

The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment

Craig Haney, University of California-Santa Cruz

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Abstract

This paper examines the unique set of psychological changes that many prisoners are forced to undergo in order to survive the prison experience. It argues that, as a result of several trends in American corrections, the personal challenges posed and psychological harms inflicted in the course of incarceration have grown over the last several decades in the United States. The trends include increasingly harsh policies and conditions of confinement as well as the much discussed de-emphasis on rehabilitation as a goal of incarceration. As a result, the ordinary adaptive process of institutionalization or “prisonization” has become extraordinarily prolonged and intense. Among other things, these recent changes in prison life mean that prisoners in general (and some prisoners in particular) face more difficult and problematic transitions as they return to the freeworld. A range of structural and programmatic changes are required to address these issues. Among other things, social and psychological programs and resources must be made available in the immediate, short, and long-term. That is, modified prison conditions and practices as well as new programs are needed as preparation for release, during transitional periods of parole or initial reintegration, and as long-term services to insure continued successful adjustment.

This paper addresses the psychological impact of incarceration and its implications for post-prison freeworld adjustment. Nearly a half-century ago Gresham Sykes wrote that “life in the maximum security prison is depriving or frustrating in the extreme,”¹ and little has changed to alter that view. Indeed, as I will suggest below, the observation applies with perhaps more force now than when Sykes first made it.

Moreover, prolonged adaptation to the deprivations and frustrations of life inside prison—what are commonly referred to as the “pains of imprisonment”—carries a certain psychological cost. In this brief paper I will explore some of those costs, examine their implications for post-prison adjustment in the world beyond prison, and suggest some programmatic and policy-oriented approaches to minimizing their potential to undermine or disrupt the transition from prison to home.

One important caveat is important to make at the very outset of this paper. Although I approach this topic as a psychologist, and much of my discussion is organized around the themes of psychological changes and adaptations, I do *not* mean to suggest or imply that I believe criminal behavior can or should be equated with mental illness, that persons who suffer the acute pains of imprisonment necessarily manifest psychological disorders or other forms of personal pathology, that psychotherapy should be the exclusive or even primary tool of prison rehabilitation, or that therapeutic interventions are the most important or 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 having them repeated.

The paper will be organized around several basic propositions—that prisons have become more difficult places in which to adjust and survive over the last several decades; that especially in light of these changes, adaptation to modern prison life exacts certain psychological costs of most incarcerated persons; that some groups of people are somewhat more vulnerable to the pains of imprisonment than others; that the psy-

chological costs and pains of imprisonment can serve to impede post-prison adjustment; and that there are a series of things that can be done both in and out of prison to minimize these impediments. Each of these propositions is presented in turn below.

I. 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, over the last several decades—beginning in the early 1970s and continuing to the present time—a combination of forces have transformed the nation's criminal justice system and modified the nature of imprisonment.² The challenges prisoners now face in order to both survive the prison experience and, eventually, reintegrate into the free-world upon release have changed and intensified as a result.

Among other things, these changes in the nature of imprisonment have included a series of inter-related, negative trends in American corrections. Perhaps the most dramatic changes have come about as a result of the unprecedented increases in rate of incarceration, the size of the U.S. prison population, and the widespread overcrowding that has occurred as a result. Over the past 25 years, penologists repeatedly have described U.S. prisons as “in crisis” and have characterized each new level of overcrowding as “unprecedented.” By the start of the 1990s, the United States incarcerated more persons per capita than any other nation in the modern world, and it has retained that dubious distinction for nearly every year since. The international disparities are most striking when the U.S. incarceration rate is contrasted to those of other nations to whom the United States is often compared, such as Japan, Netherlands, Australia, and the United Kingdom. In the 1990s, as Marc Mauer and the Sentencing Project have ef-

fectively documented—the U.S. rates have consistently been between four and eight times those for these other nations.³

The combination of overcrowding and the rapid expansion of prison systems across the country adversely affected living conditions in many prisons, jeopardized prisoner safety, compromised prison management, and greatly limited prisoner access to meaningful programming. The two largest prison systems in the nation—California and Texas—provide instructive examples. Over the last 30 years, California's prisoner population increased *eightfold* (from roughly 20,000 in the early 1970s to its current population of approximately 160,000 prisoners). Yet there has been no remotely comparable increase in funds for prisoner services or inmate programming. In Texas, over just the years between 1992 and 1997, the prisoner population more than doubled as Texas achieved one of the highest incarceration rates in the nation. Nearly 70,000 additional prisoners added to the state's prison rolls in that brief five-year period alone. Not surprisingly, California and Texas were among the states to face major lawsuits in the 1990s over substandard, unconstitutional conditions of confinement. Federal courts in both states found that the prison systems had failed to provide adequate treatment services for those prisoners who suffered the most extreme psychological effects of confinement in deteriorated and overcrowded conditions.⁴

