

In **The Trauma of Psychological Torture**, ed. Almerindo Ojeda, 2008, Volume 5 of Trauma and Disaster Psychology, Series Editor Gilbert Reyes, Praeger, 2008.

## **Prison and the Decimation of Pro-social Life Skills**

Terry A. Kupers, M.D., M.S.P.

The aim of torture is to destroy the individual's will, to break the individual down and obliterate a sense of autonomy and agency, thus turning that individual into a shell of a person who lacks the will to resist or even to be human in the sense that being human requires personal agency. Following revelations about the abuses carried out by the U.S. military at Abu Ghraib, I was interviewed by journalists a number of times about parallels between the shocking abuses there and at Guantanamo and the everyday realities of American prisons. Of course there are parallels, the stripping naked, the threats of great bodily harm, the purposeful humiliations, the central aim of invoking terror in captives and breaking their will to withhold information or to resist any command from their captors. For example, in 2002 I submitted a Declaration as a psychiatric expert witness about unconstitutional conditions on Death Row at Mississippi State Penitentiary in Parchman.<sup>1</sup> I included this description of the special punishment to which Mr. Willie Russell, the lead plaintiff, had been subjected for two years:

Willie Russell describes his experience being housed in Cell 225 for two years, one of four "punishment" cells on Death Row with plexiglass doors (covering the standard door). I have seen this kind of double door in super-maximum security units in other

states. Once one is locked inside such a cell, the temperature and humidity begin to rise within minutes because the plexiglass (or lexsan, an indestructible form of plastic) retains the heat and humidity within the cell. The temperature rises rapidly, and life in the cell becomes unbearable. In the summer heat at Parchman, this one aspect of the punishment cells would make them entirely unacceptable by any standard of human decency or of health and mental health minimum standards. But in addition to this cruel and entirely excessive and punitive measure that clearly serves no legitimate penological objective, Mr. Russell reports that his cell is always filthy, the rain pours in through the walls onto his bed, the toilet floods the cell with backflow from other prisoners' toilets, there are bugs everywhere, the cell is filled with mosquitoes at night, he cannot sleep at night because the lights are on 24 hours per day, he is not permitted to have a fan, he is not permitted television or radio and there are no activities, and he is even more isolated than other prisoners on Death Row because the lexsan shield on his door makes it impossible for him to talk to anyone. For two years, he was permitted no mattress, no pillow and no sheets, and had only a blanket and the concrete for a bed. This kind of punitive deprivation and degradation is barbaric, and shocking to human sensibilities. It is the kind of cruel and unusual punishment that is well known to cause intense anxiety and rage, psychiatric breakdown, and in a large proportion of cases, suicide.

I feel very privileged to have served as an expert witness in dozens of class action lawsuits challenging unconstitutional prison conditions, the denial of adequate mental health services to prisoners with serious mental illness, and the sexual abuse of prisoners. The plaintiff prevailed in the Willie Russell class action, and conditions are much improved at Parchman today. But this work is ongoing. In fact, by looking for the concrete details of unconstitutional abuses we risk missing the larger point. Modern prisons do not need grotesque techniques of torture to break people and destroy their autonomy and human agency. The breaking and destroying occur in

countless subtle and imperceptible ways, and thus are not as prone to draw attention from human rights groups or courts concerned about Eighth Amendment (protection from cruel and unusual punishment) constitutional violations.

