

**EFFECTS
OF
LONG TERM INCARCERATION**

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EXECUTIVE SUMMARY

The management of long term inmates in Canadian correctional institutions has been an issue of considerable importance in recent years. The ranks of long term prisoners have been rising slowly but steadily since the death penalty was abolished in 1976, and new strategies will have to be implemented to deal effectively with federal inmates serving sentences of ten years or more. In response to this concern, the Task Force on Long-Term Offenders submitted a report to the Correctional Service of Canada and the National Parole Board on February 23, 1997 which made recommendations on the implementation of the Life-Line program in federal penitentiaries, which is a strategy designed to improve long term prisoners' chances for success once released into the community. Other strategies designed to lessen the negative effects of imprisonment, such as those implemented by the five new federal institutions for women, which include mother-child programs and communal living arrangements, can also increase the potential for successful rehabilitation and reintegration of long term prisoners.

Because most long term inmates, including those serving life sentences, will eventually be released, it is in the best interest of the Canadian people to ensure that such programs are in place to combat the negative effects, as identified by the sociological research, that living in isolation can have on inmates. Research on the effects of incarceration is not conclusive, but the results of many studies point to the potential psychological harm that long term incarceration can cause. These findings are critical to policy makers who must decide how best to deal with long term inmates so that when they are released, they can return to the community as productive, law abiding citizens.

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INTRODUCTION

For the purposes of this paper, we define long term inmates as those serving determinate or indeterminate federal sentences of 10 or more years. This type of inmate is affected by incarceration differently than a short term prisoner as he or she is required to spend a significant portion of his or her life in a correctional facility, cut off from family and friends, deprived of freedom, security, autonomy and heterosexual relationships, and forced to live in a rigidly structured environment that is unreflective of the outside world.

It is essential that we critically examine the effects that long term incarceration has on individuals if we are to reduce recidivism among released inmates who have spent many years in prison. This paper will attempt to provide such a critical examination. The characteristics of long term prisoners and the institutions in which they are housed will be described, the various forms of deprivation will be explored, and the outcomes of prolonged incarceration including "prisonization," coping and adaptation to the institutional environment will then be discussed.

LONG TERM INMATES AND THE PRISON ENVIRONMENT

The Long Term Inmate

As of December 3, 1997, the number of male long term inmates was 6,825: those serving their sentences in Canadian federal corrections institutions totalled 4,707; the remaining 2,118 were serving the rest of their sentences in the community (Task Force on Long Term Offenders, 1998). At the same time, there were only 179 female long term inmates in Canada: 95 were incarcerated and 84 were in the community (Task Force on Long Term Offenders, 1998). In 1992, 47.7% of federal inmates serving long term sentences had been convicted of some form of murder, of either the second or first degree (Weekes, 1992). This would suggest that those convicted of murder tend to consistently make up the largest single offender group among long term inmates. A 1983 survey indicated that the majority (71%) of male long term federal inmates were serving their first federal sentence (Wormith, 1984). Offender Intake Assessment data for 1997 shows a similar distribution - 29% of long term prisoners had been previously incarcerated in a federal institution and 71% had not. Over half (54%) had been incarcerated in a provincial institution before receiving a long term sentence (Task Force on Long-Term Offenders, 1998).

The characteristics of long term prisoners do not differ greatly from those of other federally sentenced offenders. Inmates of Aboriginal or Métis racial background comprised 10% of male and 12% of female long term inmates in 1997 (Task Force on Long-Term Offenders, 1998). These figures approximate the representation of Aboriginals in the total federal offender population. As a group, long term prisoners were older than the average federal inmate, with a mean age of 38 as of December 1991 (Weekes, 1992). This age difference could be attributed to the fact that long term inmates are likely to be serving a sentence for a serious violent offence and violent offenders, on average, tend to be older than other offenders. As far as marital status was concerned, in 1997, 72% of long term

inmates were unmarried at the time of admission, but 75% indicated that they had been previously married or involved in common law relationships (Task Force on Long - Term Offenders, 1998).

The Prison Environment

The physical, emotional and psychological prison environment faced by all federal inmates is determined by the prevailing beliefs and attitudes held by the criminal justice system and the general public concerning the appropriateness of certain types of punishment. Some maintain that in order for a punishment to be acceptable to the public, it must clearly demonstrate adverse effects. Others insist that the punishment of incarceration does not have to, and should not, be equated with harm and that the creation of a humane and effective prison environment requires the development of mechanisms with which to reduce deprivation of liberty (Wormith, 1985).

Beliefs and attitudes about punishment can be complex and inconsistent. For example, a 1985 Gallup Poll showed that while over half of those polled felt prisoners had too many rights, 23% felt they had too few rights and almost two thirds felt that greater emphasis in prison should be placed on rehabilitation and community reintegration, even at the expense of security risk (Wormith, 1985). Many people, therefore do not equate prisoners' rights with rehabilitation and reintegration. Unfortunately this inconsistency does not provide the policy makers with any clear guidance from the general public.