Paralleling these dramatic increases in incarceration rates and the numbers of persons imprisoned in the United States was an equally dramatic change in the rationale for prison itself. The nation moved abruptly in the mid-1970s from a society that justified putting people in prison on the basis of the belief that incarceration would somehow facilitate productive re-entry into the freeworld to one that used imprisonment merely to inflict pain on wrongdoers (“just deserts”), disable criminal offenders (“incapacitation”), or to keep them far away from the rest of society (“containment”). The abandonment of the once-avowed goal of

donment of the once-avowed goal of rehabilitation certainly decreased the perceived need and availability of meaningful programming for prisoners as well as social and mental health services available to them both inside and outside the prison. Indeed, it generally reduced concern on the part of prison administrations for the overall well-being of prisoners.

The abandonment of rehabilitation also resulted in an erosion of modestly protective norms against cruelty toward prisoners. Many corrections officials soon became far less inclined to address prison disturbances, tensions between prisoner groups and factions, and disciplinary infractions in general through ameliorative techniques aimed at the root causes of conflict and designed to de-escalate it. 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 who often resorted to extreme forms of prison discipline (such as punitive isolation or “supermax” confinement) that had especially destructive effects on prisoners and repressed conflict rather than resolving it. Increased tensions and higher levels of fear and danger resulted.

The emphasis on the punitive and stigmatizing aspects of incarceration, which has resulted in the further literal and psychological isolation of prison from the surrounding community, compromised prison visitation programs and the already scarce resources that had been used to maintain ties between prisoners and their families and the outside world. Support services to facilitate the transition from prison to the freeworld environments to which prisoners were returned were undermined at precisely the moment they needed to be enhanced. Increased sentence length and a greatly expanded scope of incarceration resulted in prisoners experiencing the psychological strains of imprisonment for longer periods of time, many persons being caught in the web of incarceration who ordinarily would not have been (e.g., drug offenders),

and the social costs of incarceration becoming increasingly concentrated in minority communities (because of differential enforcement and sentencing policies).

Thus, in the first decade of the 21st century, more people have been subjected to the pains of imprisonment, for longer periods of time, under conditions that threaten greater psychological distress and potential long-term dysfunction, and they will be returned to communities that have already been disadvantaged by a lack of social services and resources.

II. The Psychological Effects of Incarceration: On the Nature of Institutionalization

The adaptation to imprisonment is almost always difficult and, at times, creates habits of thinking and acting that can be dysfunctional in periods of post-prison adjustment. Yet, the psychological effects of incarceration vary from individual to individual and are often reversible. To be sure, then, not everyone who is incarcerated is disabled or psychologically harmed by it. But few people are completely unchanged or unscathed by the experience. At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others.

The empirical consensus on the most negative effects of incarceration is that most people who have done time in the best-run prisons return to the freeworld with little or no permanent, clinically-diagnosable psychological disorders as a result.⁵ 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.⁶ And most people agree that the more

extreme, harsh, dangerous, or otherwise psychologically-taxing the nature of the confinement, the greater the number of people who will suffer and the deeper the damage that they will incur.⁷

Rather than concentrate on the most extreme or clinically-diagnosable effects of imprisonment, however, I prefer to focus on the broader and more subtle 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 negative psychological effects of imprisonment. The process has been studied extensively by sociologists, psychologists, psychiatrists, and others, and involves a unique set of psychological adaptations that often occur—in varying degrees—in response to the extraordinary demands of prison life. 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 are the natural and normal adaptations made by prisoners in response to the unnatural and abnormal conditions of prisoner life. The dysfunctionality of these adaptations is not “pathological” in nature (even though, in practical terms, they may be destructive in effect). They 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 the conditions of one’s life have changed, many of the once-functional but now counterproductive patterns remain).

Like all processes of gradual change, of course, this one typically occurs in stages and, all other things being equal, the longer someone is incarcerated the more significant the nature of the institutional transformation. When most

people first enter prison, of course, they find that being forced to adapt to an often harsh and rigid institutional routine, deprived of privacy and liberty, and subjected to a diminished, stigmatized status and extremely sparse material conditions is stressful, unpleasant, and difficult.

However, in the course of becoming institutionalized, a transformation begins. Persons gradually become more accustomed to the restrictions 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, 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 few people who have become institutionalized are aware that it has happened to them. Fewer still consciously decide that they are going to willingly allow the transformation to occur.

The process of institutionalization is facilitated in cases in which persons enter institutional settings at an early age, before they have formed the ability and expectation to control their own life choices. Because there is less tension between the demands of the institution and the autonomy of a mature adult, institutionalization proceeds more quickly and less problematically with at least some younger inmates. Moreover, younger inmates have little in the way of already developed independent judgment, so they have little if anything to revert to or rely upon if and when the institutional structure is removed. And the longer someone remains in an institution, the greater the likelihood that the process will transform them.

