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Craig Haney¹

Abstract

This article summarizes some of the negative psychological effects of imprisonment. It examines the psychological stressors—dehumanization, deprivation, and danger—to which prisoners are exposed, and the process of prisonization by which they attempt to accommodate to their conditions of confinement. It also discusses the effects of two opposite prison extremes, overcrowding and solitary confinement, as well as the kind of vulnerabilities that many prisoners bring to prison that make the experience a form of re-traumatization for them. The article ends with a set of brief, programmatic but psychologically informed proposals for change.

Keywords

imprisonment, psychological effects, mass incarceration, prisonization

Policies of mass imprisonment and the widespread use of “warehouse” prisons have shifted the terms of the debate over the effects of incarceration from whether and how prisons can achieve the elusive goal of rehabilitation to how much debilitation they bring about. As the “nothing works” movement of the 1970s gave way to the era of “penal harm” in the decades that followed, the severe pains of imprisonment were not only taken for granted but explicitly welcomed in many circles (e.g., Cullen, 1995; Haney, 1998). Encouraging signs that times may be changing again, as politicians talk increasingly of

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becoming “smart” rather than just “tough” on crime (e.g., Harris, 2010), underscore the need to acknowledge what happens to people in prison and with what consequence.

Some caveats are important to make at the outset of any discussion of “prison effects.” For one, although the same word is used to describe them, all “prisons” are not identical in terms of the conditions and practices to which they subject prisoners. Correspondingly, they can and do differ greatly in their psychological effects. Even medium and maximum security prisons, where most prisoners are housed (Stephan & Karberg, 2003), can vary significantly in the actual conditions of confinement that prevail inside otherwise seemingly similar institutions. Of course, prisoners themselves also differ in the degree to which they are susceptible to the pains of imprisonment; some people are better able to withstand the rigors of prison life, some less so. Finally, the rates of imprisonment in the United States are very much intertwined with race and class. Among other things, this means that the adverse effects of prison confinement are concentrated among some groups and in some communities, primarily those who are poor and of color, with far more devastating effects than for others (e.g., Roberts, 2004; Tonry, 1996).

I should also note that, although much of what I will say about “prison effects” is negative and critical, I will try to avoid overstatement or exaggeration. Prisons do not make everyone who enters them “crazy.” The psychological effects of imprisonment are generally more subtle. Nonetheless, over time, prisons can gradually but profoundly and problematically shape the way that prisoners think, feel, and act.

In the pages that follow, I first review some of the research that addresses the unique nature and effect of prison stress. In the next section, I discuss some of the specific psychological components of “prisonization”—the process by which prisoners “ameliorate” to the general pains and strains of imprisonment. Turning to more extreme forms of confinement, I next discuss the special effects of the two “social endpoints” of imprisonment, overcrowding and isolation, and their heightened potential to produce negative, even debilitating effects. The next section of this article more systematically examines the ways that prisoners vary in their capacity to withstand the pains of imprisonment, very often as a function of their preprison traumas, risk factors, and other psychological vulnerabilities. Finally, I briefly propose a set of reforms and alternatives that I believe warrant serious consideration, offered in the hope of minimizing the worst individual psychological and aggregate societal consequences of imprisonment.

Coping With Extreme Prison Stress

Most prisons expose prisoners to severe levels of deprivation, degradation, and danger. The extreme stress that results is problematic both because it appears to have direct, adverse consequences on prisoners' physical and mental health, and also because many prisoners adjust to the immediate pains of imprisonment in ways that can prove highly dysfunctional once they have been released. In general, exposure to extreme environmental stress is known to result in psychological damage (Hocking, 1970), which can be exacerbated under conditions of threat or when persons have little or no control over their environment or surroundings (cf. Evans, 1982). Especially when prison stress is extreme and endured for long periods of time, it may go beyond merely being painful and unpleasant to actually causing damage. These effects can persist long after prisoners have been released from prison.

The pains of imprisonment and their negative psychological effects are well documented. For example, Liebling and her colleagues found that the measured levels of distress in 11 of the 12 prisons they studied were "extraordinarily high" (Liebling, Durie, van den Beukel, Tait, & Harvey, 2005, p. 216), and above the threshold that ordinarily triggers an inquiry into whether a patient is suffering from a treatable emotional or psychological illness. Moreover, Cooper and Berwick (2001) reported that the severity of environmental stress that existed in certain prisons played a significant role in the levels of anxiety and depression that prisoners experienced while confined in them.

