

PRISONERS ONCE REMOVED

The Impact of Incarceration and Reentry
on Children, Families, and Communities

edited by **Jeremy Travis**
and **Michelle Waul**



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The Psychological Impact of Incarceration

Implications for Postprison Adjustment

Craig Haney

The psychological impact of incarceration and its implications for postprison, freeworld adjustment are substantial. Nearly a half-century ago, Gresham Sykes wrote that “life in the maximum security prison is depriving or frustrating in the extreme,” and little has changed to alter that view (Sykes 1958, 63). Indeed, Sykes’s observation is perhaps more meaningful now than when he first made it. Moreover, prolonged adaptation to the deprivations and frustrations of life inside prison—the “pains of imprisonment”—carries certain psychological costs. This chapter briefly explores some of those costs and examines their implications for adjustment in the world beyond prison. It concludes with some programmatic and policy-oriented suggestions to minimize disruptions in the transition from prison to home.

My approach to the topic of postprison adjustment requires one important caveat, however. Although much of my discussion is organized around the themes of psychological changes and adaptations, I do *not* mean to suggest that criminal behavior can or should be equated with mental illness, that persons who suffer the acute pains of imprisonment necessarily manifest diagnosable psychological disorders or other forms of personal pathology, that psychotherapy should be the primary tool of prison rehabilitation, or that therapeutic interventions are the most effective ways to optimize the transition from prison to home. I am well aware of the excesses that have been committed in the

name of correctional psychology in the past, and it is not my intention to contribute in any way to repeating them.

The chapter is organized around several basic propositions. First, prisons have become in some ways much more difficult places in which to adjust and survive over the past several decades. In light of these changes, adaptation to modern prison life incurs severe psychological costs for many incarcerated persons, some of whom are more vulnerable than others to the pains of imprisonment. Finally, although the psychological costs and pains of imprisonment can and do serve to impede postprison adjustment, there are ways to minimize these impediments, both in and out of prison.

The State of the Prisons

Prisoners in the United States and elsewhere have always confronted a unique set of contingencies and pressures to which they were required to react and adapt in order to survive the prison experience. However, a combination of forces have transformed the nation's criminal justice system and modified the nature of imprisonment over the past three decades (Haney 1998; Haney and Zimbardo 1998). As a result, the challenges prisoners must now overcome in order to both endure incarceration and eventually reintegrate into the freeworld also have changed and intensified.

These changes in the nature of imprisonment have included, among other things, a series of interrelated, negative trends in American corrections. Perhaps the most dramatic changes have resulted from the unprecedented increases in the rate of incarceration, which in turn have added to the U.S. prison population and brought about widespread overcrowding. Over the past 25 years, penologists repeatedly have described U.S. prisons as "in crisis," characterizing each new level of overcrowding as "unprecedented" (Cullen 1995; Zalman 1987). The dramatic increases in the prisoner population have been primarily policy driven and not the result of increases in crime rates or the population in general. In fact, the *rate* of incarceration (which corrects for population increases) in the United States remained remarkably stable for the 50-year period between 1925 and 1975, at just around 125 persons incarcerated in prisons and jails per 100,000 persons in the population. However, between 1975 and 1995, that rate soared approximately five-

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fold to an unprecedented 600 per 100,000. By 2001, it hovered close to 700 per 100,000 (Haney and Zimbardo 1998; Harrison and Beck 2002).¹

These dramatic increases were not part of some international trend. By the early 1990s, the United States incarcerated more persons per capita than any other nation in the modern world, and it has retained that dubious distinction nearly every year since. The international disparities are most striking when the U.S. incarceration rate is contrasted to those of other nations with whom the United States is often compared, such as Japan, the Netherlands, Australia, and the United Kingdom. In the 1990s—as Marc Mauer and the Sentencing Project have effectively documented—incarceration rates in the United States were consistently between four and eight times greater than these other nations (Mauer 1992, 1995). For example, in 1995, when the U.S. rate first reached 600 prisoners per 100,000 in the population, Canada was incarcerating a little less than one sixth as many of its citizens per 100,000 (115) and Japan just short of one-twentieth (37) as many people.

The rapidly expanding prisoner population and the resulting high levels of overcrowding in prisons across the country have adversely affected conditions of confinement, jeopardized prisoner safety, compromised prison management, and greatly limited prisoner access to meaningful programming. The two largest prison systems in the nation—those in California and Texas—provide instructive examples. Over the past 30 years, California's total prisoner population has increased *eight-fold* (from roughly 20,000 in the early 1970s to its current population of approximately 160,000), and its incarceration rate has grown to match the rapidly increasing national average (Travis and Lawrence 2002). Although the state corrections budget has skyrocketed, no remotely comparable increase in funds for prisoner services or inmate programming has occurred. For example, between 1979 and 1986, the number of California prisoners increased 139 percent and the caseloads of its prison psychiatrists and psychologists doubled. However, the budgeted positions for clinical staff increased by only 29 percent (Specter 1994, 112). In addition, despite an unprecedented surge in new prison construction, the state has been unable to keep pace with the influx of prisoners—the system currently operates at approximately 190 percent of capacity (California Department of Corrections 2002).

Texas's prison system, the nation's second largest, has been plagued by many of the same problems. Although Texas had managed to avoid the kind of rapid expansion of its prison population that plagued California

throughout the 1980s, and in spite of research favorably comparing the crime rates in Texas with those in California during the same period (Ekland-Olson, Kelly, and Eisenberg 1992; Petersilia 1992), state politicians finally succumbed to nationwide trends toward overincarceration in the early 1990s. Between 1992 and 1997, the prisoner population more than doubled as the state achieved one of the highest incarceration rates in the nation (Texas Department of Criminal Justice 1997). Nearly 70,000 additional prisoners were added to the state's prison rolls in that brief five-year period alone. Resources that might have been devoted to prisoner programs, mental health and drug treatment services, and the like were spent on creating bed space as the state scrambled to create room for this enormous influx of prisoners. Not surprisingly, California and Texas were among the states that faced major prison lawsuits in the 1990s. Federal courts in both states found substandard, unconstitutional conditions of confinement and ruled that the prison systems had failed to provide adequate treatment services for those prisoners suffering the most extreme psychological effects of being housed in deteriorated and overcrowded facilities.²

Paralleling these dramatic increases in incarceration rates and the numbers of persons imprisoned throughout the United States has been an equally dramatic change in the rationale for prison itself. In the mid-1970s, American society moved abruptly from justifying imprisonment on the basis of the belief that incarceration would somehow facilitate productive reentry into the freeworld to using imprisonment merely to inflict pain on wrongdoers ("just desserts"), to disable criminal offenders ("incapacitation"), or to keep them far away from the rest of society ("containment"). Abandoning the once-avowed goal of rehabilitation certainly decreased the perceived need for and availability of meaningful programming for prisoners, as well as social and mental health services provided to them both inside and outside the prison. Indeed, once prisons were no longer conceptualized as places that existed—at least in part—for the benefit of prisoners, general support for overall prisoner well-being declined.

