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## Psychiatry and the Prison System

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**REFERENCE:** Tanay, E., "Psychiatry and the Prison System," *Journal of Forensic Sciences*, JFSCA, Vol. 27, No. 2, April 1982, pp. 385-392.

**ABSTRACT:** The author explores the psychiatric aspects of imprisonment, stressing the psychic trauma that imprisonment imposes on the individual. The paper argues that the current structure of prisons makes rehabilitation virtually impossible and describes how prisons, in large measure, deal with psychiatrically disturbed individuals without adequate resources.

**KEYWORDS:** psychiatry, jurisprudence, prisons

Confronted with a problem, a person has two responses: cope with it or eradicate it. Fighting a difficulty is generally viewed as commendable; accepting it or adjusting to it is considered cowardly. Difficulties are often viewed merely as stepping stones to better things, or as J. R. Lowell said, "The wise gods have put difficulty between man and everything worth having" [*I*, p. 251].

Insoluble problems and insurmountable difficulties have never been acceptable to Americans. However, there are many situations where efforts to eradicate a problem provide only illusory benefits and represent a denial of the fact that one is faced with an insurmountable vicissitude.

A patient, paralyzed from the neck down in an automobile accident, regained most of his functions, except for some residual paralysis of one leg and a typical traumatic neurosis with anxiety and depression. Faced with an irreducible limitation of function, this patient engaged in the relentless pursuit of a cure, subjecting himself to various unpromising treatment procedures. He could walk with a great deal of effort without showing much of a limp, and he never used a crutch. He had muscle spasms but avoided muscle relaxants because he did not want to rely on a chemical crutch. The turning point in his psychotherapy occurred when he was asked: What's wrong with having a crutch? The use of a crutch opened up new possibilities for walking and represented self-acceptance. The unrealistic pursuit of a cure ended, and a period of care began for this handicapped individual.

An amputee, who had tremendous difficulty with his artificial leg, tried everything possible, except giving up the use of the artificial leg and relying on crutches.

American mythology exalts cure and downgrades care. "To care is humane, to cure is divine," seems to be the battle cry of American medicine and social reformers. When it is realistically possible to cure a condition, it may be desirable to do so. On the other hand, when efforts to bring about a cure are not realistic, the curative efforts become an additional burden.

The neglect of the mentally ill and the imprisoned is rooted in the fact that such people re-

Presented at the National Conference on Mental Health for the Convicted Offender, Raleigh, NC, 27 Oct. 1976. Received for publication 20 July 1981; revised manuscript received 13 Oct. 1981; accepted for publication 14 Oct. 1981.

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quire care and offer very limited prospects for cure. Society finds it difficult to look after the mentally or socially unfit unless given assurances that they will be made fit again. The secret of gaining financial support is to promise a cure. The old system of asylums for the insane has been replaced by hospitals for the mentally ill. These, in turn, have been replaced by mental health centers. The old prison system populated by inmates has been replaced by correctional facilities inhabited by residents or clients. Prisons and asylums evoke images foreign to the American dream; on the other hand, penitentiaries, reformatories, and hospitals are part of the American dream. The former are dedicated to care; the latter, to cure. The penitentiary is a place where sinners experience a change of heart, recognize the evil of their actions, and emerge repentant. The reformatory is dedicated to giving a new and improved character to the offender. The hospital, in contrast to the asylum, offers recovery instead of mere refuge.

This whole euphemistic facade is designed to elicit support for care under the guise of cure. It seems that the mentally ill and criminal offenders are entitled to care only if it can be shown that decent custodial conditions pay off by leading to recovery or rehabilitation. A comparison of ideological pronouncements and the actuality of imprisonment shows discrepancies of delusional proportions. While prisons are called correctional institutions whose goal is rehabilitation, the reality is that prisons destroy minds and bodies through inadequate care. The primary concern of a prison administrator should not be rehabilitation but the creation of a livable environment.

