

## **Psychopathy and Drug use among Vagrants Case Study Khartoum & Omdurman Towns**

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### **Abstract**

The present study is an attempt to explore psychopathy among vagrants in Khartoum and Omdurman towns. Sample was selected using quota sampling procedures.

Guided interview, and Psychopathic Deviate Scale 4, were the instruments that were used to collect data for the present study during December 1998-February 1999.

Results showed that the distribution of vagrants in Omdurman town is higher than those in Khartoum town. The mean age of the respondents was 12.5 years. Of them 22.77% mentioned that they lived all their lives with neither biological parents, 80.64% escaped from their families before 1-3 years and lived in Omdurman squares and streets, 9.79% migrated with their friends from southern States to Khartoum and Omdurman towns, 47% mentioned their imprisonment.

Migrants in Omdurman town (51.81%) outnumbered their counterparts in Khartoum. Drug users in Omdurman (30.69%) outnumbered their counterparts in Khartoum, Males (34.98%) outnumbered females in drug usage.

There was a significant difference between the mean scores in Psychopathic Deviate Scale 4 of vagrants in Omdurman and their counterparts in Khartoum, favoring vagrants in Khartoum. Females' mean scores were significantly different from males' scores, they scored less than males, accordingly females showed less psychopathy. Results also showed significant difference between drug users mean scores and non-users regarding Psychopathic Deviate Scale 4, favoring non-users.

The study recommended that prevention programs (providing alternative activities) should be developed.

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### **Introduction**

This study was an attempt to find the relationship between psychopathy and vagrancy, where vagrants' behavioral problems are interrelated and a single behavior by them could not be considered in absence of others. Vagrants breach the tranquility and piece of societies. In addition, they create nuisance to people by their antisocial activities.

In Khartoum, and Omdurman, towns, it was noticeable that some vagrants are wandering about in markets, streets and public squares. During 1983-1984 there were 3205 males, and 706 females vagrants (Khartoum Commissionerate Statistics) and the Police records show an increase number of antisocial activities and crimes committed by vagrants in both towns (Merghani, 1985)

Vagrants are young people with poor hygiene, and nutrition. Family breakdown and lack of psychosocial adjustment are predominant features among them. They are those who have not completed their seven year of age and those who have not reached their twentieth year of age (Ibid, 1985.) The potential danger from them was surmised from their police criminal records such as, the drug use, drug trafficking, stealing, shop lifting, and lift pocking. According to Webster a vagrant is "a person who has no established residence and wanders idly from place to place without lawful or visible means of support". To Merghani (1985) a vagrant is the "one who leads a wandering life" Vagrancy is highly considered as a corner stone of antisocial activities. Millon (1981) mentioned that children become psychopath when they lack appropriate adult models and when they encounter such models they act aggressively.

The phenomena of vagrancy appeared during the 80s while Sudan was witnessing a difficult economic crisis because of the desertification, drought, famine, and war. As a result, people moved from the affected areas to central towns seeking better life. They chose the central towns like Khartoum and Omdurman. In Khartoum and Omdurman, life style is very expensive. Some of the displaced people did not have money to pay for the minimal requirement of their daily needs, and rapidly they turned to stealing, cheating, prostitution, or trafficking of drugs. Accordingly, some of the young escaped from their families and join the vagrants bonds. Others identified themselves with their parents, and committed the same antisocial activities. Such antisocial activities were known as psychopathic activities. The individual who behave antisocially is defined as having an antisocial personality or psychopathic personality.

The antisocial personality was previously called psychopathic or Sociopath. The term is synonymous with sociopath and psychopath (Davison/ Neal, 1978). Persons with this psychopathic personality disrespect the rights and feelings of others. For acquisitive gain or personal enjoyment, they tend to take advantage of others. Unusually, they act out their argument in impulsive and irresponsible ways, sometimes with aggression and serious violent activities. They abide frustration badly. Often they do not look forward to the negative consequences of their antisocial activities and typically do not feel sorrow or guilt afterward. Many of them have a well-developed capacity for persuasively rationalizing their activities or for blaming it on others. Deceitfulness and falseness encompass their relationships. Rarely, their activities could be modified and their judgment and foresight be improved after punishment, this is a confirmation of their dissonantly unsentimental view of the world. Antisocials are described in the DSM-III as individuals who are unsocial and whose activities patterns bring them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment.