Among other things, the process of institutionalization (or “prisonization”) includes some or all of the following psychological adaptations:

A. Dependence on institutional structure and contingencies.

Among other things, penal institutions require inmates to relinquish the freedom and autonomy to make their own choices and decisions and this process requires what is a painful adjustment for most people. Indeed, some people never adjust to it. Over time, however, prisoners may adjust to the muting of self-initiative and independence that prison requires and become increasingly dependent on institutional contingencies that they once resisted. Eventually it may seem more or less natural to be denied significant control over day-to-day decisions and, in the final stages of the process, some inmates may come to depend heavily on institutional decisionmakers to make choices for them and to rely on the structure and schedule of the institution to organize their daily routine. Although it rarely occurs to such a degree, some people do lose the capacity to initiate behavior on their own and the judgment to make decisions for themselves. Indeed, in extreme cases, profoundly institutionalized persons may become extremely uncomfortable when and if their previous freedom and autonomy is returned.

A slightly different aspect of the process involves the creation of dependency upon the institution to control one's behavior. Correctional institutions force inmates to adapt to an elaborate network of typically very clear boundaries and limits, the consequences for whose violation can be swift and severe. Prisons impose careful and continuous surveillance, and are quick to punish (and sometimes to punish severely) infractions of the limiting rules. The process of institutionalization in correctional settings may 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 constraint that internal controls atrophy or, in the case of especially young inmates, fail to develop altogether. Thus, institutionalization or prisonization renders some people so depend-

ent on external constraints that they gradually lose the capacity to rely on internal organization and self-imposed personal limits to guide their actions and 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 how to refrain from doing those things that are ultimately harmful or self-destructive.

B. Hypervigilance, interpersonal distrust and suspicion.

In addition, because many prisons are clearly dangerous places from which there is no exit or escape, prisoners learn quickly to become hypervigilant and ever-alert for signs of threat or personal risk. Because the stakes are high, and because there are people in their immediate environment poised to take advantage of weakness or exploit carelessness or inattention, interpersonal distrust and suspicion often result. 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."⁸

McCorkle's study of a maximum security Tennessee prison was one of the few that attempted to quantify the kinds of behavioral strategies prisoners report employing to survive dangerous prison environments. He found that "[f]ear appeared to be shaping the life-styles of many of the men," that it had led over 40% 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 reported that they had been forced to "get tough" with another prisoner to avoid victimization, and more than a quarter kept a "shank" or other weapon nearby with which to defend themselves. McCorkle found that age was the best predictor of the type

of adaptation a prisoner took, with younger prisoners being more likely to employ aggressive avoidance strategies than older ones.

C. Emotional over-control, alienation, and psychological distancing.

Shaping such an outward image requires emotional responses to be carefully measured. Thus, prisoners struggle to control and suppress their own internal emotional reactions to events around them. Emotional over-control and a generalized lack of spontaneity may occur as a result. Admissions of vulnerability to persons inside the immediate prison environment are potentially dangerous because they invite exploitation. As one experienced prison administrator once 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."⁹ Some prisoners are forced to become remarkably skilled "self-monitors" who calculate the anticipated effects that every aspect of their behavior might have on the rest of the prison population, and strive to make such calculations second nature.

Prisoners who labor at both an emotional and behavioral level to develop a "prison mask" that is unrevealing and impenetrable risk alienation from themselves and others, may develop emotional flatness that becomes chronic and debilitating in social interaction and relationships, and find that they have created a permanent and unbridgeable distance between themselves and other people. Many for whom the mask becomes especially thick and effective in prison find that the disincentive against engaging in open communication with others that prevails there has led them to withdrawal from authentic social interactions altogether.¹⁰ The alienation and social distancing from others is a defense not only against exploitation but also against the realization that the lack of interpersonal control in the immediate prison environment makes emotional investments in relationships risky and unpredictable.