Do human rights abuses and Eighth Amendment constitutional violations in American prisons qualify as Psychological Torture (PT)? This is a complicated question. In a contribution to this volume, Dr. Almerindo Ojeda distinguishes between an “extensional definition” of Psychological Torture, whereby a set of practices are delineated that constitute PT; and an “intensional definition” of Psychological Torture, where the intentions of the perpetrators must be examined before the practices can be declared Psychological Torture.<sup>ii</sup> Dr. Ojeda proposes that the extensional definition is adequate, and the torturers’ intentions do not need to reach specific criteria for Psychological Torture to be in evidence. The practices Dr. Ojeda lists in the extensional definition include isolation, deprivation of food, water, sleep, spatial disorientation through confinement in small places with nonfunctional windows, temporal disorientation due to denial of natural light (and I would add a lack of clocks and watches), sensory deprivation or over-stimulation, induced desperation through indefinite detention or random placement, and so forth. Just about every one of the practices Dr. Ojeda lists are present in supermaximum security units I have toured, though the entire list is not necessarily in evidence in each facility. For example, supermaximum security

units are also called "control units" because of the total control staff have over even the smallest details of the prisoner's life, including how much toilet paper or how many sanitary napkins he or she will be permitted to have. Or, in supermaximum confinement units, many prisoners experience induced desperation, for example fearing that they will never be released because the severe isolation exacerbates their anger about what they consider unfair and excessive punishment, and they are very aware of the fact that their anger will lead them to get into arguments with officers which will result in additional disciplinary write-ups or "tickets," and therefore additional time in isolation. Many prisoners in such settings have confided that they are certain they will never get out of segregation alive. Of course the express purpose of isolated confinement in American prisons is not to break the will of the prisoner so he or she will bow to intimidation and confess. Actually, it is unclear what, precisely, is the purpose of isolation in American prisons. Is it to punish, and if so is the punishment reasonable, is it excessive, does it serve acceptable penological objectives? Is the purpose to "correct" unacceptable behavior, and if so is the method of correction effective? Such questions are debated widely today, even as we learn that prison violence rates are not improved when supermaximum security units are built, and we learn that prisoners who have had long stints in supermaximum security units have a very difficult time adjusting to prison programs or life in the community after they are released from supermax confinement. But Dr.

Ojeda's extensional definition does not require that we establish that the intention of isolated confinement is to break down prisoners so they will be incapable of functioning in society; the fact is that the practices themselves fulfill the extensional definition of Psychological Torture, and there is much evidence that practices and conditions within American supermaximum security units do cause human breakdown.

In the big picture, destroying a prisoner's ability to cope in the free world is the worst thing prison does, and in the process, there are all the elements of torture even if there are no hoods, water-boarding or electric cords. Crowding, a lack of rehabilitation opportunities, excessive reliance on isolation as punishment, the restriction of visits and contacts with the outside world, the pervasiveness of sexual abuse, disrespect at every turn, the failure of pre-release planning – all these things add up to throwing the prisoner who completes a term out into the world broken, with no skills, and a very high risk of recidivism.

### **A Historic Wrong Turn**

Prison conditions matter quite a lot. Compare two prison environments. One is an effectively run prison where a population cap guarantees each prisoner a cell of his own and an opportunity to hold a prison job and play basketball in the gymnasium at the

end of a hard day's work. The other is an overcrowded prison where there are not enough cells to go around so three or four prisoners are stuffed into cells designed for one. The prisoner who is lowest in the dominance hierarchy has to sleep on a thin pad on the floor while his two cellmates sleep in bunks, there being almost no floor space for any of the three to get to the toilet inside the cell without walking over the prisoner lying on the floor. In the overcrowded prison, there is no gymnasium, because the building that once was the site of basketball games is now filled with wall-to-wall bunks where 150 to 200 prisoners sleep. Add to this incredible social density the problem of noise – the more individuals there are in a space, the higher the noise level. And add to this depressing picture huge problems with hygiene. Where the prisoner in a single cell can pride himself on the cleanliness of his toilet and sink area, the impromptu toilets along the wall of the ex-gymnasium dormitory tend to remain always dirty and frequently flooded.