Very high levels of prison stress can take a special psychological toll. The clinical diagnosis of posttraumatic stress disorder ("PTSD") is applied to patients who suffer a set of interrelated, trauma-based symptoms, including depression, emotional numbing, anxiety, isolation, and hypervigilance. Reviews of the literature on the prevalence of PTSD among prisoners suggest that this disorder may occur as much as *10 times* more often than in the general population (Gibson et al., 1999; Goff et al., 2004; Heckman, Cropsey, & Olds-Davis, 2007; Zlotnick, 1997). In extreme cases, prisoners react to the psychic stress of imprisonment by taking their own lives, and thus suicide occurs at a much higher rate among prisoners than within the general population (e.g., Bland, Newman, Dyck, & Orn, 1990; Hayes, 1989). Elevated rates of prison suicide appear to be the product both of the number of risk factors to which prisoners were exposed before their incarceration and the harshness of the particular prison conditions that they experience during confinement (e.g., Cooper & Berwick, 2001; Liebling, 1995).

The immediate pains of imprisonment may produce lasting problems that persist long after prisoners are released (e.g., Haney, 2003b). In fact, psychiatric assessments of long-term prisoners have found that their most serious psychological problems are typically manifested only *after* they reenter free society. Indeed the “psychological consequences of imprisonment for these men and their families are complex and profound” (Grounds & Jamieson, 2003, p. 358). Prisoners also suffer increased physical health risks once they are released from prison (e.g., National Commission on Correctional Health Care, 2002; Wilper et al., 2009). One study reported that within two years of their release, former prison inmates suffered mortality rates that were three and a half times that of the general population (Binswanger et al., 2007). Moreover, within the first two weeks immediately following their release, their mortality rates were over twelve times the rate in the population at large.

“Prisonization” As Socialization and Adaptation

Prisoners engage in a variety of adaptive responses and psychological adjustments that are intended to ease the pains of imprisonment and ensure their physical and emotional survival. The process of socialization—adjusting and accommodating to socially imposed norms and societal mandates—is termed “institutionalization” when it takes place generally among patients and inmates in total institutional settings and “prisonization” when it occurs in prison. In the classic sociological formulation of “prisonization,” Clemmer defined it as “the taking on in greater or less degree of the folkways, mores, customs, and general culture of the penitentiary” (Clemmer, 1958, p. 299). In addition to the subcultural aspects to which Clemmer referred, there are broad psychological components to the process as well. These changes represent a form of “coping”; they are natural and normal adaptations made by prisoners in response to the unnatural and abnormal conditions of prison life. Of course, these adaptations vary somewhat from prisoner to prisoner in part as a function of their preprison life experience and identity as well as the nature of the actual prison environments to which they are exposed, the forms of treatment to which they are subjected, and the events that they confront throughout their prison “careers” (e.g., MacKenzie & Goodstein, 1995; Paterline & Petersen, 1999; Walters, 2003).

Prisonization also varies as a function of the stage and duration of a prisoner’s confinement. Thus “It would appear that the beginning of the term [of imprisonment] induces considerable psychological discomfort . . .” (Zamble, 1992, p. 420). Over time, prisoners come to accept the many aspects of prison life that they cannot change and “the constancy of the prison environment

leads to a slow and gradual amelioration” (Zamble, 1992, p. 420). This amelioration may ease some of the pains of imprisonment and, because it appears to lead to a form of “prison adjustment,” can mask a number of deleterious prison effects.

The dynamics of prisonization stem from the unusual nature of prison life. To manage large numbers of people who are involuntarily housed in confined spaces, penal institutions exercise nearly complete control over prisoners, forcing them to relinquish power over personal choices and decisions. When taken to extreme lengths over long periods of time, the practice has debilitating consequences. Prisoners generally have no choice over when they get up in the morning or turn their lights out, when, what, or where they eat, whether and for how long they shower or make a phone call, or how much toilet paper they are permitted in their cells. Of course, they typically feel infantilized by this loss of control over even the most mundane aspects of their daily existence. Yet, over time, prisoners become dependent on the prison to make most of their personal decisions. As they “ameliorate” to this erosion of personal autonomy, it seems increasingly “natural” that others routinely decide things for them. Some prisoners lose the *capacity* to initiate activity, to use their own judgment to make effective decisions, or to engage in planful behavior of any kind. Years spent having the institution decide things for them, organize and direct their behavior, and otherwise exercise control over the course of their lives leaves some prisoners troubled and even traumatized by the unstructured and unpredictable nature of the freeworld settings to which they eventually return.

Prison life is also governed by elaborate set of *informal* rules and norms that are part of an unwritten but essential culture and “code.” Like the formal rules of the institution, these too must be abided, and there are very real and often severe consequences when violations occur. The norms can be harsh, exploitative, and even predatory. Yet, some prisoners, eager to defend themselves against what they perceive as the constant dangers and deprivations of the surrounding environment, fully embrace and internalize them (e.g., South & Wood, 2006). In poorly run maximum security prisons, especially, where the informal prisoner culture has become especially strong, many prisoners feel pressured to make a stark Hobson’s choice between becoming a victim or participating as a victimizer.