D. Social withdrawal and isolation.

Some prisoners learn to find safety in social invisibility by becoming as inconspicuous and unobtrusively disconnected from others as possible. The self-imposed social withdrawal and isolation may mean that they retreat deeply into themselves, trust virtually no one, and adjust to prison stress by leading isolated lives of quiet desperation. In extreme cases, especially when combined with prisoner apathy and loss of the capacity to initiate behavior on one's own, the pattern closely resembles that of clinical depression. Long-term prisoners are particularly vulnerable to this form of psychological adaptation. Indeed, Taylor wrote that the long-term prisoner "shows a flatness of response which resembles slow, automatic behavior of a very limited kind, and he is humorless and lethargic."¹¹ 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) adopt this attitude because it helps them cope."¹²

E. Incorporation of exploitative norms of prison culture.

In addition to obeying the formal rules of the institution, there are also informal rules and norms that are part of the unwritten but essential institutional and inmate culture and code that, at some level, must be abided. For some prisoners this means defending against the dangerousness and deprivations of the surrounding environment by embracing all of its informal norms, including some of the most exploitative and extreme values of prison life. Note that prisoners typically are given no alternative culture to which to ascribe or in which to participate. In many institutions the lack of meaningful programming has deprived them of pro-social or positive activities in which to engage while incarcerated. Few prisoners are given access to gainful employment where they can obtain meaningful job skills and earn adequate compensation; 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—they are prohibited from sexual contact of any kind. Attempts to address many of the basic needs and desires that are the focus of normal day-to-day existence in the free world—to recreate, to work, to love—necessarily draws them closer to an illicit prisoner culture that for many represents the only apparent and meaningful way of being.

However, as I noted earlier, prisoner culture frowns on any sign of weakness and vulnerability, and discourages the expression of candid emotions or intimacy. And some prisoners embrace it in a way that promotes a heightened investment in one's reputation for toughness, and encourages a stance towards others in which even seemingly insignificant insults, affronts, or physical violations must be responded to quickly and instinctively, sometimes with decisive force. In extreme cases, the failure to exploit weakness is itself a sign of weakness and seen as an invitation for exploitation. In men's prisons it may promote a kind of hypermasculinity in which force and domination are glorified as essential components of personal identity. In an environment characterized by enforced powerlessness and deprivation, men and women prisoners confront distorted norms of sexuality in which dominance and submission become entangled with and mistaken for the basis of intimate relations.

Of course, embracing these values too fully can create enormous barriers to meaningful interpersonal contact in the free world, preclude seeking appropriate help for one's problems, and a generalized unwillingness to trust others out of fear of exploitation. It can also lead to what appears to be impulsive overreaction, striking out at people in response to minimal provocation that occurs particularly with persons who have not been socialized into the norms of inmate culture in which the maintenance of interpersonal

respect and personal space are so inviolate. Yet these things are often as much a part of the process of prisonization as adapting to the formal rules that are imposed in the institution, and they are as difficult to relinquish upon release.

F. Diminished sense of self-worth and personal value.

Prisoners typically are denied their basic privacy rights, and lose control over mundane aspects of their existence that most citizens have long taken for granted. They live in small, sometimes extremely cramped and deteriorating spaces (a 60 square foot cell is roughly the size of king-size bed), have little or no control over the identity of the person with whom they must share that space (and the intimate contact it requires), often have no choice over when they must get up or go to bed, when or what they may eat, and on and on. Some feel infantilized and that the degraded conditions under which they live serve to repeatedly remind them of their compromised social status and stigmatized social role as prisoners. A diminished sense of self-worth and personal value may result. In extreme cases of institutionalization, the symbolic meaning that can be inferred from this externally imposed substandard treatment and circumstances is internalized; that is, prisoners may come to think of themselves as "the kind of person" who deserves only the degradation and stigma to which they have been subjected while incarcerated.

G. Post-traumatic stress reactions to the pains of imprisonment.

For some prisoners, incarceration is so stark and psychologically painful that it represents a form of traumatic stress severe enough to produce post-traumatic stress reactions once released. Moreover, we now understand that there are certain basic commonalities that characterize the lives of many of the persons who have been convicted of crime in our society.¹³ A "risk fac-

tors” model helps to explain the complex interplay of traumatic childhood events (like poverty, abusive and neglectful mistreatment, and other forms of victimization) in the social histories of many criminal offenders. As Masten and Garmezy have noted, the presence of these background risk factors and traumas in childhood increases the probability that one will encounter a whole range of problems later in life, including delinquency and criminality.¹⁴ The fact that a high percentage of persons presently incarcerated have experienced childhood trauma means, among other things, that the harsh, punitive, and uncaring nature of prison life may represent a kind of “re-traumatization” experience for many of them. That is, some prisoners find exposure to the rigid and unyielding discipline of prison, the unwanted proximity to violent encounters and the possibility or reality of being victimized by physical and/or sexual assaults, the need to negotiate the dominating intentions of others, the absence of genuine respect and regard for their well being in the surrounding environment, and so on all too familiar. Time spent in prison may rekindle not only the memories but the disabling psychological reactions and consequences of these earlier damaging experiences.

The dysfunctional consequences of institutionalization are not always immediately obvious once the institutional structure and procedural imperatives have been removed. This is especially true in cases where persons retain a minimum of structure wherever they re-enter free society. Moreover, the most negative consequences of institutionalization may first occur in the form of *internal* chaos, disorganization, stress, and fear. Yet, institutionalization has taught most people to cover their internal states, and not to openly or easily reveal intimate feelings or reactions. So, the outward appearance of normality and adjustment may mask a range of serious problems in adapting to the freeworld.