In crowded, noisy, unhygienic environments, human beings tend to treat each other terribly. Imagine sleeping in a converted gymnasium with 150 to 200 prisoners. There are constant lines to use the toilets and phones, and altercations erupt when one irritable prisoner thinks another has been on the phone too long. There are rows of bunks blocking the view, so beatings and rapes can go on in one part of the dorm while officers sit at their desks in another area. The noise level is so loud that muffled screams cannot be heard. Meanwhile the constant noise and unhygienic conditions cause irritability on everyone's part. Individuals who are vulnerable to attack and sexual assault – for example, smaller men, men suffering from serious mental illness, and gay or transgender persons - have no cell to retreat to when they feel endangered. Is it any

wonder that research clearly links prison crowding with increased rates of violence, psychiatric breakdowns, rapes, and suicides.<sup>iii</sup>

This kind of overcrowding did not always prevail in American prisons. In the 1970s, when I began serving as a psychiatric expert about the destructive effects of horrible prison conditions on the mental health of prisoners, crowding was just becoming a problem. Driven by the “War on Drugs” and calls for tougher sentencing, the prison population was beginning to grow geometrically and gymnasiums were being converted to dormitories at an alarming rate. (The prison population in the U.S.A. has by now multiplied by a factor of 10 since the early 1970’s). I testified about the way crowding, a lack of meaningful activities, and noise caused elevated rates of violence, suicide and psychiatric breakdown. At the same time, in the context of a “tough on crime” sensibility, there were campaigns to lengthen prison sentences for every variety of crime, and make the time “harder.” Legislators and administrators certainly did not want to be accused of “coddling” criminals, so they repeatedly slashed funding for prison rehabilitation programs.

A wrong turn was taken in American penology in the late 1980s, a tragic misstep that has yet to be corrected and is causing irreparable harm. There was accelerating overcrowding while rehabilitation programs were being de-funded, downsized or closed. Prison educational programs were dismantled. Politicians would not even mention prison rehabilitation for fear of losing elections.

There was a slightly earlier moment, in the mid-1980s, when prison violence was totally out of control. This could have been a time when

departments of corrections admitted they had made a big mistake crowding the prisons and dismantling rehabilitation programs. And then they could have reversed the crowding (which would require profound changes in sentencing) while reinstating rehabilitation and education programs. Many experienced wardens and penologists were arguing at the time that prisoners, if they are to cooperate with the program in prison and learn to be law-abiding citizens, need meaningful activities and need to have amenities and activities they would hate to lose. Ignoring that voice of experience, legislators and correctional administrators decided instead to “lock up” the prisoners they deemed troublemakers (“the worst of the worst”). They bowed to increasingly shrill demands for absolute control inside the prison walls. The supermaximum security prison was born. The SHU or Security Housing Unit at Pelican Bay State Prison in Northern California was the flagship, and the initials S.H.U. became the generic term for supermaximum confinement.

My expert testimony in the 1970s focused mainly on the destructive effects of jail and prison crowding, plus other toxic conditions such as poor lighting, high noise levels and so forth. A decade later, there was still unconscionable crowding, but the new concern regarding human breakdown was excessive solitary confinement. A growing proportion of prisoners, especially prisoners suffering from mental illness, were being sent to what used to be called “the hole,” but instead of spending ten days or a month in a dark dungeon, they found themselves in a high tech, super-clean supermax cell where the lights



would be kept on around the clock and the doors open and shut by remote control.

Human contact is limited to the scheduled arrivals of an officer at the prisoner's cell door to deliver or pick up a food tray. The prisoners have great difficulty sleeping because the steel and cinder block design of these units magnifies sound and the banging of doors and hollering of prisoners with mental illness wakes them throughout the night. Deprived of sleep, lacking in human contact and entirely idle, many inhabitants of supermaximum security units suffer emotional breakdown of all kinds. In addition, a large and disproportionate number of prisoners suffering from serious mental illness tend to collect in supermaximum security units, where their psychiatric condition deteriorates on account of the idleness and isolation.<sup>iv</sup>

A growing number of prisoners are actually spending years in punitive solitary confinement only to be set free with a few dollars and a bus ticket when their release date arrives. They have "maxed out of the SHU." They return to their community, having had no human contact for years, no preparation to help them "go straight," and full of rage about the brutal conditions they have been forced to endure. Is it any surprise this group of ex-prisoners are very prone to relapse into substance abuse and crime?