Indeed, prisoners must cope with or adjust to the threat of victimization as a persistent fact of prison life. McCorkle’s (1992) study of a maximum security Tennessee prison found that “[f]ear appeared to be shaping the life-styles of many of the men,” leading over 40% of prisoners to avoid certain high risk areas of the prison and about an equal number of inmates to spend extra time

in their cells as a precaution against victimization. At the same time, almost three quarters of the prisoners had been forced to “get tough” with another inmate to avoid victimization, and more than a quarter kept a “shank” or other weapon nearby with which to defend themselves. Younger prisoners were more likely to employ aggressive avoidance strategies than older ones.

Toch and Adams (2002) described a related aspect of prisonization. They noted that not only is the threat of exploitation “tangible” in prison, but also that “fear is equated with ‘weakness,’ and weakness earns contempt and invites aggression” (p. 230). This pattern simultaneously worsens the plight of weaker prisoners and motivates others to avoid the appearance of weakness at all costs. The extreme investment that prisoners develop in establishing and maintaining “respect” and the equally extreme and often violent reactions they have to being “disrespected”—can be understood in these terms. Thus, prisoners cope with the threat of victimization by actively promoting their own reputation for toughness, reacting quickly and forcefully to seemingly insignificant insults or minor affronts.

Prisoners struggle to preserve a viable sense of self in an environment that subordinates and diminishes them. As one prison observer put it, “The cultural rules for recouping manhood arise out of an environment of stress, loss, and deprivation” (Phillips, 2001, p. 23). The need to preserve one’s “manhood” in a prison environment that persistently undermines it can lead to overcompensation, in the form of exaggerated displays of “hypermasculinity” and even the sexual victimization of other prisoners, enacted as a perverse way of demonstrating one’s masculine prowess (e.g., Haney, 2011; Kupers, 2010). Sexual assault in prison is a sad but instructive example of the way that harsh and cruel contexts can elicit extreme, hurtful behavior from persons whose “self defensive” actions can have traumatic and even fatal consequences for others (e.g., Coggeshall, 1991; Rideau & Sinclair, 1998). As one researcher put it, “Men who have been deprived of most avenues of self-expression and who have lost status by the act of imprisonment may resort to the use of sexual and physical power to reassert their uncertain male credentials” (King, 1992, pp. 68-69).

Prisoners regularly witness the severe consequences that can befall those who appear weak or vulnerable. They may correctly infer that revealing too much about themselves provides others with knowledge that can be used to exploit them. In response, many fashion an emotional and behavioral “prison mask” that is unrevealing and impenetrable. Yet the emotional flatness that is so instrumental in prison may be difficult to relinquish in the outside world, where it is problematic in social interactions and personal relationships. The hypervigilance and suspicion that prisoners employ as a necessary survival

strategy may create permanent and unbridgeable distance between themselves and other people. Some prisoners seek safety in social invisibility, become as inconspicuous and unobtrusive as possible, and withdraw from authentic social interactions altogether (e.g., Jose-Kampfner, 1990; Sapsford, 1978). In this way, “adjusting” to their past imprisonment may consign them to a future life of isolation and loneliness.

The degraded conditions under which prisoners live serve as constant reminders of their compromised and stigmatized social status and role. Many prisoners internalize symbolic meaning implied by their dehumanized treatment and the deprived circumstances in which they are mired. As Sykes (1958) expressed it, the prisoner’s “picture of himself as a person of value”—that is, as a “morally acceptable” person with “some claim to merit . . . and inner strength” eventually “begins to waiver and grow dim” in prison settings that refuse to acknowledge these characteristics or potentialities (p. 79). On the other hand, Maruna (2001) has shown that providing prisoners with opportunities to reverse this process by facilitating their adoption of so-called “redemption scripts”—personal narratives in which they reconstruct a diminished sense of self into one in which they are capable of transcending past mistakes and achieving positive future goals—enhances their postprison success.

Prisoners most affected by prisonization are likely to experience the greatest difficulties in making the transition to the freeworld. Indeed, those who have made a successful adaptation to prison, including prisoners who “adjust favorably . . . maximize legitimate gratifications in prison, receive fewer citations for misconduct, and hold more prestigious prison jobs,” often “encounter greater difficulties upon release from prison” (Goodstein, MacKenzie, & Shotland, 1984, p. 356). It is obvious why. Prisonization instills prison-based habits and ways of being, an overdependency on external structures and routines to organize and regulate one’s behavior, a tough veneer that precludes expressing weakness or vulnerability, the generalized mistrust that comes from the fear of exploitation, and a tendency to strike out in response to minimal provocations. All are highly functional inside prison and problematic virtually everywhere else.