In a number of instances, abandoning the goal of rehabilitation also resulted in the erosion of modestly protective norms against cruelty toward prisoners. Many corrections officials became far less inclined to address prison disturbances, tensions between prisoner groups and factions, and disciplinary infractions in general by using ameliorative techniques aimed at addressing the root causes of conflict and designed to

de-escalate discord. Instead, the rapid influx of new prisoners, serious shortages in staffing and other resources, and the embrace of an openly punitive approach to corrections led to the “de-skilling” of many correctional staff members. Corrections personnel, in turn, often resorted to extreme forms of prison discipline (such as punitive isolation or “super-max” confinement) that were especially destructive and designed to repress conflict rather than resolve it (Haney and Lynch 1997). Increased tensions and higher levels of fear and danger resulted.

Stressing the punitive aspects of incarceration made prison more alienating and stigmatizing. This emphasis resulted in the further literal and psychological isolation of prisons from surrounding communities, and compromised prison visitation programs and the already scarce resources that had been used to maintain ties between prisoners and their families and others in the outside world. Support services to facilitate the transition from prison to the freeworld were undermined at precisely the moment they needed to be enhanced. Because of longer sentences and a greatly expanded scope of incarceration, more prisoners experienced the psychological pains of imprisonment for longer periods, more people were incarcerated than ordinarily would have been (e.g., drug offenders), and more minority communities (because of differential enforcement and sentencing policies) suffered the social costs of incarceration in increasing concentrations (Tonry 1995).

Thus, in the first decade of the 21st century, more people have been subjected to the pains of imprisonment for longer periods and under conditions that threaten greater psychological distress and potential long-term dysfunction. They will be returned to communities already disadvantaged by a badly frayed “safety net,” and they will sorely need social services and supportive resources that their neighborhoods unfortunately will be too often unable to provide.

The Psychological Effects of Incarceration: On the Nature of Institutionalization

Adjusting to imprisonment is difficult for virtually everyone. It can create habits of thinking and acting that are extremely dysfunctional outside the prison walls. Yet, the psychological effects of incarceration vary from individual to individual and they are often reversible. To be sure then, not everyone who is incarcerated is disabled or psychologically

harm by the experience. However, few people leave prison completely unchanged or unscathed by it. At the very least, prison is painful. Many incarcerated persons suffer the long-term consequences of having been subjected to this pain. In the course of coping with the deprivations of prison life and adapting to its extremely atypical patterns and norms of living and interacting with others, many people are permanently changed.

At the same time, empirical studies of the most negative effects of incarceration are reasonably consistent: Most people who have done time in the best-run prisons return to the freeworld with little or no permanent, clinically diagnosable psychological disorders resulting from their imprisonment (Haney 1997). Prisons do not, in general, make people "crazy." However, even researchers who are openly skeptical about whether the pains of imprisonment generally translate into psychological harm concede that, for at least some people, prison can produce negative, long-lasting change.³ And experts generally agree that more extreme, harsh, dangerous, or otherwise psychologically taxing confinement results in more people suffering and longer-lasting damage.⁴

Rather than concentrating on the most extreme or clinically diagnosable effects of imprisonment, my focus in this chapter is on the broader and subtler psychological changes that occur in the routine course of adapting to prison life. The term "institutionalization" is used to describe the process by which inmates are shaped and transformed by the institutional environments in which they live. Sometimes called "prisonization" when it occurs in correctional settings, it is the shorthand expression for the broad, negative psychological effects of imprisonment.⁵ The process has been studied extensively by sociologists, psychologists, psychiatrists, and others, and involves a unique set of psychological adaptations that typically occur—in varying degrees—in response to the extraordinary demands of prison life (Clemmer 1958; Goffman 1961; Goodstein 1979; McCorkle and Korn 1954; Peat and Winfree 1992; Thomas and Peterson 1981; Tittle 1972). In general terms, the process of prisonization involves the incorporation of the norms of prison life into one's habits of thinking, feeling, and acting.

It is important to emphasize that these changes are the result of natural and normal adaptations made by prisoners in response to the unnatural and abnormal conditions of prison life. The dysfunctionality of these adaptations is not "pathological" in a traditional sense (even though, in practical terms, they may be destructive in effect). Instead, the adaptations themselves are normal reactions to a set of pathological conditions

that become problematic when they are taken to extreme lengths, or become chronic and deeply internalized so that, even though surrounding conditions may change, many of the once-functional but ultimately counterproductive patterns remain.

Like most processes of gradual change, of course, prisonization is progressive or cumulative. Thus, all other things being equal, the longer persons are incarcerated, the more significant is the nature of their institutional transformation. This is true despite variations in the ease of their apparent adjustment or adaptation to prison. When most people first enter prison, they naturally find that the experience of being forced to adapt to an often harsh and rigid institutional routine, deprived of privacy and liberty, assigned a diminished, stigmatized status, and living under extremely sparse material conditions is stressful, unpleasant, and difficult. However, in the course of becoming institutionalized, a transformation begins. Prisoners gradually become more accustomed to the wide range of restrictions, deprivations, and indignities that institutional life imposes.

The various psychological mechanisms that must be employed to adjust (and, in some harsh and dangerous correctional environments, to survive) become increasingly natural—second nature in fact—and, to a degree, internalized. To be sure, the process of institutionalization can be subtle and difficult to discern as it occurs. Thus, prisoners do not choose to succumb to it or not, and many people who become institutionalized are unaware that it has happened to them. Few of them consciously decide to allow such a transformation to take place (Irwin 1970).

Institutionalization may have more profound effects on persons who enter institutional settings at an early age—before they have formed the ability to control many of their own life choices. Thus, their institutionalization may proceed more quickly, with deeper and more long-lasting consequences. Some young inmates experience powerful psychological reactions and changes after just brief periods in institutional environments. Typically, however, the longer prisoners remain in an institution, the more likely it is that the process will significantly transform them. Inmates who are “state raised”—housed in one or another institutional setting for most of their young lives—will have passed through key developmental stages at the same time they were accommodating to institutional norms and contingencies. Therefore, the likelihood that much of the institutional structure and routine will be deeply incorporated into their identity during these formative periods is increased

(Bartollas, Miller, and Dinitz 1976; Wright 1991). Because many younger inmates lack mature identities and independent judgment when they are first institutionalized, they have little internal structure to revert to or rely upon when institutional controls are removed. Consequently, they often face more serious postprison adjustment problems.

The process of institutionalization (or prisonization) includes some or all of the following psychological adaptations.

Dependence on Institutional Structure and Contingencies

Among other things, penal institutions require inmates to relinquish the freedom and autonomy to make many of their own choices and decisions. Abandoning such self-sufficiency requires a painful adjustment that some people never fully achieve. Over time, however, many prisoners adapt to their loss of independence by moderating or relinquishing self-initiative and becoming increasingly dependent on the institutional contingencies that they once resisted. Eventually, some prisoners find it more or less natural to be denied significant control over the day-to-day decisions that affect their lives in myriad ways. In the final stages of the process, some inmates come to depend on institutional decisionmakers to make choices for them, relying on the prison's structure and schedule to organize their daily routine. In extreme cases, prisoners' decision-making capacity is significantly impaired and they lose the ability to routinely initiate their own behavior or exercise sound judgment in making their own decisions. Profoundly institutionalized persons may even become extremely uncomfortable and disoriented when and if previously cherished freedoms, autonomy, and choices are finally restored.