The advent of the supermaximum security prison culminated the wrong turn: crowding unprecedented numbers of prisoners into the prisons, dismantling or downsizing rehabilitation and education programs, and then punishing the prisoners who respond to the resulting crowding and idleness with rule-breaking

by locking them in solitary segregation units. Elsewhere in this volume, Stuart Grassian presents the evidence that supermaximum security units cause much psychiatric damage.<sup>v</sup> In fact, incarceration itself causes psychiatric damage, and then isolated confinement serves to exaggerate the general ill effects of prison. But isolation is not the only culprit. There are other turnings in the way prisons are run that cause unnecessary damage. I will turn to the bad example of harsh visit restrictions.

### **Visit Restrictions**

One of the strongest predictors of post-release success is the quality of a prisoner's ongoing contact with loved ones.<sup>vi</sup> Yet prison policies are making it increasingly difficult for family and friends to visit and remain in close touch with prisoners. Visiting is only one of many ways family contact is discouraged. For example, there are a growing number of restrictions and delays of prison mail, the rationale being security, but the actual effect being reduction in contact between the prisoner and the outside world. Likewise, there are rules limiting the personal items, including pictures of loved ones, a prisoner can have in her cell, and the kinds of packages families can send prisoners. Home made cookies cannot be mailed to prisoners in many states, instead families are limited to purchasing pre-packaged commercial goodies from approved vendors.

Often, when visitors do manage to get to their loved one's prison they face long waits in line and increasingly intrusive searches. A few years ago the California Department of Corrections embarked on a policy of x-raying all visitors with a body

scanner (Rapiscan Secure 1000) in an effort to halt drug smuggling. The low intensity radiation permitted officers in the visiting area to see through visitors' clothing, but not beneath the skin. Critics were concerned about unnecessary exposure to radiation as well as the potential for sexual harassment. For example, there were occasions when male officers would chuckle to each other within earshot of the visitor about the shape of a woman's body under the scanner. In any case, litigation eventually forced the California Department of Corrections to desist from using the scanner on visitors.

Meanwhile, in a growing number of high security prisons, the only visits a family is permitted occur over remote video monitors. The visitor comes to the visiting area but the prisoner remains inside the cellblock, and video monitors are utilized to put the visitor and prisoner in touch with each other. In prisons where visits are limited to this type of video arrangement, I have heard from prisoners that they tell their family members not to visit because they do not believe that the video image is really their loved one, or they believe the video is being recorded and the tape will ultimately be used against them. In other words, the net effect of video visits, just as in the case of the body scanner, is a decrease in the number and quality of visits.

Often the rationale given for restrictions of visits with prisoners appears almost logical at first glance. For example, "zero tolerance" was the stated rationale for a policy of punitive visit restrictions that held sway in the Michigan Department of Corrections (MDOC) from 1995 until it was ruled unconstitutional in federal court a few years ago. *In Bazetta v. McGinnis'*, state prisoners claimed the MDOC's visit restriction policy violated their Eighth Amendment protection

from cruel and unusual punishment. The policy stipulated that any prisoner with two substance-related infractions during his or her entire prison term lost the right to have visits except with an attorney or a clergyperson (the prisoner could apply for reinstatement after two years). The aim of the policy was “zero tolerance” for substance use in the prisons.

The Michigan prisons, like many others around the country, had been conducting random urine tests for drugs for several years. The infractions that triggered visit restriction usually involved a “dirty” urine test. On far fewer occasions, they involved contraband drug paraphernalia. But in several cases I reviewed in preparation for my expert testimony in the case, an infraction resulted from a prisoner hoarding Motrin tablets beyond the prescription’s expiration date. Since there is a significant “co-pay” when a prisoner sees a physician, this woman wanted to keep a supply of Motrin on hand so she would not have to pay to have the next doctor tell her once again that she had a back injury and needed to take Motrin when the pain became intolerable. One male prisoner was given a disciplinary ticket for “refusing” to produce a urine specimen when, because of an enlarged prostate, he was unable to urinate on command.