Frustration tolerance is low. They tend to blame others or offer plausible rationalization for their activities.

Psychopathic or antisocial personality disorder is often associated with alcoholism, drug addiction, infidelity, promiscuity, failure in one's occupation, frequent relocation, and imprisonment. In Western culture, more men have this personality disorder than women do, and more women have a borderline personality; these two disorders have much in common. In the families of patients with both personality patterns, the prevalence of antisocial relatives, substance abuse, divorces, and childhood abuse is high. Often, the patient's parents have a poor relationship, and the patient was severely emotionally deprived in his formative years. Life expectancy is decreased, but among survivors, the disorder tends to diminish or stabilize with age. The present study aims, on the light of the above literature, to examine psychopathy, and drug use among vagrants in Khartoum and Omdurman towns.

## Methodology

**Sample:** The Sample was selected from the population, of vagrants in Khartoum and Omdurman towns. The sample consisted of 909 vagrants (59.41%) males, and (40.59%) females, Age 7-18 years. They were selected by quota sampling procedures,

**Instruments:** The instruments used to collect data necessary for the present paper consisted of -

1. **Guided Interview:** used to provide direct observation of the vagrant, to collect the respondents' demographic variables, and classifies them according to area, sex, and drug use.
2. **Psychopathic Deviate Scale 4 :**

This scale was originally developed to identify patients diagnosed as psychopathic personality, asocial or amoral type. The 50 items included in Scale 4 assess general social maladjustment and the absence of strongly pleasant experiences. All 50 items in the original scale have been retained in the

MMPI. High elevation T= 65, Moderate elevation T = 60-64, (Graham, 1978)

The scale was standardized, using 160 males and females from vagrants in Omdurman town. Items were standardized using split half reliability (George, 1981) The Pd scale 4 internal validity and reliability were ensured. With mean 22.61, Alpha coefficient 0.87, Reliability .72\*\*.

- Procedures:** The study information was gathered during December 1998-February 1999. Collected data were analyzed using SPSS program. It is worth mentioning, here that the study investigated psychopathy among vagrants comparatively, rather than analyzing each variable separately.

## Results

Table (1) Distribution of Vagrants Regarding Drug Usage, Sex, and Area

	Omdurman Town		Khartoum town	
	Non-users	users	Non-users	users
Male	144 (15.84%)	162 (17.82%)	078 (08.58%)	156 (17.16%)
Female	048 (05.28%)	117 (12.87%)	123 (13.53%)	081 (08.91%)
Total	192 (21.12%)	279 (30.69%)	201 (22.11%)	237 (26.07%)

Table (1) shows the distribution of the sample, in Khartoum and Omdurman towns with respect to their sex, area, and use of drugs. Mean age 12.5 (range, 9-16 years.) Of them 22.77% mentioned that they lived all their lives with neither biological parents, 80.64% escaped from their families before 1-3 years and lived in Omdurman, streets and squares, 9.79% migrated with their friends from southern States, 47% mentioned their imprisonment.

Table (2) T. Test, of Scale 4 ( pd ) for Vagrants Regarding Area

	Town	D.F.	Mean	SD	T value	Level of sig.
Pd 4	Khartoum	907	20.00	.25	-23.86	Sig.
	Omdurman		29.54			

Table (2) shows the difference of the mean scores on Ph scale 4 of vagrants from Khartoum and Omdurman States. Vagrants from Omdurman showed significant difference than their counterparts in Khartoum. Calculated T value = -23.86.  $p < 0.05$ . Tabulated T = 1.658

Table (3) T. Test, of Scale 4 (pd) for Vagrants Regarding Sex

	Group	D.F.	Mean	SD	T value	Level of sig.
Pd 4	Females	907	20.8	0.35	-25.9	Sig.
	Males		30.19			

Table (3) shows that males are significantly different than females, indicating that males scored higher than females in the Pd scale 4. Calculated T = -25.9,  $p < 0.05$ . Tabulated T = 1.658

Table (4) T. Test, of Scale 4 (pd) for Vagrants Regarding the Drug usage

	Group	D.F.	Mean	SD	T value	Level of sig.
Pd 4	None users	907	21.6	1.32	-27.94	Sig.
	Users		30.84			