An experienced psychiatric clinician, knowledgeable in the field of correctional institutions, states [2]:

The length of sentences and the nature of maximum security prisons combine to damage the personalities of the prisoners to such a degree as to make it especially difficult for them to function as autonomous and independent individuals in a free society following their release. I believe that whenever a man serves three or more years in a maximum security prison, the experience will usually have a lasting deleterious effect on his personality.

He then goes on to demonstrate that the prison experience inevitably produces regressive behavior that is maladaptive. In order to be able to make a satisfactory adaptation to the prison setting, it seems necessary to have serious personality defects. Those individuals who enter prison without appropriate personalities have to develop them if they wish to survive. A penologist writes [3]:

We may only conclude that the inmate's social system is most supportive and protective to those inmates who are most criminally acculturated—and conversely, most threatening and disruptive to those whose loyalties and personal identification are still with the non-criminal world. Observation supports this conclusion. The nonacculturated offender is rejected not only by the society which defines him as a person, . . . he suffers the double jeopardy of rejection from the sub-society in which he is now forced to live. In effect, he is denied membership in both.

How can one talk about rehabilitation when basic human needs for survival are not assured? An inmate of Lewisburg Federal Prison testified in federal court that he was marked for execution by fellow inmates because he broke one of the rules set by inmates: he talked with guards [4, p. 21]:

No big deal. With a population of 1600 we get about 25 murders a year. With the going price for murder at two cartons of cigarettes, I guess that isn't bad. When I am finally executed, it will be for a reason. I broke the rules. No, not the rules laid out by your court. That's the bitter irony of it. Exactly because I obeyed your rules, I broke an even more important set of laws, the laws made by the inmates here and imposed on everyone who walks into Lewisburg. They are more important than yours, because if you break them, you are killed as soon as there is a chance and there is no way to appeal.

In August 1976, Michael Carter, a 27-year-old inmate orderly on the psychiatric ward of Jackson Prison in Michigan was stabbed in the chest while on duty. He was brought into the infirmary where Dr. Lovoll, a general practitioner who works at the prison twice a week, was on duty [5]:

Lovoll said it was fifteen minutes before he could start working on Carter because the cart of emergency equipment, as is standard practice, was locked away. It took that long to find someone with a key, he said. He said that he also asked for an intravenous unit and was given an intravenous bottle without any tubing. State correction officials agreed that the infirmary is inadequate, understaffed, and underequipped. They said the low pay level makes it hard to get professional, non-inmate help, and that because Jackson is a prison depending on inmate infirmary help, it is impossible to leave emergency equipment like drugs and needles lying easily at hand.

A lifer in Jackson Prison writes:

A notice in the cell-blocks told us that we would no longer be issued tooth powder, tooth brushes, razor blades, matches, soap, and many other items which had been passed out all during my thirteen years in prison. No more freebees, but we could buy them at the store with our 25¢ daily wages. I would like to know what the man is to do that has no job, no income, and/or is too old or physically handicapped to work?

In spite of these conditions, the prison is administered by a department called the Department of Corrections and operated by professionals termed *correctional specialists*. It would be appropriate to ask here: What is correction? One dictionary defines the term as being “applied to any agency or influence which keeps true a thing that is subject to alteration or deviation, or which rectifies or remedies any departure in it from truth, soundness, health, or the like” [1, p. 203].

Correction and cure are almost synonyms. To cure is the professed goal of correctional institutions. If the federal Truth in Advertising Act was applied to our penal system, all directors of departments of corrections could be summarily convicted of violating this federal statute. No one would tolerate the existence of medical institutions that called themselves cancer cure centers. At the present time, our prison system is at a stage similar to that of the faith-healing era of medicine: a great deal of promise and little performance. It certainly would be more appropriate to rename our so-called correctional facilities *crime control facilities*. The term *control*, according to the dictionary cited above, is applied to “any predetermined device, rule, agency or the like which sets a guard upon a person or thing so as to prevent his (or its) overpassing prescribed limits, or so as to enable him or it to be discovered if in error” [1, p. 203].