Restricting visits between prisoners and their families is simply another wrong turn in penology. There are other ways to bolster security. And why should all prisoners lose visiting privileges on account of the bad behaviors of a few, such as drug smuggling? (Interestingly, staff are rarely searched as they enter and leave prisons, and I have been told by very many prisoners that staff are often the conduit for illicit substances.)

When I admit an emotionally disturbed patient to a psychiatric hospital, and that patient becomes disruptive and difficult to manage, I contact the family to find out if there is something going on outside the hospital that is upsetting the patient and causing him or her to behave badly on the ward. If it is appropriate (i.e. in the absence of domestic violence or other toxic or unsafe situations), I encourage the family to visit the patient, or at least to remain in phone contact. And I may request a family therapy session. In other words, clinicians assume that there are reasons for a person to act out, and more likely than not those reasons involve family and close associates on the outside. In addition, support from loved ones is probably the biggest factor in a disturbed individual's healing. The same logic holds in the prison setting. If an individual is trying to halt a drug habit, cope with depression or simply control his temper, continuous support from family members would be a critical ingredient in her or his success. And if a prisoner is acting out enough to be placed in punitive segregation, then contact with and support from family members is likely a prerequisite for improved behavior. With prisoners who act out and get sent to punitive segregation or the SHU, and with prisoners who have substance abuse problems or mental illness, every effort should be made to increase their visitation, not restrict it, because contact with loved ones is the best support there is in helping them stop acting out. Of course, security has to be maintained at all times, and to accomplish this the mental health staff and drug counselors have to collaborate effectively with custody staff.

The prison visitation issue warrants a prominent place in the public debate about crime and punishment. There is a contradiction between the good we know quality visitation does and the inexplicable campaign in some departments of correction to

obstruct visiting.

### **Prisonization, Of Course, But to What Extent?**

Craig Haney describes the chilling process of “prisonization,” something that happens to all prisoners to a certain extent. According to Haney, “The process of prisonization involves the incorporation of the norms of prison life into one’s habits of thinking, feeling and acting... the longer persons are incarcerated, the more significant is the nature of their institutional transformation.”<sup>vii</sup> The process includes all the phenomena sociologists have described as “institutionalization,” where the institution is the prison. There is loss of the identity one had in the community as one becomes an anonymous prisoner known by a number. One’s clothing choices are vastly restricted, one’s grooming is proscribed, there are rules governing just about every aspect of one’s existence and there are officers who surveil, give orders, control one’s life and mete punishments on a regular basis. There is a large list of formal rules, which can seem very petty, and there are frequent tickets for rule-breaking, where punishment can involve solitary confinement in a segregation cell. There are also unwritten rules, for example the “prison code” that requires one to act tough, not show feelings, definitely hide weakness and neediness, not talk to officers, and never “snitch.”

I have written about the way the prison code and the institutional dynamics reinforce the most toxic aspects of masculinity, and ill-prepare an individual for successful reintegration into family and community upon release.<sup>viii</sup> Prison rape is a pervasive fear in correctional settings. It happens too often, with tragic psychiatric

consequences.<sup>ix</sup> But one of the under-reported fall-outs of prison sexual assault and rape is the way prisoners learn to posture like a tough guy in order to avoid being sexually assaulted. Even while avoiding rape they are learning habits that make it difficult for them to be gentle and intimate after they are released from prison. This is another unfortunate consequence of prisonization.