This is particularly true of persons who return to the freeworld lacking a network of close, personal contacts with people who know them

well enough to sense that something may be wrong. Eventually, however, when severely institutionalized persons confront complicated problems or conflicts, especially in the form of unexpected events that cannot be planned for in advance, the myriad of challenges that the non-institutionalized confront in their everyday lives outside the institution may become overwhelming. The facade of normality begins to deteriorate, and persons may behave in dysfunctional or even destructive ways because all of the external structure and supports upon which they relied to keep themselves controlled, directed, and balanced have been removed.

III. Special Populations and Pains of Prison Life

Although everyone who enters prison is subjected to many of the above-stated pressures of institutionalization, and prisoners respond in various ways with varying degrees of psychological change associated with their adaptations, it is important to note that there are some prisoners who are much more vulnerable to these pressures and the overall pains of imprisonment than others. Either because of their personal characteristics—in the case of “special needs” prisoners whose special problems are inadequately addressed by current prison policies¹⁵—or because of the especially harsh conditions of confinement to which they are subjected—in the case of increasing numbers of “supermax” or solitary confinement prisoners¹⁶—they are at risk of making the transition from prison to home with a more significant set of psychological problems and challenges to overcome. The plight of several of these special populations of prisoners is briefly discussed below.

A. Mentally Ill and Developmentally Disabled Prisoners

Perhaps not surprisingly, mental illness and developmental disability represent the largest number of disabilities among prisoners. For ex-

ample, a national survey of prison inmates with disabilities conducted in 1987 indicated that although less than 1% suffered from visual, mobility/orthopedic, hearing, or speech deficits, much higher percentages suffered from cognitive and psychological disabilities.¹⁷ A more recent follow-up study by two of the same authors obtained similar results: although less than 1% of the prison population suffered visual, mobility, speech, or hearing deficits, 4.2% were developmentally disabled, 7.2% suffered psychotic disorders, and 12% reported “other psychological disorders.”¹⁸ It is probably safe to estimate, then, based on this and other studies,¹⁹ that upwards of as many as 20% of the current prisoner population nationally suffers from either some sort of significant mental or psychological disorder or developmental disability.

As my earlier comments about the process of institutionalization implied, the task of negotiating key features of the social environment of imprisonment is far more challenging than it appears at first. And it is surely far more difficult for vulnerable, mentally-ill and developmentally-disabled prisoners to accomplish. Incarceration presents particularly difficult adjustment problems that make prison an especially confusing and sometimes dangerous situation for them. For mentally-ill and developmentally-disabled inmates, part of whose defining (but often undiagnosed) disability includes difficulties in maintaining close contact with reality, controlling and conforming one’s emotional and behavioral reactions, and generally impaired comprehension and learning, the rule-bound nature of institutional life may have especially disastrous consequences. Yet, both groups are too often left to their own devices to somehow survive in prison and 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 com-

mentator 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 taking 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.²⁰

B. Prisoners in “Supermax” or Solitary Confinement

In addition, there are an increasing number of prisoners who are subjected to the unique and more destructive experience of punitive isolation, in so-called “supermax” facilities, where they are kept under conditions of unprecedented levels of social deprivation for unprecedented lengths of time. This kind of confinement creates its own set of psychological pressures that, in some instances, uniquely disable prisoners for freeworld reintegration.²¹ Indeed, there are few if any forms of imprisonment that produce so many indicies of psychological trauma and symptoms of psychopathology in those persons subjected to it. My own review of the literature suggested these documented negative psychological consequences of long-term solitary-like confinement include: 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; overall deterioration of mental and physical health.²²

Human Rights Watch has suggested that there are approximately 20,000 prisoners confined to supermax-type units in the United States.²³ Most experts agree that the number of such units is increasing. In many states the majority of prisoners in these units are serving “indefinite” 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). Few states provide any meaningful or effective “decompression” program for prisoners, which means that many prisoners who have been confined in these supermax units—some for considerable periods of time—are released directly into the community from these extreme conditions of confinement.

IV. Implications for the Transition From Prison to Home

The psychological consequences of incarceration may represent significant impediments to post-prison adjustment. They may interfere with the transition from prison to home, impede an ex-convict’s successful re-integration into a social network and employment setting, and may compromise an incarcerated parent’s ability to resume his or her role with family and children. The range of effects includes the sometimes subtle but nonetheless broad-based and potentially disabling effects of institutionalization, 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 experienced by a small but growing number of prisoners who are released directly from long-term isolation into freeworld communities.

freeworld communities. There is little or no 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. Over the next decade, the impact of unprecedented levels of incarceration will be felt in communities that will be expected to receive massive numbers of ex-convicts who will complete their sentences and return home but also to absorb the high level of psychological trauma and disorder that many will bring with them.