Prisonization also deters prisoners from seeking help, treatment, or counseling, both inside prison and after release. That is,

the suspiciousness of others and perceived importance of respect that is usually adaptive in prison can lead to conflicts in a mental health setting. In general, the phenomenon of prisonization is likely to hinder many of the goals of a treatment milieu . . . (Carr et al., 2006, p. 572; see, also, Rotter, McQuiston, Broner, Steinbacher, & Glazer, 2005)

Social Extremes of Prison Confinement

As I noted earlier, prison effects vary as a function of specific conditions of confinement and forms of treatment to which prisoners are subjected. The general pains of imprisonment can be exacerbated and become more damaging and dangerous inside especially harsh or problematic facilities. The *social* extremes of penal confinement—living under conditions of intense overcrowding or, at the other end of the spectrum, being subjected to enforced isolation or solitary confinement—can significantly worsen the prison experience and increase the psychological risks that prisoners face. Of course, overcrowding is regarded as an unwanted anomaly—something that prison systems are forced to reluctantly accept. Solitary confinement, on the other hand, is a practice that prison systems can choose to employ (or not). In this section I briefly review some of the additional adverse psychological consequences of these two very extreme but unfortunately still quite common forms of prison confinement.

Overcrowding: More Prisoners Than Can Be Safely and Humanely Housed

Overcrowding touches virtually every aspect of a prisoner's day-to-day existence and greatly amplifies the stress of prison life. Among other things, overcrowding confines prisoners in spaces occupied by too many others, increasing the sheer number of social interactions that involve "high levels of uncertainty, goal interference, and cognitive load . . ." (Cox, Paulus, & McCain, 1984, p. 1159). Crowded prison conditions introduce greater social complexity, turnover, and interpersonal instability into an already dangerous world, one in which interpersonal mistakes or errors in social judgments can be fatal. Overcrowding also raises collective frustration levels inside prisons by generally decreasing the amount of available resources. The sheer number of things that prisoners can do or accomplish on a day-to-day basis is compromised by the number of people who are literally and figuratively standing in between them and their goals and destinations. Prison staff members are often hard-pressed to manage the inevitable chaos and conflicts that result, and they may resort to increasingly repressive approaches to do so (e.g., Haney, 2006b).

Not surprisingly, a large literature on overcrowding has documented a range of adverse effects that occur when prisons have been filled to near capacity and beyond. As a group of prison researchers concluded in the 1980s, as the scope of the prison overcrowding problem in the United States was just becoming apparent, "crowding in prisons is a major source of administrative

problems and adversely affects inmate health, behavior, and morale” (Cox et al., 1984, p. 1159; see, also, Gaes, 1985; and Paulus, Cox, & McCain, 1988). Two other early commentators concluded their review of the literature in much the same way, namely, that “[w]ith few exceptions, the empirical studies indicate that prison overcrowding has a number of serious negative consequences” (Thornberry & Call, 1983, p. 351; see, also, Ruback & Carr, 1984).

A few prison overcrowding studies focusing on the relationship between crowding and inmate disciplinary infractions and violence have yielded inconclusive or inconsistent results. However, the lack of entirely consistent findings may be due to other factors that complicate the analysis (e.g., Steiner & Wooldredge, 2009), including the level at which crowding effects are studied (e.g., whether the impact of “crowding” is measured in an individual housing unit, institution, or system); the extent to which crowding precipitates changes in other key prison practices in ways that mask potential crowding effects (e.g., altering classification and security procedures and the reporting of infractions and victimization); and the extent to which overcrowding changes prisoners’ perceptions of whether the prison can or will respond to their needs and crises (so that they are increasingly less likely to bring these things to the attention of the staff). The overall point is that prisons are complex environments that respond in multiple ways to adjust to the many crowding-related challenges and pressures that must be managed and controlled (e.g., Steiner, 2009; Tartino & Levy, 2007).

Notwithstanding these caveats, it is widely understood that crowding *does* significantly worsen the quality of institutional life and increase the destructive potential of imprisonment. Among other things, we know from early research that prison overcrowding increases negative affect among prisoners (e.g., Paulus, Cox, McCain, & Chandler, 1975), elevates their blood pressure (e.g., D’Atri, 1975), and leads to greater numbers of prisoner illness complaints (e.g., McCain et al., 1976). Moreover, exposure to “long-term, intense, inescapable crowding” of the sort that characterizes many prison environments results in high levels of stress that “can lead to physical and psychological impairment” (Paulus, McCain, & Cox, 1978, p. 115; see, also, Ostfeld, Kasl, D’Atri, & Fitzgerald, 1987). More recently, British researchers found that high levels of perceived crowding in prison were related to increased arousal and stress and decreased psychological well-being (Lawrence & Andrews, 2004). In addition, the prisoners in this study who experienced prison conditions as “crowded” were more likely to interpret the behavior of other prisoners as aggressive and violent.