Prisonization is a phenomenon that affects all prisoners to a certain extent, but the most damaging aspects of prisonization are exacerbated by crowding, harsh conditions, a lack of meaningful activity, long stints in isolation, and too few visits from loved ones. I hear from prisoners that the way to survive a prison term and then return to the community and be a success is to “keep your head out of the prison,” in other words maintain one’s identity as a citizen in the free world, a loved member of a family, a son or daughter, a father or mother. I ask prisoners who seem very successful at keeping their heads out of the prison how they accomplish that amazing feat. They tell me they read newspapers and current books so they can stay up with what is going on in the world, they maintain contact through letters and visiting with as many loved ones and friends as they can, and they work incessantly on maintaining meaningful contact with their children – that way there is less risk they will be isolated and lonely when they are released, and their family remains functional. And they take part in every program they are eligible for – anger management, training in a trade, classes, even music lessons. They want to increase their skills so they can succeed at “going straight” after they are released.

Let us hypothetically add to the mix one after another of the unfortunate realities of modern prisons that I outlined in previous sections. Consider the plight of one of the

very mature and effective prisoners I just described – the one who reads voraciously, keeps in touch with lots of people in the free world, sustains contact with his wife and children, and takes advantage of every program for which he is eligible. Place that prisoner in an overcrowded prison where, instead of having a cell to himself where he can retreat and read or write letters, he has to sleep on one of 150 bunks in a converted gymnasium, experiences high noise levels day and night, has the programs where he is enrolled cancelled in the middle of his tenure, and then is sent to segregation for a long time because he voiced his indignation too vociferously. And then, in punitive segregation, his visits are very restricted and he has to see his mother and children through a lexsan/plexiglass window and talk to them over a wall phone. Each of these successive indignities reduces by a certain proportion the likelihood of his remaining task-oriented, keeping his head out of the prison, and spending every day he is in prison preparing to “go straight.” In the hypothetical case where all these stressors take their toll on a prisoner, there is much less likelihood that he or she will succeed at “going straight” after release and avoid future involvement in the criminal justice system.

### **What is to be Done with the Prisoners who are Broken?**

Alarming statistics are surfacing about today’s prisons. There are an unprecedented number of people in prison (nearly 2 ½ million in jail and prison at any given time, but that number needs to be multiplied many times over to encompass all the people who have served time and are now in the community); even as the prison population has multiplied, the proportion of prisoners suffering from serious mental illness



has actually grown<sup>x</sup>; the prisons are massively overcrowded; the prison suicide rate is very high, but an even more disturbing statistic is that approximately half of the successful suicides in prison occur among the 6% to 8% of prisoners confined in segregation at any given time; the recidivism rate is rising, and rising even faster is the rate of parole violations. The data about increasing recidivism and parole violation rates is especially alarming.

For example, there is the phenomenon of “maxing out of the SHU.” In most cases, a prisoner is sent to the SHU for some prison-related misbehavior or risk. The prison sentence is meted by the court, but the SHU sentence is meted within the prison’s classification and disciplinary systems. So many prisoners are relegated to long-term isolated confinement that a certain number of them reach their fixed (court-assigned) release date prior to finishing their stint in the SHU. They are released into the community straight out of a cell where they had been isolated and idle for years. Not surprisingly, a significant proportion of them return to drugs and alcohol and commit serious crimes. What is surprising is that there are not more who do so. Most ex-inhabitants of supermaximum isolation cells actually keep to themselves after they are released from prison, their will to relate to others having been broken. But when any ex-resident of supermax commits a violent crime, there are headlines, and of course heated accusations about where the fault lies.

The “tough on crime” faction loudly proclaim that the heinous deed is incontrovertible proof the violent criminal element is incorrigible, and call for a halt to “coddling” and the building of even more super-secure prisons where we can “lock-‘em-up-and-throw-away-the-key.” The other side in the debate, prison reformers and human

rights advocates among them, just as passionately believe that the error was to lock prisoners in cold storage in the first place - long-term isolated confinement causes human breakdown of all kinds, including psychosis, suicide, and in far too many cases, intensification of uncontrollable violent impulses.