While it may be tempting to dismiss the harsh prison environment of the past as archaic and no longer in existence in the modern day, many of the attitudes and practices of over 200 years ago still exist and inmates remain a disadvantaged group socially, legally, and politically. The sentence of banishment is no longer codified in the criminal law, but it is still, in effect, practised when offenders are sentenced to terms in isolated institutions, often great distances from their families, friends and homes. This affects female long term prisoners greatly, as there are only five federal institutions for women. Many female federal inmates are not able to stay in their home provinces, and this causes stress on these women, particularly those who are mothers of young children. And although most forms of corporal punishment have been banned from Canadian institutions, solitary confinement, which is widely considered to violate basic human rights and dignity, is still extensively used as a form of discipline. One report produced for the Solicitor General of Canada pointed out that human isolation was found to have marked physical effects. For instance, the "sudden death" phenomenon has been recorded, whereby inmates die for no apparent pathogenic reason, but from a sense of hopelessness and despair resulting from feeling that they have no control over their circumstances or future (John Howard Society of Winnipeg, 1990). Inmates are still subject to censorship, limited conjugal and visiting opportunities, inadequate treatment and training facilities and almost unlimited transfers. They cannot vote in some provinces and have limited privacy and access to procedural due process. Prisoners theoretically have the same basic human rights as anyone else in society, but these rights are only as accessible to the inmate as current penitentiary administrative policies and procedures will allow.

While there has been increased attention paid to the emotional, psychological and physical well-being of inmates in recent years, a sentence of imprisonment still means that an offender is relegated to a life isolated from the rest of society. Inmates are an insular minority vulnerable to oppression and discrimination, not only from the “outside” but from the strict rules and values of the inmate power structure and its own codes of silence and loyalty. Whether male or female, young or old, inmates have to adjust to an environment in which relationships (sexual or platonic) with the opposite sex are denied them. In penitentiaries for men especially, homosexual sex is often viewed as a commodity which must be forced, bought or traded; new inmates have to find their place in the sexual order by developing a sexual identity and establishing a reputation in the prison “sex pressure game,” which is designed to determine who is weak or strong (Hopper, 1990). The emergence of prison gangs comprised of groups of inmates for group protection and power dominance has become yet another reality for the incarcerated offender. In United States penitentiaries in particular, the proliferation of prison gangs has reached crisis proportions. Many of these gangs have evolved to become organized crime syndicates involved in gambling, extortion, drug trafficking, prostitution and contract murder; and, where there is organized crime, violence prevails. For example, in Texas alone between 1979 and 1985, 62% of the 94 inmate murders recorded were committed by prison gangs. Overall, prison gangs also accounted for at least 50% of all problems and violence in United States penitentiaries (Fong & Buentello, 1990).

THE EFFECTS OF LONG TERM INCARCERATION

Until the 1980s, most studies and theories concerning the long term effects of incarceration were aimed at substantiating the belief that lengthy incarceration inevitably lead to a systematic physical, emotional and mental deterioration of the long term inmate. However, more recent studies have suggested that not only is this deterministic premise too simplistic, but that the methodology applied in many of the studies provided little in the way of substantiated, empirical facts. According to Bonta and Gendreau,

Studies on the effects of prison crowding, long-term imprisonment, short-term detention, solitary confinement, death row, and the health risks associated with imprisonment provide inconclusive evidence regarding “the pains of imprisonment.” (1990, p. 75)

Cornerstone theories about the effects of imprisonment as deterioration, deprivation and prisonization have been challenged and found lacking in reliable evidence based on systematic observations of behaviour. Despite the inconclusiveness of the research findings, an exploration of the literature on the effects of long term incarceration gives us a great deal of insight into the prison experience. Understanding the impact of prolonged imprisonment is essential, as the vast majority of long term inmates will one day be released. It is therefore imperative that we address the potentially damaging aspects of incarceration in order to improve each offender’s chance for rehabilitation, as the protection our communities hinges on treatment and reintegration of offenders.

Deprivation

Because imprisonment necessitates a substantial curtailment of an individual's freedom and many other basic rights, deprivation is an inherent feature of being incarcerated. In a study of long term inmates in Missouri, Sabbath and Cowles (1992) found that the most serious problems for long term prisoners included travel distance for loved ones, privacy during visitation, privacy in cells and crowding. These problems are indicative of various forms of deprivation. An earlier study, carried out by Timothy Flanagan to examine the attitudes and perspectives of long term inmates, asked inmates serving sentences of 10 years or more to prioritize what they saw as the most serious deprivations of imprisonment. The 5 problems they listed, from most to least serious, were missing somebody, missing social life, worrying about how they will cope when released, feeling that their lives are being wasted and feeling sexually frustrated (Flanagan, 1980). When asked to describe the single most important or serious problem that they had encountered since being incarcerated, loss of relationships with family and friends outside the prison was consistently mentioned as the most serious deprivation. Some long term inmates cut themselves off from these relationships as a means of avoiding the anxiety and despair that accompany separation. However, for the majority of inmates who do not use this strategy, family ties become a two-edged sword over the years, providing encouragement and support and at the same time, making it more difficult to serve time (Flanagan, 1980). This study also indicated that most inmates reported that imprisonment had not seriously threatened their emotional well-being. However, when interpreting this data, the researcher pointed out that these responses concerning possible mental health problems could have been more reflective of the masculine role model that many inmates attempt to emulate. Furthermore, the data showed that the preferred method for dealing with most types of problems among inmates was to keep them to oneself. Fellow inmates either cannot be trusted or have problems of their own, family members are not seen as alternatives and institutional staff are viewed as unconcerned (Flanagan, 1980).