A slightly different aspect of this process involves prisoners developing a subtle dependency on the institution to control or limit their behavior. Correctional institutions force inmates to adapt to an elaborate network of typically very clear boundaries and rigid behavioral constraints. The consequences for violating these bright-line rules and prohibitions can be swift and severe. Continuous and increasingly sophisticated surveillance means that prisons are quick to detect and punish even minor infractions. Correctional settings surround inmates so thoroughly with *external* limits, immerse them so deeply in a network of rules and regulations, and accustom them so completely to such highly visible systems of monitoring and restraints that *internal* controls may atrophy or, in the case of especially young inmates, sometimes fail to develop altogether. Thus, institu-

tionalization or prisonization renders some people so dependent on external constraints that they gradually cease to rely on their own self-imposed internal organization to guide their actions or restrain their conduct. If and when this external structure is taken away, severely institutionalized persons may find that they no longer know how to do things on their own, or know how to refrain from doing those things that are ultimately harmful or self-destructive.

Hypervigilance, Interpersonal Distrust, and Suspicion

Because many prisons are clearly dangerous places from which there is no exit or escape, prisoners learn quickly to become hypervigilant, always alert for signs of threat or risks to personal safety. Because the stakes are high, and because there are people nearby who are poised to exploit weakness, carelessness, or inattention, prisoners learn to become interpersonally cautious, even distrustful and suspicious. Some prisoners learn to project a tough "convict" veneer that keeps all others at a distance. Indeed, as one prison researcher put it, many prisoners "believe that unless an inmate can convincingly project an image that conveys the potential for violence, he is likely to be dominated and exploited throughout the duration of his sentence" (McCorkle 1992, 161). For many, these survival strategies develop quickly and soon become reflexive.

McCorkle's (1992) study of a maximum security Tennessee prison attempted to quantify the behavioral strategies prisoners employed to survive dangerous prison environments. He found that "fear appeared to be shaping the life-styles of many of the men," that it had led over 40 percent of prisoners to avoid certain high-risk areas of the prison, and about an equal number of inmates reported spending additional time in their cells as a precaution against victimization. At the same time, almost three-quarters of the prisoners reported that they had been forced to "get tough" with another prisoner to avoid victimization, and more than one-quarter kept a "shank" or other defensive weapon nearby. McCorkle found that age was the best predictor of the type of adaptation a prisoner took, with younger prisoners being more likely than older prisoners to employ aggressive avoidance strategies. Indeed, younger prisoners often seem particularly susceptible to the combative norms of imprisonment; many have not yet learned alternative ways of handling the threats, perceived slights, and potential conflicts that are regular aspects of prison life.

Emotional Overcontrol, Alienation, and Psychological Distancing

Frank admissions of vulnerability to other prisoners or to prison staff are potentially dangerous because they invite exploitation. As one experienced prison administrator wrote: "Prison is a barely controlled jungle where the aggressive and the strong will exploit the weak, and the weak are dreadfully aware of it" (Keve 1974, 54). However, shaping an outward image of tough invulnerability requires carefully measured emotional responses. Many prisoners struggle to control and suppress their own internal reactions to events around them; emotional overcontrol and a generalized lack of spontaneity often result. In addition, many prisoners are forced to become remarkably skilled "self-monitors" who calculate the anticipated effects of every aspect of their behavior on the rest of the prison population. They strive to make such calculations second nature.

Prisoners who labor at both an emotional and behavioral level to develop an unrevealing and impenetrable "prison mask" simultaneously risk alienation from themselves and others. Constantly hiding their feelings from others leads some prisoners to forget that they have any feelings at all. They may develop a chronic emotional flatness that debilitates their social interactions and intimate relationships. Many for whom the mask has become especially thick and effective in prison find that they have created what feels like a permanent and unbridgeable distance between themselves and other people. This alienation and social distancing is primarily a defense against exploitation. In addition, however, it is a functional adaptation to the lack of interpersonal control that characterizes prison environments and makes emotional investments in relationships unpredictable and risky. Unfortunately, the disinclination for engaging in open communication with others that prevails in prison leads some prisoners to withdraw from authentic social interactions altogether, and this extreme adaptation can be especially difficult for former prisoners to reverse once they have returned to the freeworld (Jose-Kampfner 1990; Sapsford 1978).

Social Withdrawal and Isolation

Some prisoners learn to create psychological and physical safe havens through social invisibility; they become as inconspicuous and unobtrusive as possible by disconnecting from the people and events around

them. Such self-imposed social withdrawal often means that inmates retreat deeply into themselves, trust virtually no one, and adjust to prison stress by leading isolated lives of quiet desperation. Thus, Levenson (1975) found not surprisingly that prisoners who were incarcerated for longer periods and those who were punished more frequently by being placed in solitary confinement were more likely to believe that their world was controlled by "powerful others." Such beliefs are consistent with an institutional adaptation that undermines autonomy and self-initiative. In extreme cases, especially when combined with apathy and the inability to independently initiate behavior, this pattern closely resembles clinical depression. It is a psychological adaptation to which long-term prisoners especially are vulnerable. Indeed, Taylor wrote that the deteriorated, long-term prisoner "shows a flatness of response which resembles slow, automatic behavior of a very limited kind, and he is humorless and lethargic" (Taylor 1961, 374). In fact, Jose-Kampfner has analogized the plight of long-term women prisoners to that of persons who are terminally ill, whose experience of this "existential death is unfeeling, being cut off from the outside . . ." and who, therefore, "adopt this attitude because it helps them cope" (Jose-Kampfner 1990, 123).

Incorporation of Exploitative Norms of Prison Culture

Prisons are characterized by elaborate informal rules and norms that are part of the unwritten but essential culture and code that prevail inside the walls and among prisoners. Like the formal rules of the institution, these, too, must be abided. Some prisoners, eager to defend themselves against what they perceive as the constant dangers and deprivations surrounding them, embrace as many of these informal norms as possible, including those that are harsh and exploitative. Especially as the avowed goal of rehabilitation has been replaced by the ethic of punishment for punishment's sake, prisoners have been given too few meaningful options or alternative cultures in which to invest themselves. Moreover, the choice to categorically "drop out" or completely refrain or otherwise hide from the informal but dominant and sometimes domineering prisoner culture is not readily available.

Thus, the lack of meaningful programming in many institutions has deprived prisoners of prosocial or positive activities in which to engage while incarcerated. Too few are given access to gainful employment where they can obtain marketable job skills or earn adequate compensation; in

many places, those who do work are assigned to menial tasks that they perform for only a few hours a day. With rare exceptions—those very few states that permit highly regulated and infrequent conjugal visits—prisoners are prohibited from sexual contact of any kind. Because many basic human needs and desires that are taken for granted in the free-world—the need to work, to love, to recreate—are ignored or suppressed in prison, prisoners must find alternative ways of addressing them. As a result, inmates are drawn closer to—some would say compelled to participate in—an illicit culture that appears to offer the only meaningful, tolerable, or survivable way of life under conditions of extreme deprivation.

However, as noted earlier, signs of weakness or vulnerability are disfavored in prison settings, and the expression of candid emotions or intimacy discouraged. Prisoner culture strongly reinforces these norms, helping to turn them into self-fulfilling prophecies as well as survival strategies. Some prisoners embrace these expectations by promoting their own reputation for toughness, reacting quickly to seemingly insignificant insults, affronts, or signs of disrespect, sometimes with decisive (even deadly) force. In some contexts, the failure to exploit weakness is itself taken as a sign of weakness and an invitation for exploitation. In men's prisons, especially, these values and orientations promote a kind of hypermasculinity in which force and domination may be glorified as essential components of personal identity and self-respect. Finally, in an environment characterized by enforced powerlessness and social deprivation, men and women prisoners confront distorted norms of sexuality in which dominance and submission often become entangled with and mistaken for the basis of intimate relations.

