criminal offence (see appendix C). As with the BHS the inventory was translated into Icelandic. The inventory is a 42-statement list with the options true (s) or false (ó).
Participants were encouraged to read the statements carefully and state their agreement. The inventory measures three types of blame attribution: external attribution, mental element attribution and guilt feeling attribution. 15 statements make up the external attribution part of the inventory, such as “Other people are to blame for my crimes”, the mental element includes nine statements, such as “I would certainly not have committed the crime(s) I did, if I had been mentally well”. The largest part of the inventory is the guilt feeling attribution which consists of 18 statements, such as “I feel very ashamed of the crime(s) I committed”.

The revised GBAI is more specific than the GBAI, in that it is more applicable to a specific criminal act. The guilt feeling attribution element of the GBAI correlated with all elements of the Eysenck Personality Questionnaire (EPQ), extraversion ($r = -0.17, p < 0.05$), psychoticism ($r = -0.21, p < 0.01$), neuroticism ($r = 0.15, p < 0.05$), except the lie scale ($r = 0.07, p > 0.05$) (Gudjonsson et al., 1989). Merely the external blame attribution element of the GBAI correlated with the Locus of Control inventory ($r = 0.24, p > 0.01$) as well as the HDHQ hostility questionnaire ($r = 0.21, p > 0.01$) (Gudjonsson et al., 1989). Although these correlations are significant, they are low. In addition, the sub-scales vary in their correlation with the other questionnaires (Gudjonsson et al., 1989).

The inventory has been widely used, for example in research regarding personality and offences (Gudjonsson et al., 2007; Weizmann-Henelius et al., 2002; Wood et al., 2003), offenders with mental disorders (Cima, Merckelbach, Butt, Kremer, Knauer and Schellbach-Matties, 2007; Fox et al., 2003), sex offenders (Blumenthal et al., 1999) and dating violence (Harrison and Abrishami, 2004).

The Affect Balance Scale (ABS) is a ten item self-report scale and used to assess the general mental health and well-being of the inmates by assessing negative and positive affect (see appendix D). It was translated into Icelandic and the respondents were instructed to read the statements carefully and answer them based on whether they were in accordance with their attitude the past week, on a yes-or-no format. The scale consists of five positive affect questions, for example: “The past week did you feel pleased about having accomplished something?”, and five negative affect questions, for example: “The past week did you feel very lonely or remote from people?”.  

17
The ABS has been used in various medical research (Pilcher, 1997), but despite of its popularity there is some controversy as to the validity of the constructs and the way affect balance is obtained (Kim and Mueller, 2001; Maitland et al., 2001; Van Schuur et al., 1995). In the current research the scale was used since the pros of the scale were believed to outweigh the cons (Van Schuur et al., 1995; Kim et al., 2001; Bradburn, 1969). The pros being that the scale is easily administered and understood, and the statements are formulated in a way that there is little room for any controversy. A constant of five was added while subtracting the negative from the positive affect, in order to avoid negative values.

Procedure
Every prison received a letter that presented the current research. The letter of presentation was placed on the announcement board or in a visible area, for all to see. In this presentation the researcher was introduced as well as the research itself (see appendix E). Prisoners were encouraged to participate and it was emphasized that the research was impartial. In addition, it was clearly stated when the research would take place. In addition, there was a picture of the researcher conducting the research on the letter of presentation which meant that when the researcher entered the prison many would recognise her face and know the reason for her being there. The study was conducted between February the 12th 2009 and March the 5th 2009.

At the Kopavogur and Akureyri Prison, as well as in the Penitentiary the participants were asked to come one at a time to a designated office within the prison and fill out the questionnaires. There the researcher introduced the research while handing out the questionnaires. It was important for the impartiality of the research that prison personnel had nothing to do with the questionnaires themselves, like handing the questionnaires out or answering questions that might be ambiguous or unclear. The participants were encouraged to read the information sheet before filling out the questionnaires and when they had finished they were placed and sealed in an attached D5 envelope. This was done in order to protect the identity of the participants.