Other researchers have found that an individual-level factor, the degree of prior street drug use, actually interacted with the level of prison crowding to

explain in-prison drug use. Specifically, “inmates who reported a history of using drugs on the streets prior to incarceration are especially likely to engage in drug abuse inside crowded prisons” (Gillespie, 2005, p. 240). Studies also have shown that “overcrowding is a critical feature of prison environments that dramatically raises the risk of prison suicide” (Huey & McNulty, 2005, p. 507). More specifically, “the reduced risk of suicide found in much prior research to be evident in minimum security facilities”—presumably because of the lower levels of deprivation there—“is in fact voided by the deleterious effects of high overcrowding” (p. 507). Researchers also have suggested that overcrowding may lead to higher numbers of prison suicides because it decreases the level of “purposeful activity” in which prisoners are able to engage (e.g., Leese, Stuart, & Snow, 2006, p. 359; Wooldredge, 1999).

Moreover, severe overcrowding can produce a range of serious, adverse, *systemic* effects that compromising the ability of prison systems to deliver the basic, necessary, constitutionally-mandated services to which prisoners are entitled. For example, as several commentators noted in the midst of the rapid increases in the prisoner population that occurred throughout the United States during the last several decades, “the prospect of screening inmates for mental disorder and treating those in need of mental health services has become a daunting and nearly impossible task in the present explosion of prison growth” (DiCataldo, Greer, & Profit, 1995, p. 574). In seriously overcrowded prison systems, these negative impacts can extend from aforementioned badly compromised prisoner screening, to seriously defective classification procedures and decisions, significantly undermanned and fundamentally inadequate routine services, a drastically reduced capacity to respond effectively to prisoner “crises” or emergencies and, finally, to very poor or nonexistent prerelease planning for prisoners in general and for those who have “special needs” (e.g., mentally ill, developmentally disabled, and medically infirm) in particular. In fact, a finding that overcrowding was the *primary cause* of the California prison system’s inability to provide prisoners with minimally adequate medical and mental health care recently led the United States Supreme Court to order the state to reduce its population by some *forty thousand* prisoners to remedy these unconstitutional effects (*Brown v. Plata*, 2011).

Solitary Confinement: Enforced Idleness, Deprivation, and Isolation

At the opposite end of this spectrum, many prison systems now resort to the once uniformly discredited practice of *long-term isolation*. Ironically, the increased use of isolation as a form of prisoner control and punishment may

be the product of widespread overcrowding and the systemic dysfunction it brings about. Whatever the rationale, solitary confinement adds to the pains of imprisonment and heightens the risk of psychological damage for the prisoners subjected to it. Empirical research on solitary confinement has consistently documented its problematic effects. Despite some methodological limitations that apply to some of the individual studies, the overall pattern of findings is clear and robust.

Evidence of these negative psychological effects comes from personal accounts, descriptive studies, and from systematic research on solitary confinement, done by researchers with diverse backgrounds, in studies published over many decades. They are supplemented by data from psychologically analogous settings—for example, research on the harmful effects of acute sensory deprivation, the loss of social contact among the isolated elderly, and the seclusion of mental patients. (See Haney, 2003a, 2008a, 2009; Haney & Lynch, 1997; and Smith, 2006, for citations to the studies that document the specific symptoms and problematic psychological consequences referred to in the paragraphs below.)

More specifically, for example, mental health and correctional staff who have worked in prison isolation units report having observed a range of very similar adverse symptoms in the prisoners housed there, including the loss of appetite and weight, sleep disturbances, anxiety, panic, rage, loss of impulse and emotional control, paranoia, hallucinations, and self mutilations. In addition, a number of more direct and systematic studies of prison isolation also have documented a broad range of potentially very harmful psychological reactions, including heightened levels of negative attitudes and affect, insomnia, anxiety, panic, withdrawal, hypersensitivity, ruminations, cognitive dysfunction, hallucinations, loss of impulse and emotional control, irritability, aggression, and rage, paranoia, hopelessness, depression, a sense of impending emotional breakdown, self-mutilation, and suicidal ideation and behavior. Although most of these direct studies are cross sectional, some are not. Moreover, the cross-sectional studies typically report levels of psychiatric symptoms and other problematic reactions that are far above what would be expected solely from preexisting conditions. The reported symptoms and reactions also are psychologically consistent with and “triangulate” onto other studies of the adverse consequences of social deprivation that have been reported in separate but related domains of scientific study (e.g., Haney, 2009).