A mere look at some of the rules imposed on the prison community makes a mockery of the rehabilitation jargon. Regardless of whether such rules are necessary for maintaining control in a given prison setting, the discrepancy between the professed goals and the prevailing practices is obvious [4, pp. 88-89]:

**RULE 12:** You must approach an officer in a respectful manner, say, “Sir,” and proceed with your communication distinctly and confine your conversation with him strictly to the business at hand, making your wants known in the fewest possible words. Insolence in any form will not be tolerated.

**RULE 43:** On entering the dining hall, take your seat promptly, position erect with eyes to the front until the signal is given to commence eating.

**RULE 44:** Strict silence and decorum must be observed during the meal. Talking, laughing, grimacing or gazing about the room is strictly forbidden.

What determines psychic and social changes in inmates is not the complex set of interventions known as rehabilitation but the quality of living conditions that prevail in prison. We do not know how to change a brutal psychopath into a law-abiding citizen. However, a

brutal psychopath exposed to a brutal environment becomes even more brutal. A violent criminal who, during his imprisonment, becomes a skilled craftsman more often than not remains a violent criminal. A penologist writes [4, p. 108]:

The reality is simply this: the welfare of the individual inmate, to say nothing of his psychological freedom and dignity, does not importantly depend upon how much education, recreating, and consultation he receives, but rather depends on how he manages to live and related to the other inmates who constitute his crucial and only meaningful world. It is what he experiences in this world; how he attains satisfactions from it, how he avoids its pernicious effects—how, in a word, he survives in it that determines his adjustment and decides whether he will emerge from prison with an intact or shattered integrity.

A commissioner of correctional facilities is explicit [6]:

I have the distinct impression that if one were to send every so-called delinquent home immediately after apprehension or adjudication, that across a wide spectrum, a larger percentage of youngsters would be less likely to get into trouble than after they have been subjected to our treatment. In fact, our treatment often insures the repetition of the delinquent behavior and the escalation of the criminal career. If there is truth in this assumption, the correctional administrator is immediately immersed in a dilemma posed by the existence of his agency.

It is widely agreed that the so-called correctional system neither corrects nor rehabilitates. Does this system punish offenders? To answer this question a definition of punishment must be agreed upon. Azrin and Holz [7] define punishment as “a reduction of the future probability of a specific response as a result of the immediate delivery of a stimulus for the response”; a punishing stimulus is thus “a consequence of behavior that reduces the future probability of that behavior. . . . The essential feature of a punishing stimulus is a decrease in the future frequency of that response.”

Using this criterion as a definition of punishment, one would have to say that our penal system does not punish offenders. Punishment is an intervention technique that must bear some relationship to results. The mere experience of displeasure or suffering is not punishment. A flood or any other natural disaster causes suffering, but it is not experienced as punishment, unless the sufferer views it as imposed by God for transgressions of which he has been guilty. A sadist inflicting suffering on a masochist is not administering punishment but dispensing pleasure. Even a simple analysis of the functional relationship between imprisonment and behavior indicates that a reinforcement of socially undesirable characteristics occurs in the prison setting. If prisons do not rehabilitate and do not punish, what function do they fulfill? The answer is very simple; prisons do what they have been set up to do, namely, isolate people society considers undesirable and satisfy society's need for retribution.

The need for retribution is deeply rooted in human nature, and gratification of this need cannot be eliminated by pious platitudes. An old proverb proclaims, “Revenge is sweet,” and a poet says: “Tis sweet to love; but when with scorn we meet, revenge supplies the loss with joys as great.” The need to inflict suffering on those who have caused suffering is a powerful motivational force in dealing with fellow human beings. This need, like other needs, has to be integrated with the various forces that compose our value system. The question is not whether we should impose suffering on offenders, but how much and what kind.

One of the functions of a prison is to impose suffering on those who have caused suffering. Camouflaged vengeance is not easier to endure for those who are subjected to it, nor is it more enjoyable for those who inflict it. Thus, everyone loses when retaliation is dressed up as rehabilitation.