Another examination of the "pains of imprisonment," carried out earlier than the Flanagan study, was that of Graham Sykes. Four basic deprivations presented in his work concerned liberty, autonomy, personal security and heterosexual relations (Sykes, 1966). Sociological research of recent years has shed light on the effects of these deprivations.

Deprivation of liberty

Few of the conditions imposed on inmates are as severe the loss of liberty. Inmates, particularly those serving their sentences in maximum security facilities or in special handling units (SHUs), must live in a world where their freedom of movement is rigidly restricted and regulated. For long term inmates, liberty may be deprived for substantial portions of their lives and can have a serious effect on their mental health. The inmate's loss of liberty occurs at two levels; first by confinement to the correctional institution and second, by confinement within the institution. At the first level, offenders are cut off from family, relatives and friends, producing what can be a painful deprivation and frustration in terms of lost emotional relationships, loneliness and boredom. Most of their waking hours are spent within the confines of their cells.

The second level of loss of liberty occurs when offenders are put in solitary confinement. Sensory stimulation is quite limited and inmates may, in some facilities, be allowed to read a book while in their cells or exercise for one half hour per day outside of the cell. Studies of the effects of solitary confinement generally show that short periods in isolation do not have detrimental repercussions on the mental health of inmates. Prolonged periods of isolation may have negative impact on inmates as indicated by studies conducted by Cormier and Williams (1966) and Grassian (1983) (cited in Bonta & Gendreau, 1990), but because adequate controls were not included in these studies, more studies need to be conducted before a definitive conclusion on the effects of solitary confinement can be made. Many mental health experts would argue that solitary confinement is, for the majority of offenders who spend long periods in solitary, a psychologically damaging punishment. Dr. Henry Weinstein, a psychiatrist who has studied American prisoners in solitary confinement, discovered that such extreme isolation results in a variety of psychological symptoms ranging from “memory loss to severe anxiety to hallucinations to delusions and, under the [most] severe cases of sensory deprivation, people go crazy” (CNN, 1998, p. 2). The almost complete loss of liberty that solitary confinement entails is dehumanizing and may hurt the inmate’s potential for rehabilitation.

Deprivation of autonomy

The world of the inmate is characterized by a multitude of rules and commands designed to control his or her behaviour. Yet, some argue that the inmate is not much worse off than the individual in the free community who is regulated in a great many aspects of his or her life by the dictates of custom. However, regulation by a bureaucratic staff is felt far differently than regulation by custom. Most prisoners express an intense hostility against their far-reaching dependence on the decisions of corrections officials, which is what makes their restricted ability to make choices one of the major deprivations of imprisonment (Sykes, 1966). Long term inmates often lose their sense of self efficacy once autonomy is taken away. Offenders are told where to live and when and what to eat, they are required to wear regulation clothing, perform certain jobs and follow numerous rules (Santos, 1995). Self motivation and personal achievement are neither facilitated nor reinforced among inmates.

Rigid and sometimes incomprehensible rules have always been basic features of incarceration. Inflexibility and unresponsiveness to the concerns of prisoners often results from bureaucratic indifference, whereby events which seem important or vital to those at the bottom of the heap are viewed with an increasing lack of concern with each step upward. The rules, commands and decisions that are imposed on inmates are not accompanied by explanations, as many corrections officers feel that they do not need to justify their demands and actions; inmates are to do what they are told and not ask questions. Thwarting the inmate’s ability to make choices and refusing to provide an explanation for prison rules and regulations involves a profound threat to the inmate’s self image by reducing the inmate to the weak, helpless, dependent status of childhood (Sykes, 1966). Loss of autonomy can also entail a serious threat to the inmate’s self image as a fully accredited member of adult society. Public humiliation, enforced respect and deference, the finality of authoritarian decisions, and the demands for certain conduct because it is in the individual’s best interest are all features of childhood helplessness in the face of a superior adult world. This may be irksome and disturbing to a child, but for the adult who has escaped such helplessness with the

passage of years, being thrust back into such helplessness could prove even more painful (Sykes, 1966). Treating inmates as if they were children is contrary to the best interest of society: when long term prisoners are released they may have lost the ability to make decisions for themselves and are less likely to be able to live productive lives in the community.