Of course, persons who internalize too many of these values may experience serious difficulties in forming meaningful interpersonal relationships in the freeworld. The tough convict veneer that prevents someone from seeking appropriate help for their personal problems, or a generalized reluctance to trust others out of fear of exploitation may be necessary in prison contexts, but inappropriate and dysfunctional in others. This is equally true of the learned tendency to strike out in response to minimal provocation. Particularly in interactions with persons who have not been socialized into the norms of prisoner culture in which the maintenance of interpersonal respect and personal space is inviolate, these "normal" prison responses are seen as impulsive and even dangerous overreactions.

Even though prisoner culture has been described here as “informal,” its norms are often very forcefully imposed; its effects on prisoners can be powerful and long lasting. The habits of thinking and acting that are formed as a result of such enculturation may account for as much of the prisonization process as the adaptations to the institution’s formal rules, routines, and structure, and they may be at least as difficult to relinquish upon release.

Diminished Sense of Self-Worth and Personal Value

Prisoners are denied basic privacy rights and lose control over the most mundane aspects of their day-to-day existence. They live in small, sometimes extremely cramped and deteriorating spaces; the 60-square-foot cell typical of maximum-security prisons is roughly the size of a king-size bed. Prisoners who are double-celled share this space with another person, one whose identity they typically have little or no control over. Somehow they must negotiate the intimate forms of daily contact these living conditions require. Prisoners generally have no choice in when they get up or have lights out; when, what, or where they eat; whether and for how long they shower or make a phone call; and most of the other countless daily decisions that citizens in the freeworld naturally make and take for granted. Of course, prisoners feel infantilized by this loss of control. The degraded conditions under which they live serve as constant reminders of their compromised social status and their stigmatized social role as prisoners. A diminished sense of self-worth and personal value may result. In extreme cases of institutionalization, prisoners internalize the symbolic meaning of externally imposed substandard treatment and degraded circumstances. Prisoners may come to think of themselves as the kind of people who deserve no more than the degradation and stigma to which they have been subjected while incarcerated and carry this degraded sense of self with them upon release.

Posttraumatic Stress Reactions to the Pains of Imprisonment

For some prisoners, incarceration is so stark and psychologically painful that it represents a form of trauma severe enough to produce posttraumatic stress reactions in the freeworld. Ex-convicts may experience unexplained emotional reactions in response to stimuli that are psychologically reminiscent of painful events that occurred during incarceration.

They may suffer free-floating anxiety, an inability to concentrate, sleeplessness, emotional numbing, isolation, and depression—all connected to their prison traumas. Some former prisoners may relive especially stressful or fear-arousing events that traumatized them during incarceration. In fact, Judith Herman has suggested that a new diagnostic category—what she has termed “complex” posttraumatic stress disorder (PTSD)—be used to describe the trauma-related syndrome that prisoners are likely to suffer in the aftermath of their incarceration because it comes about as a result of “prolonged, repeated trauma or the profound deformations of personality that occur in captivity” (Herman 1992, 119; 1995).

Moreover, we now understand that there are certain features common to the lives of many prisoners that may predispose them to these post-traumatic reactions. The literature on these common features has grown vast over the last several decades (e.g., Dutton and Hart 1992; Haney 1995; Huff-Corzine, Corzine, and Moore 1991; McCord 1991; Sampson and Laub 1993; Widom 1989). A “risk factors” model helps to explain the potentially powerful long-term effects of traumatic childhood events (such as poverty, abusive and neglectful mistreatment, and other forms of victimization) in the social histories of many criminal offenders. As Ann Masten and Norman Garmezy (1985) noted in the seminal article outlining this model, the presence of these background risk factors and traumas in childhood increases the probability of a range of other problems later in life, including delinquency and criminality. The fact that a high percentage of persons presently incarcerated have experienced many of these childhood traumas means, among other things, that the harsh, punitive, and often uncaring nature of prison life may represent a re-traumatization experience for many of them. Some prisoners will find exposure to the rigid and unyielding discipline of prison, the unwanted proximity to violent encounters, the threat or experience of physical or sexual victimization, the need to negotiate the dominating intentions of others, and the absence of genuine respect and regard for their personal well-being in the environment around them all too familiar. Time spent in prison may rekindle not only bad memories but also the disabling psychological reactions and consequences of these earlier damaging experiences.

Challenges in Transitioning to Postprison Life

The range of psychological consequences of institutionalization described above are not always immediately obvious once the structural

and procedural imperatives that created them have been removed. The relatively few prisoners who are fortunate enough to leave prison and return to moderately structured and especially supportive environments—stable families, work, helpful forms of parole supervision, and supportive communities—may experience relatively unproblematic transitions. Those who return to difficult and stressful circumstances lacking supportive structure and services are at greater risk for postprison adjustment problems. They may be forced by social and economic disadvantage to live at the margins of society and, as a result, are more vulnerable to a host of problems, including reoffending. Often in these cases, the negative aftereffects of institutionalization first appear in the form of *internal* chaos, disorganization, stress, and fear. Because the process of institutionalization has taught most people to cover these internal states, and to mask intimate feelings or reactions that may indicate vulnerability or dysfunction, the outward appearance of normality and adjustment may hide a range of common but serious problems that many ex-convicts encounter in the freeworld.

Ex-convicts who have few close, personal contacts with caring people who know them well enough to sense that something may be wrong are especially vulnerable. Without such supportive contact, resources, or needed services, severely institutionalized persons eventually confront complicated and challenging problems, conflicts, or events that they cannot plan for in advance and for which they often lack the resiliency to navigate or overcome. Life on the streets may feel joyously free and, alternately, frighteningly chaotic and overwhelmingly burdensome. Coping mechanisms learned in prison may make daily problems worse rather than better. Prisoners who were forced to rely on the external structure and constraints of prison for their direction and balance often find their behavioral and emotional stability eroded in the freeworld. Dysfunctional and even destructive behavior may follow.

Of course, there is more to postprison success than simply learning to relinquish now-dysfunctional prison coping mechanisms and managing newfound and unfamiliar freedoms independently. Quite apart from the lasting effects of prisonization, returning prisoners face an extremely complicated transition that is rooted in the difficult life circumstances they often confront in the freeworld. These difficulties include the challenge of reconnecting with family and friends from whom they have been separated (and whose lives also may have significantly changed in their absence), the hard tasks of finding and maintaining work and affordable housing, and the need to grapple with a range of preexisting problems

(such as alcohol or drug addiction) that are likely to have gone untreated in prison. Furthermore, all of these otherwise difficult issues are overlaid with the stigma of past incarceration and present ex-convict status (Homant 1984). Thus, institutionalization makes an already difficult transition from prison to home even more challenging.

Special Populations and the Pains of Prison Life

Although everyone who enters prison is subjected to the pressures of institutionalization, and prisoners adapt in various ways that incur different kinds of psychological costs, some prisoners are more vulnerable to the pains of imprisonment than others. Because of their unique problems (e.g., “special needs” prisoners with mental health or other conditions that often are inadequately addressed under current prison policies [Haney and Specter 2001]) or because of the especially harsh conditions of confinement to which they are subjected (e.g., the increasing numbers of supermax or solitary confinement prisoners [Haney 2003; Haney and Lynch 1997]), these especially vulnerable prisoners have a more significant set of obstacles and challenges to overcome as they make the transition from prison to home. The plight of several of these special populations of prisoners is discussed briefly below.