At Kviabryggja there was no office or room available so the researcher knocked on every prisoners cell door and introduced herself along with the research. If that person was willing to participate the questionnaires were handed to
them to fill out in their cells. Before leaving, the researcher collected all the envelopes from those who participated.

Before beginning the research at Litla-Hraun, Afstada (association created by and for the prisoners and their concerns) was consulted and their support requested. In accordance with their recommendations, the procedure was moderated from individuals coming to an office, to the researcher going to each wing with the head of Afstada, introducing the research and requesting participation. The finished envelopes were collected and any questions or comments about the research were answered. Those who did not finish the questionnaires before the researcher left were allowed to hand in the questionnaire in the sealed envelope to the prison guards, who then forwarded them by mail.

Experimental design
The research conducted was a within-subject questionnaire-design where prisoners were compared to each other on the basis of the prison they were sentenced to, as well as summarized.
Results

Most of the prisoners at Litla-Hraun were between 25 and 29 years of age (31 percent), while the eldest was between 55 and 59 years of age. The most evenly distribution of age in prisoners was at the prison in Akureyri, and the most uneven distribution of age was at the prison in Kopavogur, as can be seen in table 1.

Table 1. The distribution of age and length of sentence amongst prisoners.

<table>
<thead>
<tr>
<th>Prisons</th>
<th>Litla-Hraun</th>
<th>Penitentiary</th>
<th>Kopavogur</th>
<th>Akureyri</th>
<th>Kviabryggja</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>count</td>
<td>%</td>
<td>count</td>
<td>%</td>
<td>count</td>
<td>%</td>
</tr>
<tr>
<td>Age interval in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td>5</td>
<td>11.9</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>12.5</td>
</tr>
<tr>
<td>25-29</td>
<td>13</td>
<td>31.0</td>
<td>1</td>
<td>12.5</td>
<td>3</td>
<td>37.5</td>
</tr>
<tr>
<td>30-34</td>
<td>4</td>
<td>9.5</td>
<td>3</td>
<td>37.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>35-39</td>
<td>9</td>
<td>21.4</td>
<td>1</td>
<td>12.5</td>
<td>4</td>
<td>50.0</td>
</tr>
<tr>
<td>40-44</td>
<td>5</td>
<td>11.9</td>
<td>2</td>
<td>25.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>45-49</td>
<td>3</td>
<td>7.2</td>
<td>1</td>
<td>12.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>50-54</td>
<td>2</td>
<td>4.8</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>55-59</td>
<td>1</td>
<td>2.4</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100</td>
<td>8</td>
<td>100</td>
<td>8</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of sentence in years:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1</td>
</tr>
<tr>
<td>&gt;1 - 5</td>
</tr>
<tr>
<td>&gt;5 - 10</td>
</tr>
<tr>
<td>&gt;10 - 15</td>
</tr>
<tr>
<td>15+</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

While only one prisoner in Iceland is serving a sentence between 10 and 15 years, six were serving longer sentence. Most common are shorter sentences that span from one to five years. In Kopavogur prison no one was serving a sentence longer than five years as well as in Akureyri prison. Kviabryggja, which is the only open prison in Iceland had merely one inmate with a sentence shorter than one year. No prisoners at the Akureyri prison had 20 months or more left of their sentence which was also true for the majority of Icelandic prisoners (63.8 percent). Merely
three percent of the whole prison population had 60 to 80 months left of their sentence and an additional three percent had more than 80 months left to serve.

As can be seen in table 2, all Icelandic prisons deal mostly with prisoners with drug related sentences.

Table 2. Distribution of types of crime between prisons in Iceland.