The implications of these psychological effects for parenting and family life can be profound. Parents who return from periods of incarceration still dependent on institutional structures and routines cannot be expected to effectively 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 will find it difficult to promote trust and authenticity within their children. Those who remain emotionally over-controlled and alienated from others will experience problems being psychologically available and nurturant. Tendencies to socially withdraw, remain aloof or seek social invisibility could not be more dysfunctional in family settings where closeness and interdependency is needed. The continued embrace of many of the most negative aspects of exploitative prisoner culture is likely to doom most social and intimate relations, as will an inability to overcome the diminished sense of self-worth that prison too often instills. Clearly, the residual effects of the post-traumatic stress of imprisonment and the retraumatization experiences that the nature of prison life may incur can jeopardize the mental health of persons attempting to reintegrate back into the freeworld communities from which they came. Indeed, there is evidence that incarcerated parents not only themselves continue to be adversely affected by traumatizing risk factors to which they have been exposed, but also that the experience of imprison-

ment has done little or nothing to provide them with the tools to safeguard their children from the same potentially destructive experiences.²⁴

The excessive *and* disproportionate use of imprisonment over the last several decades also means that these problems will not only be large but concentrated primarily in certain communities whose residents were selectively targeted for criminal justice system intervention. Our society is about to absorb the consequences not only of the “rage to punish”²⁵ that was so fully indulged in the last quarter of the 20th century but also of the “malign neglect”²⁶ that led us to concentrate this rage so heavily on African American men. Remarkably, as the present decade began, there were more young Black men (between the ages of 20-29) under the control of the nation’s criminal justice system (including probation and parole supervision) than the total number in college.²⁷ Thus, whatever the psychological consequences of imprisonment and their implications for reintegration back into the communities from which prisoners have come, we know that those consequences and implications are about to be felt in unprecedented ways in these communities, by these families, and for these children, like no others. Not surprisingly, then, one scholar has predicted that “imprisonment will become the most significant factor contributing to the dissolution and breakdown of African American families during the decade of the 1990s”²⁸ and another has concluded that “[c]rime control policies are a major contributor to the disruption of the family, the prevalence of single parent families, and children raised without a father in the ghetto, and the ‘inability of people to get the jobs still available’ .”²⁹

V. Policy and Programmatic Responses to the Adverse Effects of Incarceration

An intelligent, humane response to these facts about the implications of contemporary prison life must occur on at least two levels. We

must simultaneously address the adverse prison policies and conditions of confinement that have created these special problems, and at the same time provide psychological resources and social services for persons who have been adversely affected by them. Both things must occur if the successful transition from prison to home is to occur on a consistent and effective basis.

There are three areas in which policy interventions must be concentrated in order to address these two levels of concern:

A. 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 prison life to replicate, as much as possible, life in the world outside prison. A useful heuristic to follow is a simple one: “the less like a prison, and the more like the free-world, the better.”
- Prisons that give inmates opportunities to exercise pockets of autonomy and personal initiative must be created.
- Safe correctional environments that remove the need for hypervigilance and pervasive distrust must be maintained, ones where prisoners can establish authentic selves, and learn the norms of interdependence and cooperative trust.
- A clear and consistent emphasis on maximizing visitation and supporting contact with the outside world must be implemented, both to minimize the division between the norms of prison and those of the freeworld, and to discourage dysfunc-

tional social withdrawal that is difficult to reverse upon release.

- Program rich institutions must be established that give prisoners genuine alternative to exploitative prisoner culture in which to participate and invest, and the degraded, stigmatized status of prisoner transcended. Prisoners must be given opportunities to engage in meaningful activities, to work, and to love while incarcerated.
- Adequate therapeutic and habilitative resources must be provided to address the needs of the large numbers of mentally ill and developmentally disabled prisoners who are now incarcerated.
- The 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 that approximate the much briefer periods of such confinement that once characterized American corrections, 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.

B. 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 re-enter 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 adaptation to prison life. They must be given

some understanding of the ways in which prison may have changed them, the tools with which to respond to the challenge of adjustment to the freeworld.

- The 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 pre-release assistance in establishing, strengthening, and/or maintaining ties with their families and children, and whatever other assistance will be essential for them 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 would include, where appropriate, pre-release 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 reacquaint themselves with the social norms of the world to which they will return.