In addition, a number of correlational studies have established the relationship between isolated housing and higher rates of “critical incidents” such as self-mutilation and suicide, deteriorating mental and physical health

(beyond self-injury), other-directed violence (such as stabbings and attacks on staff), collective violence, and property destruction. The use of extreme forms of solitary confinement in so-called “brainwashing” and methods of torture also underscores the painful and potentially damaging nature of the experience. In fact, many of the negative effects of solitary confinement are analogous to the acute reactions suffered by trauma victims, including post-traumatic stress disorder (“PTSD”) and the psychiatric aftereffects of so-called “deprivation and constraint” torture techniques.

“Retraumatization” and the Pains of Imprisonment

In the same way that not all prisons are equally malign, painful, or capable of inflicting harm, individual prisoners vary in terms of how they experience or cope with the same environments and events. Many of these variations are a function of prisoners’ different backgrounds and preexisting vulnerabilities (e.g., Gullone, Jones, & Cummins, 2000; Hemmens & Marquart, 1999). In fact, despite a common stereotype that prisoners are “hardened” souls who are especially resilient to stress and impervious to harsh treatment, there is reason to believe that the reverse may be true, at least for a large number of them. Many prisoners come from socially and economically marginalized groups and have experienced many adverse, traumatic childhood and adolescent experiences (e.g., Gibson et al., 1999; Greene, Haney, & Hurtado, 2000; Haney, 1995; McClellan, Farabee, & Crouch, 1997; Mullings, Hartley, & Marquart, 2004; Weeks & Widom, 1998; Zlotnick, 1997). Their atypical backgrounds include many “risk factors” that tend to *increase* their vulnerability to stress and may render them *less* able to cope with the high levels of it that they are likely to encounter in prison.

In addition, many common aspects of prison life closely parallel and are reminiscent of the kinds of traumatizing and damaging events that many prisoners have already encountered in childhood and adolescence, including the aforementioned risk factors that increase the chances that someone will engage in troubled, delinquent, and criminal behavior. That is, as I noted above, many prisoners have grown up in impoverished households and neighborhoods, suffered abuse and neglect by parents and other persons in positions of authority over them, experienced high levels of instability (such as frequent moves and transitions), been exposed to severe violence in the surrounding environment, and lived among crime-prone and exploitive “role models.”

Many aspects of imprisonment are psychologically analogous to these earlier, damaging experiences. For example, prisons are extremely deprived

and impoverished environments in which prisoners are routinely denied access to potentially beneficial goods and services. Prison staff members can be verbally and even physically abusive in ways that are all too familiar to many prisoners. Prisons are often cold, uncaring places that regularly neglect many important prisoner needs. Prisoners are subject to frequently repetitive, unannounced, and disruptive cell moves and transfers to other units or institutions that can be highly disorienting and destabilizing. They are exposed to high levels of violence and even physical and sexual abuse in their immediate prison “neighborhoods,” and are surrounded by many persons who are openly committed to criminality.

In these ways, then, imprisonment represents a form of “retraumatization” for many prisoners, one that reexposes them to a concentrated dose of the very criminogenic risk factors that they have already experienced in the harsh circumstances in which they were raised. Prison also places them in the same kind of largely marginalized and relatively powerless position to which they have been consigned in the larger society, where they have access to only a limited and ultimately dysfunctional range of adaptations from which to choose in attempting to cope with their plight.

In fact, childhood and adolescent risk factors, particularly exposure to trauma and violence, are not only criminogenic in their own right but also appear related to higher rates of victimization *inside* prison. In addition, the experience of having been victimized in prison not only leads to higher levels of distress during confinement but also to symptoms of posttraumatic stress disorder and depression following release. Thus, one study of prison distress found that having been victimized in prison—specifically, having been subjected to “theft, con games and scams, robbery, destruction of property, assault, and serious threats of bodily injury”—led to depression and symptoms of posttraumatic stress (Hochstetler, Murphy, & Simons, 2004, p. 444). As the authors reported, “prison victimization contributes to the occurrence of depressive and [posttraumatic stress] symptoms” (p. 448). However, they also found that a history of having been exposed to trauma and violence *prior* to coming to prison helped to explain the prisoners’ level of prison distress, and that the experience of being victimized in prison *added* to the pains of the preexisting events to which the prisoner had been exposed. Especially because the resulting posttraumatic stress symptoms can prove disabling upon release, the authors recommended that “[r]ehabilitative efforts should help inmates recover from trauma occurring inside and outside prison” (p. 452).