Alcohol- and Drug-Addicted Prisoners

A significant amount of research confirms what prison experts and correctional administrators have long known—a very large percentage of persons entering prison are drug or alcohol addicted (Lo and Stephens 2000). Much of that same research now underscores a major flaw in contemporary prison policy; although the nation has committed itself to addressing substance abuse problems through incarceration, it has failed to ensure that minimally adequate treatment is available to the hundreds of thousands of prisoners who need these services (Inciardi and Martin 1993; Lipton 1995; Morash, Haarr, and Rucker 1994). This policy failure affects minority communities much more significantly than it affects other communities. For example, in the federal prison system—where drug offenders now predominate—the numbers of African Americans incarcerated for drug violations are shockingly high: Fully 64 percent of male and 71 percent of female black prisoners incarcerated in federal institutions in 1995 had been

sent there for drug offenses (Bureau of Justice Statistics 1996). Among state prisoners, the number of incarcerated black drug offenders increased by 707 percent between 1985 and 1995, while the number of incarcerated white drug offenders increased by 306 percent (Mumola and Beck 1997).

The pitfalls of institutionalization are especially evident among drug- and alcohol-addicted prisoners. Although it is certainly possible for prisoners to obtain drugs and alcohol in most prisons, the nature of institutional life limits their use. Obviously, nonprisoners are able to bring drugs into prisons. However, drugs are often expensive, especially in an "economy" in which most prisoners have very limited resources. In addition, prisoners are under fairly careful surveillance most of the time, have little real privacy even when they are in their cells, are subjected to unannounced searches (and in some prison systems, random drug testing), are required to be in certain places at certain specified times, and must conform to myriad prison rules and regulations that would be compromised by consistently or flagrantly impaired consciousness. Unlike the freeworld, then, significant drug or alcohol use over a long period in prison is likely to be detected and punished.

Many prisoners with serious drug or alcohol addictions report that prison is the only place where they have been able to remain clean and sober for an extended period. However, they do so by depending heavily on the institution to limit and control their behavior. Of course, in the absence of treatment, little or nothing is done to enable these prisoners to address or manage addictive behavior on their own, or even to recognize the signs or symptoms that indicate they may be at risk of resuming their substance abuse. Indeed, the untold story in recidivism statistics, data that underscore the consistently high likelihood that former prisoners will reoffend, is the frequency with which the resumption of drug and alcohol use and abuse has preceded a return to crime.

Nonetheless, high percentages of persons incarcerated for drug-related offenses are or will be returned to the communities in which their drug and alcohol addictions began and were maintained, never having been given adequate or effective treatment for their original problem. Indeed, despite the increased rate of incarceration of drug offenders, the availability of drug treatment programs has actually declined nationally. In fact, the Bureau of Justice Statistics reported that only 10 percent of state prisoners received formal substance abuse treatment in 1997, a decrease from 25 percent reported in 1991 (Bureau of Justice Statistics 2000). The strains of postprison adjustment and the lack of available community-based

treatment programs and social services for this and other potential problems increase the likelihood that recently released prisoners will turn to drugs or alcohol as a form of self-medication and, as a result, severely compromise their successful reintegration into society.

Mentally Ill and Developmentally Disabled Prisoners

Mental illness and developmental disability represent the largest categories of disabilities among prisoners.⁶ For example, a national survey of prison inmates conducted in 1987 indicated that although less than 1 percent suffered from visual, mobility/orthopedic, hearing, or speech deficits, much higher percentages suffered from cognitive and psychological disabilities (Veneziano, Veneziano, and Tribolet 1987). A more recent follow-up study obtained similar results: although less than 1 percent of the prison population suffered visual, mobility, speech, or hearing deficits, 4.2 percent were developmentally disabled, 7.2 percent suffered psychotic disorders, and 12 percent reported "other psychological disorders" (Veneziano and Veneziano 1996; see also Long and Sapp 1992).

In some instances, however, these estimates are based exclusively on reports from prison staff. Because such reports may be limited by the poor quality of the reporting itself or by flaws in the procedures used to detect special-needs prisoners, the size of the group may be understated. The situation in California provides an instructive example.⁷ Based on internal estimates of the numbers of mentally ill prisoners in the 1970s and early 1980s, the California Department of Corrections reassured lawmakers that their needs were being adequately addressed. However, in the late 1980s, the state commenced one of the most sophisticated and comprehensive studies ever conducted on mental illness in such a large state prison system. The results were unsettling. By conducting a series of face-to-face diagnostic interviews with a carefully selected sample of California prisoners, the study determined that approximately 27 percent of California prisoners were suffering from some form of "serious mental disorder" and were experiencing some current symptoms within a month of being interviewed.⁸ The study's authors concluded that "the prevalence of mental problems among California offenders is little short of staggering" (Cotton and Associates 1989, 34).

In addition, nearly 7 percent of the California prisoner population displayed current symptoms of one of four "severe" mental disorders (severe organic brain syndrome, schizophrenia, major depression, or

bipolar disorder) that had gone *undetected* by the prison authorities.⁹ By the time these issues were actually brought to light in federal court in the early 1990s, the California prison system had grown so large that this figure translated into an estimated 10,000 prisoners suffering from severe mental disorders that authorities had failed to identify and, presumably, for whom they had neglected to provide meaningful or adequate treatment.¹⁰ In 1992, the outpatient clinical staff still numbered less than 20 percent of the total staff recommended by the statewide mental illness prevalence study. In fact, seven of the state's prisons—including some with as many as 5,000 prisoners—lacked a single staff psychiatrist, six had no mental health professional on staff, and 10 had less than one mental health clinician (i.e., employed only part-time staff). It is clear that there were far more mentally ill prisoners in California than state officials would have estimated or that simple inmate self-report studies were likely to reveal. It is also clear that the needs of these prisoners, many of whom were not even identified by the prison system, were being ignored or otherwise inadequately met (Specter 1994).

The same fate likely befalls developmentally disabled prisoners in many prison systems. A number of states do little or no systematic screening to determine the level of basic cognitive functioning among incoming prison inmates, so it is impossible to estimate with any degree of certainty exactly how many developmentally disabled prisoners there are in the United States. A simple extrapolation from the population at large, where 2 to 3 percent of the population is developmentally disabled, would produce an estimate of tens of thousands of developmentally disabled prisoners. But most empirical studies of the number of developmentally disabled prisoners put the figure higher, at 3 to 10 percent. Most experts agree that many of these prisoners also are undetected in the prison systems in which they are housed, which means that many of them participate in no meaningful or systematic habilitation programs in preparation for postprison life.

Again, California's experience is enlightening. Like a number of states, the California Department of Corrections until recently conducted no systematic screening for cognitive disability as prisoners were being processed into the prison system.¹¹ Based on the national estimates of percentages cited above, however, one would expect 3 to 10 percent of California prisoners to be developmentally disabled (i.e., between 4,800 and 16,000, based on a total of 160,000 state prisoners).¹² Yet, California corrections officials claimed that there were no more than a *handful* of developmentally disabled prisoners in their entire system. Indeed, they

argued that they did not need to use special screening procedures to detect them since their developmental disabilities made them "readily identifiable." In a system where only a handful of such prisoners had been identified and were receiving appropriate habilitation services, literally thousands were being ignored. The system expected them to somehow fend for themselves in the complicated and harsh environment of prison and, presumably, in the freeworld once released.