C. 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 to in the freeworld communities from which they came. Specifically:

- Clear recognition must be given to the proposition that persons who return home from prison face significant personal, social, and structural challenges that they have neither the ability nor resources to overcome entirely on their own. Post-release success often depends of the nature and quality of services and support provided in the community, and here is where the least amount of societal attention and resources are typically directed. This tendency must be reversed.
- Gainful employment is perhaps the most critical aspect of post-prison adjustment. The stigma of incarceration and the psychological residue of institutionalization require active and prolonged agency intervention to transcend. Job training, employment counseling, and employment placement programs must all 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 implemented in which the long-term problematic consequences of “normal” adaptations to prison life are the focus of discussion, rather than traditional models of psychotherapy.
- Parole and probation services and agencies need to be restored 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 community-based resource and approach has been tried.

¹ Gresham Sykes, *The Society of Captives: A Study of a Maximum Security Prison*. Princeton: Princeton University Press (1958), at 63.

² For a more detailed discussion of this issue, see, for example: Haney, C., "Riding the Punishment Wave: On the Origins of Our Devolving Standards of Decency," *Hastings Women's Law Journal*, 9, 27-78 (1998), and Haney, C., & Zimbardo, P., "The Past and Future of U.S. Prison Policy: Twenty-Five Years After the Stanford Prison Experiment," *American Psychologist*, 53, 709-727 (1998), and the references cited therein.

³ Mauer, M., "Americans Behind bars: A Comparison of International Rates of Incarceration," in W. Churchill and J.J. Vander Wall (Eds.), *Cages of Steel: The Politics of Imprisonment in the United States* (pp. 22-37). Washington, D.C.: Maisonneuve Press (1992); Mauer, M., "The International Use of Incarceration," *Prison Journal*, 75, 113-123 (1995).

⁴ 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 in the throughout the entire 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 now. 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).]

But these two states were not alone. According to the ACLU'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, *Status Report: State Prisons and the Courts* (1995).

⁵ For a more detailed discussion of these issues, see, for example: Haney, C., "Psychology and the Limits to Prison Pain: Confronting the Coming Crisis in Eighth Amendment Law," *Psychology, Public Policy, and Law*, 3, 499-588 (1997), and the references cited therein.

⁶ Among the most unsympathetic of these skeptical views is: Bonta, J., and Gendreau, P., "Reexamining the Cruel and Unusual Punishment of Prison Life," *Law and Human Behavior*, 14, 347 (1990). However, even these authors concede that: "physiological and psychological stress responses... were very likely [to occur] under crowded prison conditions"; "[w]hen threats to health come from suicide and self-mutilation, then inmates are clearly at risk"; "[i]n Canadian penitentiaries, the homicide rates are close to 20 times that of similar-aged males in Canadian society"; that "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"; that studies show long-term incarceration to result in "increases in hostility and social introversion... and decreases in self-evaluation and evaluations of work and father"; that 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 that 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 & Gendreau, pp. 353-359.

⁷ Again, precisely because they define themselves as skeptical of the proposition that the pains of imprisonment produce many significant negative effects in prisoners, Bonta and Gendreau are instructive to quote. They concede that: there are "signs of pathology for inmates incarcerated in solitary for periods up to a year"; that higher levels of anxiety have been found in inmates after eight weeks in jail than after one; that increases in psychopathological symptoms occur after 72 hours of confinement; and that death row prisoners have been found to have "symptoms ranging from paranoia to insomnia," "increased feelings of depression and hopelessness," and feeling "powerlessness, fearful of their surroundings, and... emotionally drained." Bonta & Gendreau, pp. 361-362.

⁸ Richard McCorkle, "Personal Precautions to Violence in Prison," *Criminal Justice and Behavior*, 19, 160-173 (1992), at 161.

⁹ Paul Keve, *Prison Life and Human Worth*. Minneapolis, MN: University of Minnesota Press (1974), at 54.

¹⁰ For example, see Jose-Kampfner, C., "Coming to Terms with Existential Death: An Analysis of Women's Adaptation to Life in Prison," *Social Justice*, 17, 110 (1990) and, also, Sapsford, R., "Life Sentence Prisoners: Psychological Changes During Sentence," *British Journal of Criminology*, 18, 162 (1978).

¹¹ Taylor, A., "Social Isolation and Imprisonment," *Psychiatry*, 24, 373 (1961), at p. 373. See, also, Hanna Levenson, "Multidimensional Locus of Control in Prison Inmates," *Journal of Applied Social Psychology*, 5, 342 (1975) who found not surprisingly that prisoners who were incarcerated for longer periods of time 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.

¹² Jose-Kampfner, *supra* note 10, at 123.