Over the last several decades, another trend has affected the mental health status of prisoners: prisons in the United State increasingly became the default placement for the mentally ill. As a result, the prevalence of serious,

diagnosable psychological disorders in prisons—including prisoners suffering from clinical depression and psychosis as well as PTSD—increased (e.g., Gunn, 1978; Harding & Zimmerman, 1989; Kupers, 1999). The exact causal origins of mental illness among prisoners cannot always be determined. Some prisoners enter prison with serious preexisting conditions and others with fragile emotional states have had them exacerbated by the pain and stress of incarceration. Some psychiatric problems also appear to originate in the turmoil and trauma that exist in prison. In any event, research conducted over the last several decades indicates that somewhere between 12% and 24% of prisoners in the United States now suffer from *serious* mental disorders (for a summary of these estimates, see Haney, 2006a, p. 250; see, also Fazel & Danesh, 2002). Estimates of the number of prisoners suffering from mental disorders of *any* kind, including addiction and personality disorders, are much higher—somewhere between 55% and 80% (e.g., Brink, 2005).

These percentages translate into literally hundreds of thousands of jail and prison inmates in correctional facilities in need of mental health treatment. Yet no more than a fraction of them are receiving it. According to a 2001 Justice Department study that surveyed over 1,500 state public and private adult correctional facilities, more than 20% of state prisons in the United States did not, as a matter of policy, even *screen* inmates at intake to estimate their mental health needs. About the same number failed to conduct any psychiatric assessments of prisoners, and slightly fewer failed to provide inmates with any therapy or counseling by trained mental health counselors. More than a third lacked around-the-clock mental health care for prisoners suffering acute psychiatric crises, and a quarter of them failed to assist inmates in obtaining community mental health services upon release (Beck & Maruschak, 2001).

Because the Justice Department survey relied entirely on correctional administrators' own estimates, it may understate the magnitude of the problem. Moreover, the survey asked respondents only about the availability of services. It did *not* address whether the services—in those cases in which any were provided—were adequate or sufficient overall. Other knowledgeable commentators have suggested that relatively few prisoners actually receive the kind of sustained and effective counseling and psychotherapy that they require (e.g., Kupers, 1996, 1999). Obviously, any prisoner in need of therapeutic services who is housed in one of the many facilities where none is offered is by definition being neglected. According to the Justice Department study, depending on the type of facility, between 16% and 29% of correctional institutions in the United States lack therapeutic services of any kind.

There are practical as well as humanitarian reasons to effectively address this serious problem. For one, research shows that prisoners with serious

mental disorders (“SMI”) return much more quickly to prison than releasees without such disorders—in one study, they were back in nearly half the time as others (Cloyes, Wong, Latimer, & Abarca, 2010).

Psychologically Informed Prison Reform

My last point—that the failure to effectively address mental health problems in prison can increase crime rates—is related to a broader issue. Nearly all prisoners, nearly three-quarters of a million each year in the United States, eventually return to their communities. This fact alone underscores the importance of addressing what happens to people during imprisonment. For example, one comprehensive meta-analytic study of the relationship between incarceration, length of confinement, and recidivism found that doing time in prison actually had a “criminogenic”—crime-producing—effect (Smith, Coggin, & Gendreau, 2002). In fact, imprisonment not only appeared to have increased a person’s chances of reoffending but also, the more time served, the more likely subsequent offending became. Although the overall effects were modest in size, the authors concluded that “the enormous costs accruing from the excessive use of prison may not be defensible” (p. 20). Indeed, they noted that the long-term cost, in terms of increased amounts of crime produced by more people going to prison for longer amounts of time, was particularly problematic “given the high incarceration rates currently in vogue in North America.” Other research has suggested that the criminogenic effects of imprisonment may be exacerbated by the harshness of the prison experience; that is, that certain kinds of especially painful forms of imprisonment further increase the likelihood of reincarceration (e.g., Boxer, Middlemass, & Delorenzo, 2009; Chen & Shapiro, 2007; Lovell, Johnson, & Cain, 2007).

The era of mass imprisonment has left the United States with a sprawling, badly overcrowded, underresourced but nonetheless very expensive prison system. This unwieldy system is still governed primarily by a penal philosophy and set of correctional practices that, in many jurisdictions, do little more than warehouse their captives. The sheer size of this system now places practical limits on whether and how it can be reformed. Indeed, if the scale of imprisonment remains unchanged, warehousing may be the only goal realistically within its grasp. For this reason, reducing the size of the prison system should become a matter of first priority.

There are a number of intellectually straightforward (albeit politically challenging) strategies by which this can be accomplished, including long overdue state and federal sentencing reforms. Skewed and distorted sentencing practices, produced in part by inflamed media rhetoric and political expediency

during the era of mass incarceration, literally altered the prevailing norms of “justice” in the criminal justice system (Haney, 2012). A more sophisticated understanding of the human costs of imprisonment, a more enlightened national mood about crime and punishment, and a realistic assessment of the sobering financial realities faced by state and federal governments may provide the impetus for a significant recalibration, as criminal justice policymakers move toward being “smart” rather than just “tough” on crime.