Based on the various studies and estimates cited above,¹³ it is probably safe to assume that up to 20 percent of the current prisoner population nationally suffer from either some sort of significant mental or psychological disorder or a developmental disability. However difficult the task of negotiating prison's complex social environment is for fully functioning persons, it is surely far more difficult for vulnerable mentally ill and developmentally disabled prisoners. Under the best of circumstances, prison can be a confusing and dangerous situation. For mentally ill prisoners whose defining (but often undiagnosed) disability includes difficulty maintaining close contact with reality or problems controlling and conforming their emotional and behavioral reactions, the regimented and rule-bound nature of institutional life may prove impossibly difficult. For developmentally disabled prisoners whose cognitive limitations impede their information processing, comprehension, and learning, the complex, nuanced, and "every man for himself" atmosphere of prison may present insurmountable challenges. Yet, both groups are too often left to their own devices, to somehow survive in prison and eventually leave without having had any of their unique needs addressed.

Combined with the de-emphasis on treatment that now characterizes our nation's correctional facilities, these behavior patterns can significantly impact the institutional history of vulnerable or special-needs inmates. One commentator has described the vicious cycle into which mentally ill and developmentally disabled prisoners can fall:

The lack of mental health care for the seriously mentally ill who end up in segregation units has worsened the condition of many prisoners incapable of understanding their condition. This is especially true in cases where prisoners are placed in levels of mental health care that are not intense enough, and begin to refuse [to take] their medication. They then enter a vicious cycle in which their mental disease takes over, often causing hostile and aggressive behavior to the point that they break prison rules and end up in segregation units as management problems. Once in punitive housing, this regression can go undetected for considerable periods of time before they again receive more closely monitored mental health care. This cycle can, and often does, repeat (Streeter 1998, 167).

Of course, prison systems that fail to detect or to provide adequate services for these special needs prisoners while they are incarcerated are unlikely to properly prepare them for the transition from prison to home. They are also unlikely to ensure that appropriate community agencies are notified about returning special-needs prisoners so that meaningful treatment plans and social and other services can be provided to facilitate their reintegration and freeworld adjustment.¹⁴

Prisoners in Supermax or Solitary Confinement

An increasing number of prisoners are subjected to the unique and potentially more destructive experience of punitive isolation in so-called "supermax" facilities where they are kept under conditions of unprecedented social deprivation for unparalleled lengths of time. This kind of confinement creates its own set of psychological pressures that, in some instances, can uniquely disable prisoners for freeworld reintegration (Haney 2003; Haney and Lynch 1997). Indeed, there are few if any forms of imprisonment that produce so many indices of psychological trauma and symptoms of psychopathology. Published studies document a range of negative psychological consequences from long-term, solitary-like confinement, including an impaired sense of identity; hypersensitivity to stimuli; cognitive dysfunction (confusion, memory loss, ruminations); irritability, anger, aggression, and/or rage; other-directed violence, such as stabbings, attacks on staff, property destruction, and collective violence; lethargy, helplessness, and hopelessness; chronic depression; self-mutilation and/or suicidal ideation, impulses, and behavior; anxiety and panic attacks; emotional breakdowns and/or loss of control; hallucinations, psychosis, and/or paranoia; and overall deterioration of mental and physical health (Haney 2003; Haney and Lynch 1997).

Human Rights Watch (2000) has estimated that there are approximately 20,000 prisoners confined to supermax-type units in the United States. Most experts agree that the number of such units is increasing. Although solitary or supermax confinement is not meted out as part of court-ordered sentences in the United States, corrections departments are using it with increasing frequency as a management tool that may result in very long term isolation. In fact, in many states, the majority of prisoners in these units are serving indeterminate solitary confinement terms, which means that their entire prison sentence will be served in isolation (unless they "debrief" by providing incriminating

information about other prisoners). Unfortunately, few states provide meaningful or effective “decompression” programs for prisoners who leave these units. In other words, many prisoners who have experienced these extreme conditions of confinement—some for considerable periods—are released directly into the community. Not only do most prisons systems fail to prepare these prisoners for the transition from (supermax) prison to home, but they also fail to arrange for special support services or postrelease programs designed to address and ameliorate the lasting psychological consequences resulting from this traumatic form of incarceration.

Implications for the Transition from Prison to Home

The psychological consequences of incarceration represent significant impediments to postprison adjustment. These effects may interfere with the prisoner’s transition from prison to home, impede an ex-convict’s successful reintegration into a social network and employment setting, and compromise a formerly incarcerated parent’s ability to resume his or her role with family and children. These consequences include the sometimes subtle but nonetheless broad-based and potentially disabling effects of institutionalization or prisonization—dependence on institutional structure and contingencies, hypervigilance, interpersonal distrust and suspicion, emotional overcontrol, alienation, psychological distancing, social withdrawal and isolation, the incorporation of exploitative norms of prisoner culture, and a diminished sense of self-worth and personal value. In addition, some prisoners will suffer posttraumatic stress reactions to the pains of imprisonment, and others will continue to grapple with the persistent effects of untreated or exacerbated mental illness, the long-term legacies of developmental disabilities that were improperly addressed, or the pathological consequences of supermax confinement.

There is little evidence that prison systems across the country have responded in a meaningful way to these psychological issues, either in the course of confinement or at the time of release. Indeed, they do little to provide prisoners with insight into the ways in which the prison experience may change them, to ameliorate the potentially harmful psychological consequences, or to effectively address such consequences once they emerge. Over the next decade, the impact of unprecedented levels of incarceration will be felt in many American communities as unprecedented numbers of ex-convicts complete their sentences and return home.

Among other things, these communities will be expected to absorb and address the high level of psychological trauma and untreated disorders that a number of former prisoners will bring with them.

The implications of the psychological consequences of imprisonment for parenting and family life are significant. Parents who return from periods of incarceration still dependent on institutional structures and routines cannot be expected to easily organize the lives of their children or exercise the initiative and autonomous decisionmaking that parenting requires. Those who still suffer the negative effects of a distrusting and hypervigilant adaptation to prison life may find it difficult to promote trust and authenticity within their children. Those who remain emotionally overcontrolled and alienated from others may experience problems being psychologically available and nurturant. Tendencies to socially withdraw, remain aloof, or seek social invisibility are more dysfunctional in family settings where closeness and interdependency are needed. Ex-convicts who continue to embrace many of the most negative aspects of exploitative prisoner culture or find themselves unable to overcome the diminished sense of self-worth that prison too often instills may find many of their social and intimate relationships significantly compromised.

Clearly, the residual effects of the posttraumatic stress of imprisonment and the re-traumatization experiences that prison life may inflict can jeopardize the mental health of persons attempting to reintegrate into the freeworld communities from which they came. Indeed, there is evidence that not only may incarcerated parents themselves continue to be adversely affected by the traumatizing risk factors to which they have been exposed, but also that the experience of imprisonment has done little or nothing to provide them with the tools to safeguard their children from many of the same potentially destructive experiences (Greene, Haney, and Hurtado 2000).