<table>
<thead>
<tr>
<th>Prison</th>
<th>Type of crime:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Litla-Hraun</td>
</tr>
<tr>
<td>Embezzlement</td>
<td>7.1 %</td>
</tr>
<tr>
<td>Traffic violation</td>
<td>4.7 %</td>
</tr>
<tr>
<td>Drug offence</td>
<td>21.4 %</td>
</tr>
<tr>
<td>Sexual offence</td>
<td>16.7 %</td>
</tr>
<tr>
<td>Violent offence</td>
<td>19.1 %</td>
</tr>
<tr>
<td>Other</td>
<td>0.0 %</td>
</tr>
<tr>
<td>More than one</td>
<td>31.0 %</td>
</tr>
<tr>
<td>Total</td>
<td>100 %</td>
</tr>
</tbody>
</table>

The most common violations are drug related offenses (23.6 percent) and the most atypical of crimes are traffic violations (5.3 percent). It is becoming more common for individuals to be sentenced for multiple offenses at any given hearing and most of Icelandic prisoners today are serving a sentence for multiple offences (29 percent).

Table 3. Distribution on the question of fairness of sentence between types of offences.

<table>
<thead>
<tr>
<th>Type of offence:</th>
<th>Fair sentence?</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
<td>%</td>
<td>Total</td>
</tr>
<tr>
<td>Embezzlement</td>
<td></td>
<td>2</td>
<td>40.0</td>
<td>3</td>
<td>60.0</td>
<td>5</td>
</tr>
<tr>
<td>Traffic offences</td>
<td></td>
<td>3</td>
<td>75.0</td>
<td>1</td>
<td>25.0</td>
<td>4</td>
</tr>
<tr>
<td>Drug offences</td>
<td></td>
<td>9</td>
<td>52.9</td>
<td>8</td>
<td>47.1</td>
<td>17</td>
</tr>
<tr>
<td>Sexual offences</td>
<td></td>
<td>9</td>
<td>75.0</td>
<td>3</td>
<td>25.0</td>
<td>12</td>
</tr>
<tr>
<td>Violent offences</td>
<td></td>
<td>7</td>
<td>58.3</td>
<td>5</td>
<td>41.7</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1</td>
<td>50.0</td>
<td>1</td>
<td>50.0</td>
<td>2</td>
</tr>
<tr>
<td>More than one</td>
<td></td>
<td>13</td>
<td>59.1</td>
<td>9</td>
<td>40.9</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>44</td>
<td>59.5</td>
<td>30</td>
<td>40.5</td>
<td>74</td>
</tr>
</tbody>
</table>
As can be seen on table 3, most of traffic and sexual offenders thought their sentence was unfair (75.0 percent), while most of those who had embezzled thought their sentence was fair (60.0 percent).

In regards to whether the prisoners thought their sentence was fair, 37.5 percent at Litla-Hraun thought so, 80.0 percent at the Akureyri prison concurred and in Kopavogur prison half thought that their sentence was fair and the other half did not. At the Penitentiary 87.5 percent did not agree with their sentence nor did the majority of Kviabryggja (53.9 percent), N=74. Taken together, 40 percent of all Icelandic prisoners do think that their sentence is fair.

Icelandic prisoners have moderate hopelessness with $M=9.78$, $SD=1.84$ and $N=63$. The distribution of answers was narrow, with 68 percent of all answers ranging from eight to 12 with the possible scores ranging from zero to 20. Higher scores equal more hopelessness. The lowest score was 6, the highest was 16, and the most common was nine, as figure 2 portraits.

![Figure 2. The total distribution of the Beck Hopelessness Scale.](image)
There was no difference on the BHS between prisons, $F(4) = 0.371$ ($p = 0.83$), or between types of offences committed, $F(6) = 0.982$ ($p = 0.45$).

All but one of the participants in the study answered all the questions on the ABS. The range was from zero to ten (after adding a constant of 5) and was used in full, $M=5.41$, $SD=2.67$ and $N=75$. The distribution of the affect balance was considerable with 68 percent of everyone who participated ranging from three to eight, but the most common score was 7, as can be seen on figure 3.

![Affect Balance](image)

Figure 3. The total distribution of affect balance.