Deprivation of security

When incarcerated, an offender is placed into prolonged proximity with other inmates who in many cases have a long history of violent, aggressive behaviour. It is a situation which has proven to be anxiety provoking for even the hardest of recidivists. Regardless of the mutual aid and support which may flourish in the inmate population, there are a sufficient number of offenders within this group of offenders to deprive the average inmate of the sense of security which comes from living among people who can be reasonably expected to abide by the rules of society (Sykes, 1966). This loss of security arouses acute anxiety, not just because violent acts of aggression and exploitation can take place, but also because such behaviour constantly calls into question the individual's ability to cope in prison and hinder their abilities to live normally in the outside world. The thoughts of a long term inmate beginning a 45 year sentence in an American prison illustrate these problems:

...[T]here will be violence. How can I escape it? I am young and I will be living in a maximum security prison. It will be inevitable that I be tried. And I will respond in a manner appropriate for prisons... The constant companionship of thieves, rapists, killers, aggressive homosexuals, and snitches who will say or do anything to save their own hide is far from relaxing. All of these factors exacerbate the tensions of beginning a long prison term. They will not prepare me for release (Santos, 1995, p. 38).

Another threat to the personal security of inmates is the possibility of contacting the HIV virus from another inmate through sexual activity, sharing syringes used to inject intravenous drugs and through unsanitary tattooing practices. Correctional Service Canada (CSC) statistics indicate that in 1997, the known cases of HIV in federal institutions totalled 158 and the number of unknown cases were thought to be much higher (CSC, 1998). Contact with HIV infected prisoners entails a risk when bodily fluids are shared, and because most inmates do not know the HIV status of fellow inmates, they may engage in high-risk activities with little fear of HIV infection. Others might become fearful of infection, particularly those who have been sexually assaulted.

Deprivation of heterosexual relationships

Some researchers have suggested that male inmates undergo a reduction of the sexual drive and that the sexual frustrations of inmates are, therefore, less significant than might be expected. However, these reports were largely based on the accounts of men imprisoned in concentration camps or similar extreme situations where starvation, torture and physical exhaustion reduced life to a struggle for survival or left the captive deep in apathy (Sykes, 1966). In addition to the physiological effects of sexual frustration, Sykes cited possible psychological problems created by the lack of heterosexual relationships for male inmates. A society composed exclusively of men tends to generate anxieties in its members concerning their masculinity, regardless of whether or not they are coerced, bribed or seduced into an overt homosexual liaison. Latent homosexual tendencies may be activated in the individual without being translated into open behaviour and yet still arouse strong guilt feelings at either the conscious or unconscious level.

Sykes made an observation in his 1966 work which is of relevance in to our current understanding about male sexuality:

...[T]he deprivation of heterosexual relationships carries with it another threat to the prisoner's image of himself- more diffuse, perhaps, and more difficult to state precisely and yet no less disturbing. The inmate is shut off from the world of women which by its very polarity gives the male world much of its meaning. Like most men, the inmate must search for his identity not simply within himself but also in the picture of himself which he finds reflected in the eyes of others (Sykes, 1966, p. 72)

Paradoxically, many inmates who consider themselves to be heterosexual assert their masculinity not by suffering through the frustrations of abstinence, but by engaging in homosexual activities. In some institutions for male offenders, subcultural norms exist allowing "real men" to have homosexual relations without having their heterosexual identity challenged, as long as they always take the penetrative role. Receptive males, many of whom are unwilling participants in the sexual activity, are stigmatized and may be subject to prostitution and rape within the institution (Donaldson, 1990). The combination of sexual frustration and the need to maintain one's masculine image while facing a long period of incarceration with only members of the same sex leads many male inmates to acquire sexual gratification from other men through persuasion, bribery, coercion or force.

Homosexual relationships among female long term inmates emphasize the satisfaction of emotional needs in addition to the desire for sexual release. In a study of females sentenced to life in a British institution, Genders and Player found that "considerable consternation was expressed by the women about the lack of "normal contact" with men and the implication of such deprivation for their future sexual relationships" (1990, p. 124). Most female inmates do not consider themselves lesbian, but turn to other women because men are unavailable to fulfil their emotional and physical needs. This can lead to confusion and anxiety when they return to the outside world where men are available to them. According to one inmate in the study:

The women in here - all of us - need comfort and someone to hold. We need to feel close to someone. That's why some of them turn to lesbianism. They're not really that way inclined, they're just using each other to satisfy their immediate needs. Then they have real problems when they get out of prison. Can you imagine telling a man you love that you've slept with a woman? (Genders & Player, 1990, p. 124)

Deprivation of heterosexual relationships has a profound impact on both male and female inmates. Homosexual relations are the only means for participatory sex in prison, and many, female inmates in particular, undergo changes in identity and self perception. Some male prisoners are spared this change and are allowed to maintain their heterosexual "real man" status, but oftentimes this requires the victimization and abuse of other prisoners.

Deterioration

The deterioration model holds that long term incarceration causes the deterioration of an inmate's personality and mental, emotional and physical well-being. Clinical and psychiatric case studies have long suggested that imprisonment can be devastating, at least for some offenders. For example, some studies into functional "psycho-syndrome" have shown inmates with defects in cognitive functions, such as loss of memory and a general clouding of comprehension and ability to think; other defects included emotional problems (apathy and rigidity), problems in relating to others (infantile regression and increased introversion), and the appearance of psychotic characteristics (obsessions, loss of reality contact) (Zamble & Porporino, 1988).