The excessive *and* racially disproportionate use of imprisonment over the last several decades means that the significant problem of postprison adjustment will be concentrated in certain communities whose residents were selectively targeted for criminal justice system intervention. Thus, our society is about to absorb the consequences not only of the "rage to punish" (Forer 1994) that was so fully indulged in the last quarter of the 20th century, but also of the "malign neglect" (Tonry 1995) that led us to concentrate this rage so heavily on African-American men and women. Remarkably, as the present decade began, the number of young black men (age 20–29) under the control of the nation's criminal justice system (including probation and parole supervision) was greater than the total

number in college (Mauer 1992).¹⁵ Indeed, the negative psychological consequences of imprisonment and their adverse effects on prisoner reintegration will be felt in unprecedented ways in African-American communities and families. Not surprisingly, then, one scholar has concluded that "crime control policies are a major contributor to the disruption of the family [and] the prevalence of single parent families" (Chambliss 1994, 183). Like so many burdens in this society, this one, too, has been visited disproportionately on African-American parents and their children (King 1993).

Policy and Programmatic Responses to the Adverse Effects of Incarceration

An intelligent, humane response to the implications of what is known about the adverse psychological effects of imprisonment must occur on at least two levels. We must simultaneously address the prison policies and conditions of confinement that have created or worsened many of these problems, and at the same time make psychological and social services available to ex-convicts and families who are grappling with their problematic consequences. Both things must occur if the successful transition from prison to home is to occur on a consistent and widespread basis. In order to address these two levels of concern, policy interventions must be concentrated in three areas: prison conditions, policies, and procedures; transitional services; and community-based services.

Prison Conditions, Policies, and Procedures

No significant amount of progress can be made in easing the transition from prison to home until and unless significant changes are made in the normative structure of American prisons. Specifically:

- The goal of penal harm must give way to a clear emphasis on prisoner-oriented rehabilitative services.
- The adverse effects of institutionalization must be minimized by structuring the routines of prison life to replicate, as much as security constraints permit, life in the world outside prison.
- Prisons that provide pockets of freedom and give inmates opportunities to exercise real autonomy and personal initiative must be created.

- Safe correctional environments that remove the need for hypervigilance and pervasive distrust, where prisoners can establish authentic selves and learn the norms of interdependence and cooperative trust, must be maintained.
- A clear and consistent emphasis on maximizing visitation and supporting contact with the outside world must be implemented, both to minimize the distinction between prison and freeworld norms and to discourage dysfunctional social withdrawal that is difficult to reverse upon release.
- Program-rich institutions must be established that give prisoners meaningful activities in which to participate and goals in which to invest as genuine alternatives to the most exploitative aspects of the prisoner culture. Such programs also enhance self-esteem, empowering prisoners to transcend the degraded, stigmatized status in which they have been placed. Prisoners must be given opportunities to engage in positive things that allow them to grow as people, including opportunities to work and to love while incarcerated.
- Adequate therapeutic and habilitative resources must be provided to address the needs of the many addicted, mentally ill, and developmentally disabled persons now incarcerated.
- Trends toward increased use of supermax and other forms of extremely harsh and psychologically damaging confinement must be reversed. Strict time limits must be placed on the use of punitive isolation, time limits that approximate the much briefer periods of such confinement that once characterized American corrections. In addition, prisoners must be screened for special vulnerability to isolation, and carefully monitored so that they can be removed upon the first sign of adverse reactions.

Transitional Services to Prepare Prisoners for Community Release

No significant amount of progress can be made in easing the transition from prison to home until and unless significant changes are made in the way prisoners are prepared to leave prison and reenter the freeworld communities from which they came. Specifically:

- Prison systems must begin to take the pains of imprisonment and the nature of institutionalization seriously and provide all prisoners

with effective decompression programs in which they are re-acclimated to the nature and norms of the freeworld.

- Prisoners must be given some insight into the changes brought about by their forced adaptation to prison life. They must be given some understanding of the ways in which prison may have changed them and then given the tools to help them respond to the challenge of adjusting to the freeworld.
- The reentry process must begin well in advance of a prisoner's release, and take into account all aspects of the transition he or she will be expected to make. This means, among other things, that all prisoners will need occupational and vocational training and pre-release assistance in finding gainful employment. It also means that prisoners who are expected to resume their roles as parents will need access to prerelease assistance in establishing, strengthening, and/or maintaining ties with their families and children, and whatever other assistance they feel they need to function effectively in this role (such as parenting classes and the like).
- Prisoners who have manifested signs or symptoms of mental illness or developmental disability while incarcerated will need specialized transitional services to facilitate their reintegration into the freeworld. These should include, where appropriate, prerelease outpatient treatment and habilitation plans.
- No prisoner should be released directly out of supermax or solitary confinement back into the freeworld. Supermax prisons must provide long periods of decompression, with adequate time for prisoners to be treated for the adverse effects of long-term isolation and to reacquaint themselves with the social norms of the world to which they will return.
- As with all effective forms of education, counseling, and therapy, these programs should not be implemented as part of a punitive regime in which prisoner participation is compelled or coerced, or structured in such a way that they become a justification for denying freedoms or delaying scheduled releases.

Community-Based Services to Facilitate and Maintain Reintegration

No significant amount of progress can be made in easing the transition from prison to home until and unless significant changes are made in

the way ex-convicts are treated in the communities from which they came. Specifically:

- In the wake of decades of overincarceration, with little thought given to long-term consequences, the nation now must clearly recognize that individuals who return home from prison face significant personal, social, and structural challenges for which they have neither the ability nor the resources to overcome entirely on their own. Postrelease success often depends heavily on the nature and quality of services and support available in the community. Yet, this issue typically receives the least amount of societal attention and resources. This tendency must be reversed.
- Gainful employment is perhaps the most critical aspect of post-prison adjustment. Overcoming the stigma of incarceration and the psychological residue of institutionalization requires active and prolonged agency intervention. Job training, employment counseling, and employment placement programs all must be seen as essential parts of an effective reintegration plan.
- A broadly conceived, family systems approach to counseling for ex-convicts and their families and children must be made available to those who need and want it. Rather than traditional models of psychotherapy, this approach would make the long-term problematic consequences of “normal” adaptations to prison life and their implications for postprison adjustment the focus of discussion.
- Parole and probation services and agencies need to return to their original role of assisting with reintegration. Here, too, the complexity of the transition from prison to home needs to be fully appreciated, and parole revocation should only occur after every possible, relevant community-based resource has been tapped and all feasible alternative approaches have been attempted.

An Essential Challenge That Must Be Met

We now face numerous critically important problems that stem from the institutionalization and prisonization of massive numbers of persons who are now or will soon be returning to free society. The pains of imprisonment have always been severe, but they have gotten decidedly

more severe for many more people over the past three decades. Although certainly not everyone who goes to prison is damaged by the experience, we know that prison can hurt people in significant ways and that some people are hurt more than others. Very few prison programs even acknowledge the psychological risks of incarceration, and fewer still are designed to address or ameliorate the negative effects of imprisonment and the long-term problems these effects may produce.

Normal adaptations to the atypical and abnormal nature of prison life create many problematic ways of thinking, feeling, and acting. These adaptations are natural, inevitable, and forced on prisoners by the very circumstances under which they live. Former prisoners do not easily relinquish these patterns once they have been released from prison. But no program that we might fashion to ease the transition from prison to home or to minimize the negative impact of imprisonment on the families and children of the incarcerated can succeed without taking into account the nature and consequences of institutionalization.