There was no difference between prisons on the ABS, $F(4) = 1.525$ ($p = 0.20$), or between offences, $F(4) = 1.264$ ($p = 0.29$).
The GBAI is divided into three categories, guilt feeling attribution, external blame attribution and mental element attribution of blame. The external element of the GBAI consists of 15 questions, with 15 being the highest possible score. In the current study the range was from three to 13, with 68 percent of all prisoners ranged from six to 10. The most common value was seven, $M=7.93$, $SD=2.04$ and $N=56$, see figure 4.

![Bar chart](#)

Figure 4. The total distribution of the GBAI, external blame attribution.
The guilt feeling attribution consists of 18 question and ranged from two to 17, with 68 percent of all prisoners between five and ten, $M=7.34$, $SD=2.42$ and $N=59$, see figure 5.

The mental element of the GBAI consists of 9 questions and in the current study ranged from one to nine, $M=4.32$, $SD=1.73$ and $N=60$, see figure 6. The range was nine, with 68 percent between three and six, but the most common score was four.

There was no difference on the GBAI between prisons: guilt feeling attribution $F(4) = 0.280$ ($p = 0.90$); mental attribution $F(4) = 0.537$ ($p = 0.71$); and external attribution with $F(4) = 0.880$ ($p = 0.48$). Moreover, there was no difference on the GBAI between the different types of crimes committed: guilt feeling attribution $F(6) = 1.398$ ($p = 0.23$); mental attribution $F(6) = 0.736$ ($p = 0.62$); and external attribution with $F(6) = 0.47$ ($p = 0.83$).
The BHS and the ABS were used to assess the same concept, mental health, and the correlation between the two was marginally significant, $r = -0.23 \ (p = 0.07)$. The guilt feeling and mental element of the GBAI correlated, $r = 0.53 \ (p < 0.00)$, as well as guilt feeling and the external element of the GBAI, $r = 0.41 \ (p = 0.00)$. The mental element of the GBAI and the external element were significant, $r = 0.27 \ (p < 0.05)$. Correlation between mental health measures and blame attribution can be seen in table 4.
Table 4. Pearson correlations between the GBAI scores, the ABS and the BHS.

<table>
<thead>
<tr>
<th></th>
<th>Affect Balance</th>
<th>Beck Hopelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GBAI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt feeling</td>
<td>59</td>
<td>-0.25</td>
</tr>
<tr>
<td>External element</td>
<td>56</td>
<td>-0.03</td>
</tr>
<tr>
<td>Mental element</td>
<td>60</td>
<td>-0.24</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level**
*Correlation is significant at the 0.05 level

There was no difference in mental health in regards to the different prisons. There was no difference in the ABS scores between prisons, $F(4)=1.525, p=0.20$, or hopelessness, $F(4)=0.371, p=0.83$. As can be seen on figure 7, hopelessness is quite similar between prisons, with hopelessness scores around ten.

![Figure 7: The distribution of hopelessness and affect balance between prisons.](image)

The ABS scores differ somewhat, but not significantly.

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1 Bare in mind when interpreting the figure, that the highest score on the BHS was 20 and the highest score on the ABS was ten
No other correlations were found except between length of sentence and time left to serve, $r=0.554$ and $p<0.000$.

**Hypotheses**

The first hypothesis, that external blame would be predictive of low mental health, was partially supported. External blame did correlate positively with hopelessness ($r = 0.3, p = 0.03$) but did not correlate negatively with affect balance ($r = -0.03, p = 0.86$).

The second hypothesis, that external element of blame attribution would be higher for younger prisoners than older, was not supported. In fact, age only correlated with length of sentence ($r = 0.56, p < 0.000$), meaning that older prisoners had longer sentences than younger ones.

Finally, the third hypothesis, that mental health would be associated with low guilt feelings, was supported. Guilt feelings did correlate positively with hopelessness ($r = 0.43, p = 0.001$), and negatively with affect balance ($r = -0.25, p = 0.05$), as was predicted.