However, other studies which applied even more stringent methodology provided no consistent findings of significantly quantifiable psychological deterioration. There have been numerous attempts to use traditional measures to assess the effects of imprisonment on personality, but no clear conclusions were reached from these studies. Studies using the self esteem dimension of personality as a measure resulted in contradictory findings; some studies showed self esteem increased after some period of incarceration, while other studies indicated no change in self esteem (Zamble & Porporino, 1988).

Several studies, such as those carried out by a team of psychologists at Durham University in England, attempted to assess the effects of imprisonment using comprehensive batteries of psychological measures with groups of inmates who varied in the amount of time they had served. It was concluded that there was no over-all deterioration in perceptual-motor or cognitive functioning in connection with duration of imprisonment. Furthermore, there were no consistent changes in attitudes or personality resulting from length of imprisonment. Other similar studies in Germany and Canada showed that while a large proportion of inmates showed signs of depression and emotional withdrawal, very few differences were found based on length of incarceration. Furthermore, bitterness and expressions of demoralization by the prison environment, such as sleep disturbance and loss of appetite, were most evident among inmates who had served the least time (Zamble & Porporino, 1988).

While these studies were methodologically more rigorous than earlier ones, they still had limitations. The measures used were insensitive to subtle effects of imprisonment, some prisoner samples were non-representative and such factors as age and prior prison experience were not taken into account. Nonetheless, the evidence from these studies still indicates that the gross psychological deterioration suggested by the traditional deterioration model is not an inevitable consequence of long term incarceration and that imprisonment is not generally or uniformly damaging (Zamble & Porporino, 1988). Clearly, more research needs to be done into the effects of incarceration on the individual level, as each offender will respond to their environment differently. Furthermore, long term inmates sentenced for different lengths of time in different institutions are subject to varying degrees of deprivation and isolation, and programming available for these offenders will also vary. Thus, future studies undertaken to assess deterioration in prisons need to be strictly controlled for these factors.

Prior to the rise of HIV and other life threatening infectious diseases like hepatitis C, physical deterioration in prisons was not definitively established in the social-scientific literature. Bonta and Gendreau (1990) argue that this is in part due to the widespread availability of medical services within correctional institutions. In general, prison food is adequate and inmates often eat a healthier variety of foods than they would on the “outside.” In the last decade, however, it has become apparent that inmates are at a much higher risk than the general public for contracting HIV and hepatitis B and C. From January to July of 1995, 18 new cases of active hepatitis B and 200 new cases of hepatitis C arose in federal correctional facilities (Malkin, 1995). In that year, after studies were conducted at three penitentiaries, it was estimated that between 28% and 40% of federal inmates were hepatitis C positive. In the month of August 1995, 152 federal inmates had been classified as HIV positive, up 40% since April 1994 (Jürgens, 1996). The number of HIV cases in federal prisons has continued to rise. In 1997, there were 158 known cases of HIV (CSC, 1998). It has been reported that prison infection rates for HIV is 10 times that of the general Canadian population (Jürgens, 1996; CSC, 1998). The longer a person remains in prison thus, the more likely they are to become infected with the HIV virus.

Prisonization

The prisonization model, first developed in 1940, holds that the longer inmates are incarcerated, the more “criminalized” and distanced they become from the values and behaviours of society outside prison walls. A process involving changes within the individual inmate, prisonization results in the inmate increasingly acquiring the values, standards and behaviour patterns of the other inmates; imprisonment causes prisonization, which in turn results in the inmate assuming criminal role identities (Zingraff, 1975). Two variations on the prisonization theory have emerged. Some sociologists have argued that it is pre-imprisonment attitudes and behaviour patterns and the duration of involvement with criminal value systems prior to incarceration which are the crucial determinants of prisonization (Irwin, 1970, Irwin & Cressey, 1962, Thomas & Petersen, 1977, cited in Zamble & Porporino, 1988). Others have argued it is primarily factors within the corrections institution which determine the prisonization process. They suggested that the degree of prisonization could be affected by such factors as length of time incarcerated, interpersonal ties with other criminals, proportion of time served, social role adaptation of the inmate, post-release expectations of the inmate, degree of

alienation from society, degree of alienation from the institution and self-concept of the inmate (Zingraff, 1975).

Considerable research has been carried out on both varieties of the prisonization theory. Generally, studies into the theoretical links between prisonization and the various pre- and post-imprisonment factors have found weak and inconsistent relationships (Bowker, 1977, Hawkins, 1976, Thomas, 1977, Zingraff, 1980, cited in Zamble & Porporino, 1988). Other findings have also cast doubts on the prisonization theory. Although prisonization has been consistently related, at least theoretically, with decreased likelihood of post-release success, several studies have indicated the opposite. Inmates who subscribed to the inmate code and adjusted poorly to the prison structure were found less likely to be recidivists than the less prisonized inmates (Kassebaum, Ward & Wilner, 1971, cited in Zamble & Porporino, 1988). Other studies showed that rebellious inmates were less handicapped during the initial stages of transition into the community (Goodstein, 1979, cited in Zamble & Porporino, 1988).