Table (4) shows the difference of mean scores on Pd scale 4 of drug users and non-users. Drug users were significantly different from their counterparts. Their scores were higher than non-users. Calculated T = -27.94,  $p < 0.05$ . Tabulated T = 1.658

## Discussion

Khartoum and Omdurman towns are located in the central state in Sudan. Because of the war, famine, and desertification, in addition to the social change in recent years, many people disorganically immigrated. As they moved from rural to urban areas seeking better life, some of the migrants, in addition to some of the original poor residents could not afford the cost in the new urban habitat, and could not even pay for their basic needs. Soon in the streets, they created vagabonds' bonds. To



meet the expenses of daily life they started to commit many antisocial activities, such as drug abuse, robbery, prostitution, pick pocket, and shop lifting.

In Omdurman, there were many vagrants than in Khartoum (Table, 1). Since Omdurman town is located in the Western boarders of Khartoum State, it is obvious that it will be an inviting gate for western migrants in addition to migrants coming from the States in the south west of Sudan. However, this finding is supported by Merghani (1985:28) that "the disorganized migration to the national capital from other States, especially Western States, has been considered as one of the most important factors of vagrancy."

Table (2) shows that vagrants from Omdurman were significantly difference than their counterparts in Khartoum regarding their mean scores in the psychopathic deviate, in favor of vagrants in Khartoum. This significant difference could be justified by the fact that Khartoum is the national capital of Sudan and it is the center of the government, it is obvious that security is more tighten than in Omdurman, which is more suburb and more density by the displaced. As a result, vagrants considered Omdurman as a more fertile site for their psychopathy or antisocial activities.

Regarding psychopathy among the vagrants, in the present study one could assume that they may have early behavioral problems prior age 7 including lying, theft, cheating, vandalism, bullying, sexual activity, glue and benzene sniffing, alcohol use, and running away from home that predisposes them to psychopathy or antisocial activities. For them the chance to find suitable remunerating world, where very meager hence, they have to resort to unlawful means to support themselves. In addition, the lack of realistic, long-term goals an inability or persistent failure to develop and execute long-term plans and goals, a nomadic existence, and lacking direction in life, could predict the psychopathic activities among this group.

Table (3) shows that males were significantly different from females. Indicating that, males scored higher than females in the Psychopathic Deviate Scale 4. This result could be justified by

the antisocial activities that males regarded as an insignia of masculinity. The irritability and aggression and the repeated physical fights as indicated by their responses could justify why males are more aggressive and more psychopathic. Regarding psychopathy among females one could argue that Sudanese religious mores enforce and impose special types of standards on females in general (including vagrants) so females are trying their best to control their activities, this is why females in the present study score less than males in scale 4.

Table (4) shows that vagrants' drug-users have higher scores than non-users. This could be justified by earlier studies using (MMPI) on drug abuse (Graham, 1978.) However, most of them found a higher number of abnormal profiles among users, in particular with high elevation on the psychopathic deviate scale 4. They found that respondents with high elevation are likely to use drugs and possess psychopathic deviate personality. The present result indicated that association between drug use and psychopathy could be stated among vagrants. This finding is consistent with Davison & Neale (1978) who mention, "An association has often noted between criminality, drug abuse, and the sociopathic personality.

As vagrants who use drugs score high in Scale 4 than non-users, they may be classified as psychopathic vagrants. This result is related to the fact that, individuals with high Scale 4 (Pd) scores, could also have problems with concentration, feel worthless and unloved, and often express feelings of regret, guilt and sorrow for previous misbehaviors, and abuse of drugs (Faurie, 1990.)

As a conclusion, the present results could add to previous ones that psychopathy is associated with vagrancy, and that males are more psychopathic than females. It is also concluded that vagrants who use drugs showed higher psychopathy. Vagrants from Omdurman showed psychopathy more than their counterparts in Khartoum; however, vagrants who show psychopathy may be understood in terms of antisocial rearing or development.



It could be recommended here that prevention programs should be developed, for example, providing alternative activities (religious, physical, recreational, and social) for vagrants. These activities would "Hopefully" prevent vagrancy and as well prevent psychopathy.

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