In conclusion, external blame attribution and guilt feelings were predictive of high hopelessness, and older prisoners had longer sentences. Those who had longer sentences had, in addition, more time left to serve.
Discussion

The current study assessed Icelandic prisoners’ mental health, and in addition the relationship between blame attribution and mental health. Mental health of the prisoners in the current study was fairly good. Their hopelessness was moderate (\(M = 9.78\) and the most common value was nine) and the affect balance was just above neutral (\(M = 5.41\)), with scores below five (0 - 4) implicating negative affect balance (bad mental health) and scores above (6 - 10) positive (good mental health). The most common value was however seven (good mental health), but the range was wide (from three to eight).

The hypotheses were three: (1) that external blame would be predictive of low mental health, (2) that external blame attribution would be higher for younger prisoners than older, and (3) that guilt feelings would reduce mental health. The first hypotheses was partially supported and the third supported in full. Those who engaged in external blame attribution and had feelings of guilt, were higher in hopelessness than those who did not. Since mental health was defined in terms of low levels of hopelessness and positive affect balance, guilt feelings and external attribution had to be negatively associated with affect balance in order for the hypotheses to be supported in full, as it was in the third hypothesis. The second hypothesis (that external blame attribution would be higher for younger prisoners) was not supported. One of the reasons for this could be that age was set on intervals and therefore not as precise as the correct age. It was however necessary to use intervals in order to protect the identity of the Icelandic prisoners who participated in this research.

The current study supports the findings of Hart et al. (2007), who found that external blame was predictive of depression in patients with traumatic brain injuries. It also supported the findings of Kingree et al. (2000) who found that in 12-step groups (AA) those who blamed themselves had worse mental health than those who did not. The fact that the current study assessed hopelessness and not depression, like Hart and Kingree did, is not considered an issue since hopelessness is a symptom of depression (Abramson et al., 1989).

The fact that prisoners did not differ in hopelessness or psychological well-being between prisons is of interest. For example, there was no difference between prisoners at Litla-Hraun, Iceland’s only high-security prison, and Kviabryggja,
Iceland’s only open-prison. The Penitentiary, who’s facilities are far from up-to-date, did not differ from the prison in Akureyri, who’s facilities are excellent and has been newly remodeled. One reason for this, however, could be that prisoners do not stay long at the Penitentiary. In fact, prisoners did not differ in any way, except that older prisoners had longer sentences than the younger ones and those who had longer sentences had more time left to serve.

Icelandic prisoners are mainly between 25 and 29 years of age (26.3 percent) and serve sentences from one to five years (51.4 percent). There are very few female prisoners in Iceland, however their numbers are in accordance with the percentage of female prisoners in other Scandinavian countries. The most common offence was drug-related (23.6 percent) with sexual and violent offences second (15.8 percent each). 40 percent of all Icelandic prisoners think their sentence is fair, most of whom had been convicted of embezzlement (60 percent). Those who had committed traffic and sexual offences did not think so (75 percent thought their sentence was unfair).

In many respects Icelandic prisons are good prisons. Prisoners are allowed to wear their own clothes, have their own computers and in some instances they are allowed to visit their children outside the prison. They can study and get an education if they choose and in some instances teachers come to the prisons to assist them in their studies.

The main limitation of the current research was the small prison population. But due to excellent participation of the prisoners, this is not considered a problem.
References


Appendix A  Background questions and questions regarding sentence

Rannsóknarnúmer_____________

Vinsamlegast svaraðu eftirfarandi spurningum eins vel og þú getur

Aldursbil:
☐ Yngri en 20 ára
☐ 20-24
☐ 25-29
☐ 30-34
☐ 35-39
☐ 40-44
☐ 45-49
☐ 50-54
☐ 55-59
☐ Eldri en 60 ár

Hvert er kyn þitt?
☐ Karl
☐ Kona

Hversu langan dóm fékkst þú?
☐ Minna en 1 ár
☐ Yfir 1 ár til 4 ár og 11 mánuði
☐ Yfir 5 ár til 9 ár og 11 mánuði
☐ Yfir 10 ár til 14 ár og 11 mánuði
☐ Yfir 15 ár