More recently, studies are increasingly indicating that the prisonization model has not clarified why and how inmates adapt in particular ways during confinement. The concept of prisonization focuses on explaining uniformity of behaviour rather than the individual variation. Incarceration affects individuals in different ways and while some inmates may exhibit similar "prisonized" behaviour, they may still adapt quite differently in other ways. Recent studies into prisonization have suggested that in order to understand varying reactions to imprisonment, a much finer analysis is needed than has been provided by the prisonization theory. Some researchers maintain it may be more useful to view prisonization as an attitudinal factor which combines with other variables to affect adaptation to incarceration rather than as a primary method of inmate adaptation that could be predicted (Zamble & Porporino, 1988).

The Coping Theory

Generally speaking, it makes little sense to search for the psychological effects of incarceration without acknowledging that these effects may vary widely among individuals. This fact is recognized by proponents of the coping theory who examine individual differences in how inmates adapt to their environment. Their research is unlike most studies into the effects of incarceration, which are focussed primarily on finding a general, uniform set of psychological effects upon which to base predictions about long term inmate behaviour. Operating on the premise that how individuals cope with problems is more important than the frequency and severity of the problems experienced, the coping theory focusses on the interaction of the personal and environmental factors involved as inmates adapt to a life of incarceration.

An example of how coping behaviours would represent an interaction between the inmate and the penitentiary environment could be the comparison of two individuals, both of whom are facing a long sentence in the same institution. Both would experience the same environment characterized by restrictions and deprivations and both would likely be confronted with events during incarceration which are beyond their control. However, as a result of individual history, attributes, beliefs and

coping capabilities, one person could interpret the lack of control as the result of personal inadequacy, while the other could interpret it as continuing abuse by others. While the first may sink into depression, apathy and withdrawal, the second might become resentful, angry and rebellious in an attempt to counter the control. The way the two individuals deal with their long sentences could also determine how they are each affected by the environment. While one might cope with the stress of long confinement by avoiding all thoughts of the future, the other may cope by finding a safe and comfortable behavioural niche within the institution. The first could take on the behaviour and values of the other inmates and be seen by outsiders as acting impulsively and carelessly; the second might have much weaker ties to the inmate subculture. The behaviour each exhibits would in turn affect the way each is seen by staff and other inmates, and their subsequent treatment would differ. This would further affect the emotional responses and the ways the two individuals appraise their environments, with subsequent behaviour then being affected by each factor continuously (Zamble & Porporino, 1988).

A Canadian study was carried out to test the coping hypothesis by observing, over a period of 16 months, the coping and adapting behaviour of inmates serving sentences similar in length in the same penitentiary. Conditions for the incarcerated are very different from those on the outside. By its nature, imprisonment requires that inmates live apart from their families, live together in groups that would not otherwise exist and be seriously constrained in their choices. As a result the inmate's world is socially and psychologically artificial. A primary objective of this study was to further understand what being incarcerated does to the inmate and to be able to make some conclusions about the general effects of imprisonment.

Among the observations and conclusions resulting from this study were that:

- In general, incarceration did not produce generalized or lasting emotional problems. While there were severe emotional problems at the beginning of a sentence for many inmates, for most inmates participating in the study these problems were temporary and tended to dissipate with time;

- The effects of incarceration depended on the timing of the inmate interview. If interviewed early in the sentence, the initial trauma of being incarcerated tended to be reflected in symptoms of depression and anxiety. Interviews done later in a sentence showed a dulling of sensations, usually attributed to the sameness and routine of imprisonment;

- There were no substantial changes in inmates' specific or generalized coping abilities. Inmates who experienced difficulties in coping with their lives before incarceration, continued to have difficulty coping while incarcerated. Most inmates who coped well at the beginning of their terms coped well later; and,

-The study failed to show any physical, intellectual or coping deterioration common to a large number of inmates; there did not appear to be any particular risk of deterioration which was higher because of incarceration (Zamble & Porporino, 1988).

This study suggested that while the data did not show generalized negative effects, neither did they show positive behavioural changes.

What then are the effects of imprisonment? On one level, we can say that prison is a unique environment, but one within the range of ordinary human experience, so its effects are as varied as those of any major life change on a disparate group of individuals. Some [inmates] sink into depression and hopelessness, while others feel comfortable, contented, or even happy. From our results we can say that most fall somewhere in between, coping day by day and minute by minute, and surviving intact and more or less unchanged (Zamble & Porporino, 1988, p.152).

Despite that negative effects of imprisonment were not clearly demonstrated, researchers warned that the study findings should not be used as an endorsement of incarceration. Some inmates experienced emotional problems well into their sentences, partly as a result of a deliberate self-imposed psychological isolation. There is a need for further research to identify these individuals and what makes them react differently so help can be arranged. The researchers also suggested that while the emotional problems experienced initially by most inmates were temporary, more resources for treatment should be made available.