To advocates of rehabilitation as a primary aim of incarceration, the crime spree of an ex-SHU inhabitant means that the corrections department has failed in its mission to reduce violence and “correct” the errant felon. After all, the first principle of interventions aimed at reducing violence is to make certain that the interventions themselves do not actually raise the prevalence of violence; and many commentators are coming to the conclusion that the advent of the supermaximum security prison has increased rather than decreased the rates of violence in the prisons and on the streets<sup>xi</sup>.

With recidivism rates and parole violation rates on the rise, the question is: Why do so many ex-prisoners fail in their attempts to re-enter the community after a stint in prison? Either criminals, on average, are more hardened and incorrigible than they once were, so they merit longer terms and harsher punishments; or the things we do to the growing number of people we put in prison are breaking them as human beings and making it ever more likely they will fail at putting their life together again when the time comes for them to return to the community – and 93% of prisoners do eventually return to the community. I believe there are always criminals among us, but their number is not especially high right now, from a historical perspective. A subset of ex-prisoners - individuals who have spent very hard time in prison and been subjected to crowding, enforced idleness, high violence rates, a great risk of rape, long periods in a segregation cell, and restrictions of visiting - tend to repeatedly be re-arrested, and chronically fail in all

their attempts to re-enter the free community. These are people who have been broken by prison. When it comes to remedies for this glaring social problem, the same kind of foolhardy thinking that resulted in the unnecessarily harsh conditions of confinement lead to false solutions. For example, law-and-order buffs call for even longer sentences and the construction of more prisons. Their strategy would only result in more prisoners being broken by the system and subsequently failing in their attempts to “go straight.” It is time to re-think the reasons why so many ex-prisoners get trapped in the cycle of crime and incarceration.

---

## ENDNOTES

<sup>i</sup> Willie Russell et al. v. Christopher Epps/Mississippi Department of Corrections, US Dist Ct, No. Dist. of Mississippi, Eastern Div., Civ. No. 1:02CV261-D-D.

<sup>ii</sup> Ojeda, Almerinda, What is Psychological Torture, this volume.

<sup>iii</sup> Paulus, PB, McCain, G and Cox, V.C. (1978) Death rates, psychiatric commitments, blood pressure, and perceived crowding as a function of institutional crowding. *Environmental Psychology and Nonverbal Behavior*, 3, 107-117.

<sup>iv</sup> Pizarro, J., & Stenius, V. (2004). “Supermax prisons: Their rise, current practices, and effect on inmates. *The Prison Journal*, 84,2,248-264, 2004.

<sup>v</sup> Grassian, S., “Overview: Neuropsychiatric effects of isolated confinement,” this volume.

<sup>vi</sup> Holt, N, & Miller, D. (1972). Explorations in Inmate-Family Relationships. Sacramento: Research Division, Department of Corrections, State of California; Schafer, N.E. (1994) Exploring the link between visits and parole success: A Survey of prison visitors. *International Journal of Offender Therapy & Comparative Criminology*, 38, 1, 17-32.

<sup>1</sup> Bazetta v. McGinnis, U.S.Dist.Ct., E.D. Michigan, So.Div., No. 95-CV-73540-DT, 2001.

<sup>vii</sup> Haney, C. (2003). The psychological impact of incarceration: Implications for postprison adjustment, in J. Travis & M. Waul, Eds., *Prisoners Once Removed*, Washington, D.C.: The Urban Institute Press, pp. 33-65.

---

<sup>viii</sup> Kupers, T. (2005). "Toxic masculinity as a barrier to mental health treatment in prison," *Journal of Clinical Psychology*, 61,6, pp. 713-724.

<sup>ix</sup> Visit the website of Stop Prisoner Rape, [www.spr.org](http://www.spr.org).

<sup>x</sup> U.S. Bureau of Justice Statistics. (2006). Special report: Mental health problems of prison and jail inmates, <http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf>, September. Washington, D.C.: U.S.D.O.J.

<sup>xi</sup> Briggs, C.S., Sundt, J.L., & Castellano, T.C. (2003). The effects of supermaximum security prisons on aggregate levels of institutional violence, *Criminology*, 41,4,301-336.