Although none of these problems is insurmountable or intractable, the scope and magnitude of the task—and, therefore, the resistance that will be encountered in some quarters if a serious attempt is made to complete it—should not be underestimated. We *do* have ways of minimizing these negative psychological changes in the first place and ways of helping people to overcome them even after they have taken place. As I have suggested, no significant amount of progress can be made in easing the transition from prison to home until and unless significant changes are made in the normative structure of prison life in the United States and the normative policies by which we have come to drastically overuse incarceration as a strategy of crime control.

Beyond that difficult but important policy change, clear recognition and legitimacy must be given to the proposition that persons who return home from prison face significant personal, social, and structural challenges that many are unable to overcome entirely on their own. In part because of what they experience during incarceration, and in part because of the unique social and structural burdens they must shoulder once released, the postrelease success of formerly incarcerated persons is always in jeopardy. This success broadly depends on the nature and quality of the services and support available to former prisoners in the communities to which they return.

NOTES

1. These rates include persons incarcerated in local jails. When jail inmates are excluded from the calculations, and only prisoner data are reported, the incarceration rate is lower. In terms of historical change, the rate of incarceration of prisoners was relatively stable between 1925 and 1975, remaining at around 105 prisoners per 100,000 persons in the population through this 50-year period. Between 1975 and 1995, however, it quadrupled to 411 per 100,000. See Maguire and Pastore (1997).

2. In California, for example, see *Dohner v. McCarthy* [United States District Court, Central District of California, 1984–1985; 635 F. Supp. 408 (C.D. Cal. 1985)] (examining the effects of overcrowded conditions in the California Men's Colony); *Coleman v. Wilson*, 912 F. Supp. 1282 (N.D. Cal. 1995) (challenge to grossly inadequate mental health services throughout the state prison system). In Texas, see the long-lasting *Ruiz* litigation in which the federal court has monitored and attempted to correct unconstitutional conditions of confinement throughout the state's sprawling prison system for more than 20 years. Current conditions and the most recent status of the litigation are described in *Ruiz v. Johnson* [United States District Court, Southern District of Texas, 37 F. Supp. 2d 855 (S.D. Texas 1999)].

These two states were not unique. According to the American Civil Liberties Union's National Prison Project, in 1995 there were fully 33 jurisdictions in the United States under court order to reduce overcrowding or improve general conditions in at least one of their major prison facilities. Nine were operating under court orders that covered their entire prison system (National Prison Project 1995).

3. One of the most skeptical reviews of the effects of prison can be found in Bonta and Gendreau (1990). However, even these authors concede the following: "physiological and psychological stress responses . . . were very likely [to occur] under crowded prison conditions"; "when threats to health come from suicide and self-mutilation, then inmates are clearly at risk"; "in Canadian penitentiaries, the homicide rates are close to 20 times that of similar-aged males in Canadian society"; "a variety of health problems, injuries, and selected symptoms of psychological distress were higher for certain classes of inmates than probationers, parolees, and, where data existed, for the general population"; studies show long-term incarceration to result in "increases in hostility and social introversion . . . and decreases in self-evaluation and evaluations of work"; imprisonment produced "increases in dependency upon staff for direction and social introversion," a tendency for prisoners to prefer "to cope with their sentences on their own rather than seek the aid of others," "deteriorating community relationships over time," and "unique difficulties" with "family separation issues and vocational skill training needs"; and some researchers have speculated that "inmates typically undergo a 'behavioral deep freeze' such that 'outside-world behaviors that led the offender into trouble prior to imprisonment remain until release' (Bonta and Gendreau 1990, 353–59).

4. Again, precisely because they represent themselves as highly skeptical about whether the pains of imprisonment have very many significant negative effects on prisoners, Bonta and Gendreau are worth quoting. They concede that there are "signs of pathology for inmates incarcerated in solitary for periods up to a year"; anxiety levels in inmates are higher after eight weeks in jail than they are after one week; increases in psychopathological symptoms occur after 72 hours of confinement; and death row prisoners

have been found to have "symptoms ranging from paranoia to insomnia," "increased feelings of depression and hopelessness," and feel "powerlessness, fearful of their surroundings, and . . . emotionally drained" (Bonta and Gendreau 1990, 361–62).

5. A distinction is sometimes made in the literature between institutionalization—psychological changes that produce more conforming and institutionally "appropriate" thoughts and actions—and prisonization—changes that create a more oppositional and institutionally subversive stance or perspective. I use both terms more or less interchangeably here to denote the totality of the negative transformation that may take place before prisoners are released back into free society.

6. These two categories of special-needs prisoners are discussed together simply because they constitute the two largest disability groups. Obviously, they differ in many important respects.

7. I refer often to California not only because, as my home state, I am most familiar with its prison system, but also because of its sheer size—what happens in California by definition affects a large number of people. In addition, its historical reputation as a state in which corrections-related issues were once taken seriously, funded reasonably well, and approached for the most part with a modern and humane perspective makes it something of a correctional bellwether. If chronic and egregious problems exist in California, it is reasonable to assume that they are relatively widespread in prison systems across the United States.

8. Specifically, these were prisoners who "at the survey point experienced at least some identifiable symptoms from a disorder that was once sufficiently severe to meet full DSM criteria" (Cotton and Associates 1989, 34).

9. "Undetected" was defined as suffering from one of the four major mental illnesses but not having been placed in any of the prison system's psychiatric classification categories. It was unclear exactly why there were so many undetected mentally ill prisoners in the California system. However, the authors of the study concluded generally that "the prevalence findings suggest an estimated 60 percent of the prison population have not been screened, identified, and/or treated" (Cotton and Associates 1989, 107), and that "it is clear that intensified screening efforts would be likely to uncover a very large number of disordered individuals in the general institutions" (Cotton and Associates 1989, 13).

10. The mere fact that prisoners had been identified or detected by prison authorities as suffering from mental disorders did not mean that their problems were being handled appropriately. In fact, despite their psychiatric classification status, fully 64 percent of the *identified* group reported that they had not received mental health professional services at *any* time during their present incarceration.

11. The change in policy and sudden willingness to commence such screening occurred in response to the threat of litigation. See Haney and Specter (2001).

12. Using the only California-specific empirical data to appear anywhere in the literature—Brown and Courtless's (1971) albeit dated figure of 5.4 percent of California prisoners—would lead to a present-day estimate of more than 8,600 mentally retarded prisoners, far more than the handful estimated by prison officials and certainly more than the very small number who had been placed in the appropriate prison habilitation programs.

13. For example, according to a Department of Justice census of correctional facilities across the country, there were approximately 200,000 mentally ill prisoners in the

United States in midyear 2000. This represented approximately 16 percent of prisoners nationwide. See Bureau of Justice Statistics (2001).

14. Some scholars have made the reasonable argument that the high number of special-needs prisoners in the criminal justice system can be attributed to the deinstitutionalization movement of the 1970s and the reduction in community treatment resources and social services that continued throughout much of the 1980s and 1990s. In past times, people with mental health problems, especially, would have been handled through other means. Now they are likely to find themselves being processed by the criminal justice system and incarcerated. In light of this, many commentators have emphasized the importance of making increased treatment services available to persons being released from prison. For example, see Lurigio (2001).

15. A detailed discussion of this issue is beyond the scope of this chapter. However, note that in the mid-1990s, the rate of incarceration of African-American men approached 7,000 per 100,000, over seven times the rate for white men and far higher than the rate of incarceration for blacks in South Africa (Bureau of Justice Statistics 1997).

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