THE EFFECTS OF LONG TERM INCARCERATION ON FEMALE INMATES

Because women make up only 2.6% of the long term inmate population in Canada (women account for 179 of the 7,004 long term prisoners) (Task Force on Long - Term Offenders, 1998), the tendency until very recently has been to focus research primarily on the behaviour and needs of male inmates. In Canada, the emergence of the feminist perspective in the understanding of social inequity and the recognition of the special needs of female offenders led to the appointment of the Task Force on Federally Sentenced Women in 1990. This group of corrections officials, other representatives of the justice system and community members studied the experiences of female federal inmates and made recommendations as to how the CSC could better manage these women. The Task Force produced a report that was a cooperative effort on the part of the Correctional Service of Canada, the Elizabeth Fry Society and Aboriginal women's groups. In their report, some insights into the effects of both long and short term incarceration on female inmates was provided.

The 1990 Task Force collected experiences of federally sentenced women, some of whom were serving long term sentences, and included them in the report. The women who contributed to the Task Force survey wrote about the effect that incarceration had on them. Many of these women spoke of the intense pain and anxiety caused by the separation from their children and of their sense of powerlessness when their children were placed in foster homes. The inmates who chose to remain

in their home provinces under exchange of service agreements had done so primarily to maintain regular contact with their children. The cost of transportation, the willingness of foster parents to facilitate visits and the cost of telephone calls were all factors affecting the inmates' ability to maintain contact. When the Task Force report was submitted, women were not allowed to have their children with them in prison, but today, several of the newly established federal institutions for women provide mother-child programs that allow women who meet specific criteria to live with their children in the institution.

The effects of imprisonment on a woman's self concept are compounded by the pre-existing deterioration by other forms of deprivation and societal marginalization. Female long term prisoners tend to be poorly educated and unemployed. Many have been victims of sexual and physical abuse. Their life circumstances, along with feelings of guilt, fear, anxiety, alienation and confusion which are aggravated when they are arrested and sentenced by the justice system, combine to produce a group of women with extraordinarily low self esteem. Low self esteem reduces a woman's ability to cope and increases the self destructive behaviours so prevalent among federally sentenced women. Self injurious behaviour is common among female long term inmates, many of whom slash themselves with razors, knives, or other sharp items. A 1989 survey of women in the Kingston Penitentiary for Women (P4W), 59% indicated that they have engaged in self injurious behaviours; and of these, 92% indicated that they has slashed themselves (Heney, 1990). In addition to contributing to the incidence of self injurious behaviour, a lack of self esteem also reduces a person's ability to plan for the future, take responsibility for her actions and to believe that she can make meaningful choices (Task Force on Federally Sentenced Women, 1990).

For many female long term inmates, dependencies on men, alcohol or drugs and/or on state financial assistance have greatly reduced their ability to make choices. Upon being incarcerated, federally sentenced women continued to have very limited choices. Few training and support programs are available, work options are severely limited and choices over place of incarceration carry heavy consequences. Canadian correctional institutions have been criticized for their tendency to encourage dependent and child-like behaviour among female inmates. Many female inmates have described the seemingly arbitrary rules and regulations of incarceration and how these rules humiliated them and contributed to their sense of powerlessness. Denied privacy, quiet and dignity, many women reported feeling they had no rights or control, which led to an overwhelming sense of hopelessness and lack of motivation (Task Force on Federally Sentenced Women, 1990).

The Correctional Service of Canada completed its review of the Task Force on Federally Sentenced Women in 1991. It gave its support to eight recommendations aimed at improving conditions at the Prison for Women and began implementing them. The recommendations included:

- changing the policy for transfers to the Prison for Women;
- improving counselling services for victims of sexual abuse and family violence;
- preventing self injurious behaviour;
- ensuring the daily presence of an Aboriginal elder;

- helping inmates maintain and strengthen family and cultural ties; and
- promoting outdoor exercise and walks through improvements to the physical facilities (Solicitor General of Canada, 1991).

Since the Task Force for Federally Sentenced Women presented their report, in addition to P4W in Kingston, federally sentenced women are housed at five small regional facilities, including a Healing Lodge where Aboriginal women could serve all or a part of their sentence. The Okimaw Ohci Healing Lodge is a treatment facility located in the Cypress Hills on Nanakeet reserve land in the province of Saskatchewan, which focusses on traditional Aboriginal teachings and culture in its healing program. The innovative approaches taken at Okimaw Ohci mirror the above mentioned Task Force recommendations: Aboriginal elders are available to the women 24 hours a day, talking circles are employed to mediate conflicts, cultural awareness is emphasized, mothers and children may share living quarters, and community participation is encouraged (Green, 1997).

In addition to Okimaw Ohci, there are four other new federal institutions for women, the Edmonton Institution for Women (EIFW), the Nova Scotia Institute for Women, located in Truro, Nova Scotia, the Joliette Institution in Québec, and the Grand Valley Institution for Women (GVI) in Ontario. These facilities house minimum and medium security federal inmates in comfortable living units unlike most prison environments. The principles on which these institutions were founded are personal empowerment, shared responsibility, and the respect and dignity of inmates. In three of the five women's prisons (Okimaw Ohci, Nova Scotia Institute for Women and the Grand Valley Institution) mother-child programs are in place which allow mothers to reside with their children if certain criteria are met.