¹³ The literature on these issues has grown vast over the last several decades. For representative examples, see: Dutton, D., Hart, S., "Evidence for Long-term, Specific Effects of Childhood Abuse and Neglect on Criminal Behavior in Men," *International Journal of Offender Therapy & Comparative Criminology*, 36, 129-137 (1992); Haney, C., "The Social Context of Capital Murder: Social Histories and the Logic of Capital Mitigation," 35 *Santa Clara Law Review* 35, 547-609 (1995); Craig Haney, "Psychological Secrecy and the Death Penalty: Observations on 'the Mere Extinguishment of Life,'" *Studies in Law, Politics, and Society*, 16, 3-69 (1997); Haney, C., "Mitigation and the Study of Lives: The Roots of Violent Criminality and the Nature of Capital Justice," in James Acker, Robert Bohm, and Charles Lanier, *America's Experiment with Capital Punishment: Reflections on the Past, Present, and Future of the Ultimate Penal Sanction* (pp. 343-377). Durham, NC: Carolina Academic Press (1997). Huff-Corzine, L., Corzine, J., & Moore, D., "Deadly Connections: Culture, Poverty, and the Direction of Lethal Violence," *Social Forces* 69, 715-732 (1991); McCord, J., "The Cycle of Crime and Socialization Practices," *Journal of Criminal Law & Criminology*, 82, 211-228 (1991); Sampson, R., and Laub, J. *Crime in the Making: Pathways and Turning Points Through Life*. Cambridge, MA: Harvard University Press (1993); and Widom, C., "The Cycle of Violence," *Science*, 244, 160-166 (1989).

¹⁴ Masten, A., & Garmezy, N., Risk, Vulnerability and Protective Factors in Developmental Psychopathology. In F. Lahey & A Kazdin (Eds.) *Advances in*

Clinical Child Psychology (pp. 1-52). New York: Plenum (1985), at 3.

¹⁵ For a more detailed discussion of these issues, see, for example: Haney, C., & Specter, D., "Vulnerable Offenders and the Law: Treatment Rights in Uncertain Legal Times," in J. Ashford, B. Sales, & W. Reid (Eds.), *Treating Adult and Juvenile Offenders with Special Needs* (pp. 51-79). Washington, D.C.: American Psychological Association (2001), and the references cited therein.

¹⁶ See Haney, C., & Lynch, M., "Regulating Prisons of the Future: The Psychological Consequences of Supermax and Solitary Confinement," *New York University Review of Law and Social Change*, 23, 477-570 (1997), for a discussion of this trend in American corrections and a description of the nature of these isolated conditions to which an increasing number of prisoners are subjected.

¹⁷ Veneziano, L., Veneziano, C., & Tribolet, C., The special needs of prison inmates with handicaps: An assessment. *Journal of Offender Counseling, Services & Rehabilitation*, 12, 61-72 (1987).

¹⁸ Veneziano, L., & Veneziano, C., Disabled inmates. In M. McShane & F. Williams (Eds.), *Encyclopedia of American Prisons* (pp. 157-161). New York: Garland (1996). See, also, Long, L., & Sapp, A., Programs and facilities for physically disabled inmates in state prisons. *Journal of Offender Rehabilitation*, 18, 191-204 (1992).

¹⁹ 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% of prisoners nationwide. Bureau of Justice Statistics, *Mental Health Treatment in State Prisons*, 2000. (NCJ 188215), July, 2001.

²⁰ Streeter, P., "Incarceration of the mentally ill: Treatment or warehousing?" *Michigan Bar Journal*, 77, 166 (1998), at p. 167.

²¹ For a more detailed discussion of these issues, see, for example: Haney, C., & Lynch, M., "Regulating Prisons of the Future: The Psychological Consequences of Supermax and Solitary Confinement," *New York University Review of Law and Social Change*, 23, 477-570 (1997), and the references cited therein.

²² See Haney & Lynch, *supra* note 21.

²³ Human Rights Watch, *Out of Sight: Super-Maximum Security Confinement in the United States*. February, 2000.

²⁴ Greene, S., Haney, C., and Hurtado, A., "Cycles of Pain: Risk Factors in the Lives of Incarcerated Women and Their Children," *Prison Journal*, 80, 3-23 (2000).

²⁵ Lois Forer, *A Rage to Punish: The Unintended Consequences of Mandatory Sentencing*. New York: W. W. Norton (1994).

²⁶ Michael Tonry, *Malign Neglect: Race, Crime, and Punishment in America*. New York: Oxford University Press (1995).

²⁷ Mauer, M. (1990). More Young Black Males under Correctional Control in US than in College. Washington: The Sentencing Project.

²⁸ King, A., "The Impact of Incarceration on African American Families: Implications for Practice," *Families in Society: The Journal of Contemporary Human Services*, 74, 145-153 (1993), p. 145..

²⁹ Chambliss, W., "Policing the Ghetto Underclass: The Politics of Law and Law Enforcement," *Social Problems*, 41, 177-194 (1994), p. 183.