That recalibration would include effecting significant reductions in the unreasonably long prison sentences meted out for various crimes, eliminating a number of the most unjust sentencing practices with which we are still saddled (such as those “three strikes” laws that do little to enhance public safety), and actively addressing the stark racial disparities that still plague our criminal justice system. It would also include implementing more generous “good time” credits that allow prisoners to work their way out of prison, and instituting a number of “front end” diversion programs that keep people from entering prison in the first place, as well as “back end” parole reforms that reduce the likelihood that prisoners will be returned for minor violations after they have been released.

At the same time these sentencing reforms are being implemented to drastically reduce the size of the prison population and minimize the number of people who are needlessly exposed to the potentially damaging pains of imprisonment, it is time to fashion and implement a new and more enlightened correctional philosophy that moves us beyond the “penal harm” logic of the past several decades. Large numbers of people will still be incarcerated in our nation’s prisons for the foreseeable future and decisive steps must be taken to minimize the damage incurred while they are there.

Thus, in the spirit of “first, do no harm,” we know that the pains of imprisonment, the levels of distress that prisoners endure, and the longer term consequences of confinement vary in predictable ways, in part as a function of the quality of life inside prison. The worst aspects of contemporary prison life—the dehumanization, deprivation, and danger—need to be confronted and addressed. Much of this will involve making significant changes in the climate or atmosphere that prevails inside. For example, we know that prisons whose “moral performance” is poor—ones rated low on social climate and other measures—also produce higher levels of distress among prisoners (Liebling, 2005; see, also, Kesterman, 2005).

It will also entail devising and implementing a richer array of programming and social services. We need to begin to acknowledge what research is now making clear—namely, that the overwhelming majority of prisoners were victims long before they became victimizers. The nation’s widespread

neglect of the basic needs of these cohorts of overwhelmingly poor and disproportionately African Americans and Latinos *before* they arrived in prison is largely what justifies (and requires) that meaningful compensatory resources, opportunities, and services be made available to them, if only to ensure that they do not eventually return. This should include but not be limited to the provision of programs that are explicitly directed at addressing what have been termed “criminogenic needs.” Although, frankly, this framing of the problem comes dangerously close to individualizing what are clearly structurally created deficits, it nonetheless underscores the futility of forcing prisoners into “one size fits all” programs that fail to consider their specific life circumstances. It is clearly the case that prison programs that are targeted at those particular domains where prisoners both need and want services are the only kind that can succeed.

However, in-prison programs alone are nowhere near enough to provide prisoners with realistic chances to lead the meaningful and fulfilling post-prison lives that they deserve. The overwhelming majority of prisoners struggle to make sense of and adjust to the changed communities to which they eventually return. Among other things, of course, they must cope with the burden of prison stigma, which marks and excludes them from nearly every conventional setting they enter and traditional role they try to assume. They grapple with the lasting effects of prisonization that may undermine and prevent them from successfully reintegrating into the larger society and functionally disable them in future personal, social, and work-related interactions. And they struggle to reenter a technological, occupational, social, and even familial world that has moved on without them, further compromising what were often already marginal statuses, identities, and relationships. With these things in mind, the need for a comprehensive panoply of services, opportunities, programs, and support for persons *returning* to their home communities—transitional, “step down” and bridging services and longer term programs to not only ease their reentry but also maximize postprison success from prison—is difficult to overstate (e.g., Lattimore, Steffey, & Visser, 2010).

Conclusion

Ironically, the era of mass incarceration was commenced at a time when scholars and practitioners had begun to address the worst aspects of imprisonment, were attempting to identify and employ the most effective rehabilitative programs for the majority of prisoners, and had finally acknowledged that crime control necessarily depended on widespread structural and

community-based change (e.g., Haney, 2008b, 2010, 2012). We appear to be at a similar critical juncture in criminal justice history, poised to improve rather than further compromise prison policy or exploit it for political gain. We now know that the level of mass imprisonment we have arrived at is far too costly—in human, social, and economic terms—and that there are many prison programs that do appear to work, if they can be carefully targeted and combined with “after prison” services and structural reform.

The failure to move decisively at this critical juncture by pressing for an overarching revamping of this system may help to ensure that our nation’s prisons do more harm than good for the unprecedented millions who continue to pass through them. The effects of several decades of “malign neglect” (Tonry, 1996) or worse have not yet been reversed. Understanding and addressing the negative psychological consequences of prison confinement—as summarized in this article—is one important step among many in the crucial process of choosing wisely between these alternative futures.

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Bio

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