Hversu mikið af núverandi afplánun átt þú eftir?______________________________
Finnst þér dómur þinn sanngjarn?
☐ Já
☐ Nei

Fyrir hvers konar afbrot ert þú að afplána dóm fyrir?
☐ Auðgunarbrot
☐ Skjalafals
☐ Umferðarlagabrot
☐ Fikniefnabrot
☐ Kynferðisbrot
☐ Eignaspjöll (skemmdarverk)
☐ Ofbeldisbrot
☐ Annað
Á spurningalistanum eru 20 fullyrðingar.

1. Ég er vongóð/ur og áhugasamur/söm um framtíðina [s] [ó]
2. Ég gæti allt eins gefist upp því ég get ekkert gert til að bæta stóðu mín. [s] [ó]
3. Þegar illa gengur, þá hjálpar það mér að vita að ástandið er ekki til frambúðar. [s] [ó]
4. Ég get ekkert gert mér í hugarlundi. Lif mitt mun verða eftir 10 ár. [s] [ó]
5. Þegar illa gengur, þá hjálpar það mér að víða áfram í dálkinum næst fullyrðingunni. [s] [ó]
6. Þegar illa gengur, þá hjálpar það mér að víða áfram í dálkinum næst fullyrðingunni. [s] [ó]
7. Mér finnst framtíðin dökk og drungaleg. [s] [ó]
8. Lánið virðist leika víð mið og ég býst víð meira af því góða í lifinu en medálmaðurinn. [s] [ó]
9. Ekkert virðist takast hjá mér og ég get ekkert gert til að halda að það muni breyta í framtíðinu. [s] [ó]
10. Fyrri reynsla mín hefur það áfram í dálkinum næst fullyrðingunni. [s] [ó]
11. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
12. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
13. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
14. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
15. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
16. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
17. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
18. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
19. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
20. Það áfram í dálkinum næst fullyrðingunni. [s] [ó]
1. Ég skammast mín mjög mikilð fyrrir verknadinn/verknaðina sem ég framdi. [s] [ó]
2. Verknadúrin er algjörlega mín sök. [s] [ó]
3. Ég ætti ekki skílið að nást fyrrir þennan verknað. [s] [ó]
4. Ég er stúdúgt með samvæksahit vegna þess sem ég gerði. [s] [ó]
5. Ég á aldræi eftir að fyrirgerð sjálfum mér. [s] [ó]
6. Ég hef ekki slæma samvæksu eða sektarætt vegna þess sem ég gerði. [s] [ó]
7. Ég ber ábyrgð á verknadúnum sem ég framdi. [s] [ó]
8. það er algjörlega olikt eðlir minu að fremja svona verknað. [s] [ó]
9. Ég ætti ekki að ásaka sjálfan mig vegna verknaðarins. [s] [ó]
10. Ég gerði mér algjörlega grein því var að geri. [s] [ó]
11. Ég hafti ekki framið verknadinn ef ég hefði ekki misst stjórn á sjálfum mér. [s] [ó]
12. Ég ætti ekki að ásaka annað fólk vegna þessa verknaðar. [s] [ó]
13. það var mjög olikt sjálfum mér að fremja þennan verknað. [s] [ó]
14. Ég has sjálfan mig vegna þessa verknaðar. [s] [ó]
15. þjóðfélægði að sök á þessum verknað. [s] [ó]
16. það ætti ekki að refsa mér fyrrir það sem ég gerði. [s] [ó]
17. Mér leiti ekki óðruvísi en venjulega þegar verknadúrinn átti sér stað. [s] [ó]
18. í minu tilfellí átti sé sem varð fyrrir verknadúnum (þolandsinn) mikla sök á því sem fórr. [s] [ó]
19. Ég hafti ekki framið þennan verknað ef mér hefði ekki verið ögræð af þolandanum/þjóðfélægðið. [s] [ó]
20. Ég hafti ekki stjórn á gerðum minum. [s] [ó]
21. Ég ætti skílið að nást vegna þess sem ég gerði. [s] [ó]
22. það hefði verið betra fyrir mig hefði ég ekki náðst. [s] [ó]
23. Ég finn stúdúga hvít til að refsa sjálfum mér fyrrir þennan verknað. [s] [ó]
24. Ég er hraedur um að fólk munni aldræi taka mér vel vegna þessa verknaðar. [s] [ó]
25. Ég var mjög niðurregin þegar verknadúrinn átti sér stað. [s] [ó]
26. Mér var alls ekki ögræð til þess að fremja verknaðinn. [s] [ó]
27. Ég hef enga ástæðu til að skammast min fyrrir það sem ég gerði. [s] [ó]
28. Ég er ærgilegar yfir að hafa náðst. [s] [ó]
29. Ég hlýt að vera bjálaláður úr því ég framdi þennan verknað. [s] [ó]
30. í minu tilfellí er enginn „saklaus þolandi". [s] [ó]
31. Verknadúr minn er óðru fólkí að kenna. [s] [ó]
32. Ég hefði getað komist hjá því að lenda í vandradómum. [s] [ó]
33. það voru gildar ástæður fyrir verknaði minum. [s] [ó]
34. Ég ætti ekki að refsa sjálfum mér fyrrir það sem ég gerði. [s] [ó]
35. Ég á skílið að fá háða refsingi fyrir þennan verknað. [s] [ó]
36. Ef ég hefði verið heill á geðsnuminn hefði ég aldræi framið þennan verknað. [s] [ó]
37. í raun sé ég alls ekki eftir því sem gerðist. [s] [ó]
38. Ég var undir miklum þrystingı/streittu þegar ég braut af mér. [s] [ó]
39. Ég vildi mjög gjarnan geta þætt fyrir það sem ég gerði. [s] [ó]
40. Ég fæ stundum maðrað firði vegna þessa verknaðar. [s] [ó]
41. Ég hafti fulla stjórn á gjörðum minum. [s] [ó]
42. Ég hef enga afðókon fyrir þessum verknaði. [s] [ó]
Appendix D