A prison is a formal organization established by legal authority for the purpose of a detaining certain individuals. One penologist [4, p. 99] defines prison as:

... a physical structure in a geographical location where a number of people, living under highly specialized conditions, utilize their resources and adjust to the alternatives presented to them by a unique kind of social environment.

These “highly specialized conditions” constitute powerful psychic stresses on the inmates. A person placed in jail undergoes ecological shock. The degree of recovery from this trauma depends on personality strength, length of confinement, and many other factors. Some of the more apparent stresses that effect an inmate of a jail are discussed below.

The deprivation of liberty and its attendant helplessness are powerful psychic stresses. Minimal needs essential for the adequate functioning of a human being are not sufficiently met within the jail setting, for example, the opportunity for sleep, clothing, and food; the need for privacy, stimulation, and communication with other people; the frustration of such instinctual needs as aggression and sexuality.

The newly admitted inmate as been through the ordeal of a trial. He is exposed to the danger of aggressive and homosexual assault. He is confronted with the diverse racial and cultural backgrounds of his fellow inmates. It has been well established that during times of stress and danger, there is increased dependence on love objects and membership in a primary group. The inmate is separated from such protective figures and experiences intense separation anxiety. Not only are affiliative needs frustrated, but the prisoner undergoes a massive desocialization. He loses his “street personality.” In short, he undergoes a process of dehumanization [8].

This ecological shock was vividly described in 1954 [9] by J. V. Bennett, then Director of the U.S. Bureau of Prisons:

When the iron gate ominously clangs behind the prisoner he is in a state of shock if he is a normal human being. He is depressed, worried about his family, despairing, fearful, and suspicious of all about him. But probably also if he stood trial he is bitter . . . and not little of his cynicism and animosities stem from the inexcusable deplorable conditions of the jails and lockups where he was held when on trial.

Experimental studies and autobiographical reports of religious hermits, explorers, and prisoners establish isolation as an extreme psychological stress. In prison most individuals experience a devastating sense of social isolation. One prisoner writes [10]:

Gradually the loneliness closed in. Later on I was to experience situations which amounted almost to physical torture, but even that seemed preferable to absolute isolation.

Goffman [11] states that one of the characteristics of total institutions is the mortification process, which he describes as a stripping of the self. Personal identity equipment is removed, indignities are imposed, autonomous decisions are impossible, channels of communications are closed, and so on. The sexual frustration involved is well described by a prison inmate [12]:

Have you ever tried going without sex year in and year out? Can you imagine what this alone does to a person, much less all the other items he has to do without? Well take it from me, you have to have a very, very strong mind to keep from being somewhat unstable from this. And I don't care who the person is, if he doesn't miss sex and don't care for it or don't want any, well then, he just isn't normal . . . Well I have had no sex since incarcerated here and it has just about drove me out of my mind. But what can you do? All you can do is just suffer and suffer until you crack up—that is if you don't have a very strong mind.

We know that the regimented life of such relatively benign institutions as the Army can lead to acute psychiatric decompensations. It should be kept in mind that those inducted into the military service undergo a selection process designed to eliminate people with a

potential for psychiatric illness. No such selection takes place for admission to the prison setting [13]:

Misfits of every description are squeezed into a single facility. Most men who commit crimes are beset with deep emotional problems. They are "out of whack" with society.

Judging from descriptions of the stresses and assumptions about the personalities of those incarcerated, one can theoretically predict a high rate of psychiatric illness among inmates of jails. This is a reference not to character disorders that might be related to the crime for which the individual is confined, but to severe neurotic or psychotic illness that would necessitate psychiatric intervention if the individual were free to seek such help. We are not concerned here with psychiatric treatment as a method of dealing with crime, but with the incidence and prevalence of definite acute and chronic psychiatric illness in the prison setting.

At Sing-Sing Prison, New York, in the 1950s, a study was made of individuals convicted of sexual felonies, to determine the incidence of psychiatric illness in the sexual offenders as compared to the rest of the prison population. Seventy-nine percent of the homosexual pedophiles were diagnosed as suffering from psychotic illness, while 56% of the control group were similarly diagnosed [14].