While the new institutions for women have, to a certain extent, addressed many of the hardships experienced by female federally sentenced inmates (particularly geographic isolation from families and loved ones and separation from their children), more needs to be done to reduce the potentially damaging effects of incarceration on women. Currently, if a female offender considered to be a maximum security risk, she is held in a women's unit located in either P4W, the Saskatchewan Penitentiary (Sask-Pen), the Regional Treatment Centre in Ontario, the Regional Reception Centre in Québec, or the Springhill Institution in the Maritimes (Stableforth, 1997). Sometimes these women are classified as maximum security not because they pose a significant threat of violent behaviour or escape, but because they have just begun their sentences for serious offences or they have been sent to maximum security from a lower security facility for infractions of institutional rules. After some time in a maximum security facility, these offenders "cascade" downward to medium and then minimum security facilities before they are released back into the community.

DISCUSSION

The 1976 amendment to the Canadian Criminal Code which replaced execution with life imprisonment was, and still is, considered by many to be a progressive step. This belief is based on the assumption that life imprisonment is a humane response to serious crime. Yet others have persistently suggested that long periods of incarceration impose psychological effects upon inmates which might be as cruel as physical torture (Haley, 1984). Legislators and social scientists hold fundamentally different perceptions of the effects of long sentences, and even the social scientists themselves remain in disagreement over what the long term psychological effects of incarceration are. It appears that long periods of incarceration have greatly different effects on individual inmates - some leave prison rehabilitated, others leave dependent and unable to lead productive lives in the community, and a few leave angry and full of vengeance. Policy makers must create new ways to manage long term inmates so that these offenders will not be returned to the community in worse physical and psychological condition than when they went in. The reintegration of offenders is essential as well to ensure that offenders can be productive once released.

The Life-Line Program, is an example of a potentially successful strategy to aid long term inmates in leading productive lives outside of prison. This program employs men and women who have received a life sentence and who, after being paroled, have been successfully reintegrated into the community for a period of five years or more. In-reach workers work with long term inmates in federal institutions and in the community once they are paroled, to provide support and guidance. In 1998, the American Correctional Association recognized the Life-Line program as a “best practice” (Blumenthal, 1999). Programs of this sort are promising as they could mediate some of the detrimental effects of incarceration on long term inmates, particularly those related to dependence on correctional authorities to make decisions for them.

Considerable progress has been made to reduce the negative effects of long term imprisonment on female offenders in Canada. Regional facilities across the nation allow women to be closer to their families and loved ones, and in three of the five federal institutions for women, some mothers are allowed to have their children reside with them. Programs dealing with substance abuse, anger management, health and wellness and surviving physical and sexual abuse are offered in these minimum and medium security facilities. Little programming is available, however, in maximum security facilities, freedom is severely restricted, and women are required to spend a much greater portion of their days within the confines of their cells. Policy makers must decide whether the current scheme for security level classification is appropriate or if a new scheme could better separate high-risk from low-risk offenders. It must be recognized that women commit violent offences for different reasons than men. Many female long term inmates are serving sentences for killing abusive husbands and boyfriends and have psychological needs that are in need of immediate attention, but because of the seriousness of their crimes, they are sent to a place where their needs can not be addressed. Regardless of whether the CSC creates a new scheme for the classification of offenders into various security level distinctions, a maximum security facility or, ideally, several small regional facilities should be established that will provide high risk offenders with the programming that they

need to heal and make the transition to the lower security institutions to which they will eventually be transferred.

While the precise effects of long term incarceration on the psychological well being of offenders are still unclear, it is clear that the physical health of inmates is at risk in correctional facilities. As mentioned above, the rate of HIV infection in Canadian prisons is ten times greater than in the community (Jürgens, 1996; CSC, 1998). Correctional Service Canada has implemented some measures to combat the spread of infectious diseases spread via sexual activity or needle sharing. Bleach kits have been introduced into prisons with information on the proper disinfection of syringe needles, and condoms are available. More needs to be done to make prisons safer for the health of inmates, however. Needle exchange programs would be more effective in reducing the spread of the disease since they would virtually eliminate the need for needle sharing among inmates. The CSC has stated that they cannot provide needle exchange programs because of the potential hazard that needles could present if used as weapons. But needles are readily available in correctional facilities, and the CSC has acknowledged this by introducing bleach kits for intravenous drug users. The risk of assaults with needles would not increase if a needle exchange program were introduced because only one needle would enter into the general inmate population in exchange for each needle that is returned for disposal. The CSC does not want the Canadian public to think that they are condoning intravenous drug use, so it will not allow (at least at this time) needle exchange programs in its facilities. In order to fight HIV and the hepatitis viruses, the CSC must concentrate less on appearances and more on the realities of disease transmission, and eliminate inmate needle sharing.

In sum, the protection of the community demands that we treat all inmates, but long term inmates most of all, in a humane and dignified manner. We must be vigilant in the fight against infectious diseases in prisons because inmates who contract HIV or hepatitis while incarcerated can spread these viruses when released back into the community. We must also ensure that inmates' mental health is not sacrificed for the purpose of punishment. Offenders must be taught how to live productively as law abiding citizens so that they can return to society without posing a threat to our safety. These goals can be accomplished, but to do so, policy makers must make rehabilitation paramount in sentencing over retribution and punishment.

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