Síðastliðna viku hefur þú:

Verið sérstaklega spennt/ur eða með áhuga fyrir einhverju?

☐ Já
☐ Nei

Verið svo eirðarlaus að þú gast ekki setið lengi í stól?

☐ Já
☐ Nei

Verið stolt/ur yfir því að einhver hrósaði þér fyrir eitthvað sem þú gerðir?

☐ Já
☐ Nei

Verið mjög einmana eða einangradur/einangrudur frá öðru fólki?

☐ Já
☐ Nei

Verið ánægð/ur með að hafa áorkað einhverju?

☐ Já
☐ Nei

Leiðst?

☐ Já
☐ Nei

Fundist þú vera í sjöunda himni / fundist eins og lifið sé einstaklega dásamlegt?

☐ Já
☐ Nei

Verið þunglynd/ur eða mjög óhamingjusamur/söm?

☐ Já
☐ Nei

Fundist eins og hlutinir séu að ganga þér í vil?

☐ Já
☐ Nei

Verið í uppnámi vegna þess að einhver gagnýndi þig?

☐ Já
☐ Nei
Ásta Lilja Bragadóttir heiti ég og er að gera BA verkefni við sálfréðideild Háskóla Íslands. Þá er ég að kanna líðan fanga í íslenskum fangelsum. Allir þeir sem eru með íslenskt ríkisfang, eru 18 ára og eldri verða beðnir um að taka þátt í rannsókninni. Mikilvægt er að allir sem geta, sjá sér fært um að taka þátt þar sem lítil þátttaka getur gert rannsóknin að engu. Ekki verður mögulegt að persónugera þátttakendur auk þess sem um hlutlausa rannsókn er að ræða.

Ég kem til ykkar í þessari viku.

Með bestu kveðjur og von um góða þátttöku

Ásta Lilja Bragadóttir