On repeated occasions, individuals held in county jails and suffering from acute psychiatric illnesses have not received appropriate treatment. The following case illustrates the situation rather well.

Mrs. Jones, a 26-year-old, married, white mother of four, was charged with the slaying of her five-year-old daughter. She was examined by the present author at the Wayne County Jail in Detroit on the request of her attorney. Upon entering the section where Mrs. Jones was being held, according to the psychiatric report [10, p. 55], "I was impressed with the fact that a number of women prisoners were in a state of acute psychotic disturbance. For example, one 34-year-old woman was continuously screaming incoherent remarks and was obviously hallucinating. According to personnel, she had not had a 'stitch of clothing on her body in two weeks and was screaming in this fashion day and night.'" Thirteen other women were identified [as] acutely psychotic. Not only was an adequate examination of Mrs. Jones impossible under such conditions, but the impact of this setting upon her had also to be taken into consideration.

A similar case is that of Jack Ruby, whom the present author examined in June 1964 in the Dallas County Jail. Although he was suffering from paranoid schizophrenia, he was not receiving treatment. In April 1964 he had been diagnosed by Louis J. West, professor of psychiatry and chairman of the Department of Psychiatry at the University of Oklahoma, as overtly psychotic and in need of treatment [10, p. 57]:

Mr. Ruby's prolonged confinement in jail while suffering from this illness, when modern psychiatric hospital treatment could be made available, is cruel and inhuman, even [for] a condemned prisoner. Once again, I urge all concerned to take the steps necessary to provide Jack Ruby with the benefits of proper medical care until such time as he regains a sufficient degree of mental health to cooperate in his own defense.

Subsequent to this, he was examined by Dr. Werner Tuteur, who also found him mentally ill.

In spite of the unanimity of opinion among all psychiatrists who examined Mr. Ruby after his trial, he received no psychiatric treatment. It is significant that when he developed physical symptoms, he was immediately transferred to a hospital and received appropriate treatment [10, p. 57].

In 1927, Karl Menninger addressed the Section on Criminal Law of the American Bar Association and insisted that certain psychiatric services were indispensable to the criminal

justice system. He felt that a psychiatrist should be available before sentencing any felon and that psychiatric services were essential in every correctional institution [15].

In July 1976, 49 years later, Dr. Dennis Jurczak, the only full-time psychiatrist for the entire Michigan prison system, testified that his professional staff consisted of one nurse. Furthermore, he stated that a psychotic prisoner who was sent to Jackson Prison would not be segregated from the general prison population and would be subject to abuse by the inmates.

The mentally ill and criminal offenders are both neglected when it comes to the provision of basic care. Then there are people who have the misfortune of being in both of these categories, namely, criminal offenders who are mentally ill; they are doubly cursed and doubly neglected.

An unholy alliance of due process worshipers and fiscal conservatives has brought about a revolution in the care of chronic mental illness. In the last ten years, there has been an unprecedented criminalization of mental illness, leading to deprivation of care for the chronically mentally ill. This pseudoliberalization of the mentally ill from the state hospital system has brought about an ever-increasing incarceration of psychotics in county jails and prisons.

The penal system, with its almost nonexistent resources for the care of psychotic inmates, now has the task of coping with a new influx of mentally ill persons. Efforts to provide care for psychotics within the penal system have been made impossible at times not only by lack of resources but also by legal interventions. The much-heralded U.S. Supreme Court decision in *Baxstrom v. Herold* was a paper victory for mentally ill offenders. It improved their due process position but complicated the provision of care by making transfers within and between institutions cumbersome [16].

The lawyers and the courts have been powerful advocates of legal rights and due process, and this is as it should be. However, the caretakers of the mentally and socially handicapped have remained silent and powerless. Wishful thinking and expediency have combined to deny the reality that cure and rehabilitation are often not possible. It behooves professionals in the fields of psychiatry, law, and penology to embark on a campaign to inform the public of our limitations. We must recognize *cure* and *care* as different approaches and make a choice.

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