

# Why Inmate # 62456L Doesn't Speak: A Case for Alternative Therapies in Prison

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I recognize that I am clearly stating the obvious, particularly for this journal—prison life causes emotional and psychological distress, and exacerbates pre-existing mental health issues. And yet, for inmates to survive—inside and once released—they must develop and maintain good mental health. Thus, mental health care continues to be a growing concern in correctional settings (Beck & Maruschak, 2001). Regardless, therapy and programs that rely merely on talking may not be best. For the better part of 25 years, I have been involved in providing art and art therapy in various correctional settings. In that time, I have come to the realization that for rehabilitation and therapeutic services to succeed, the forensic systems would benefit greatly from a therapeutic approach that does not solely rely on verbal admission of one's needs—thus, my partiality toward alternative therapies.

The primitive subculture of prison, where survival of the fittest reigns supreme, has evolved its own mores and cultural expectations. If the developed unspoken rites are violated, it may leave one suspect and a target for retaliation. In prison, defenses are used for self-protection as inmates take advantage of obvious and perceived weakness. Admitting to a mental illness, feelings of sadness, or difficulty adjusting to the setting may be perceived as such a weakness. Thus, inmates who have such issues are likely unwilling to express them (Fenner & Gussak, 2006). Inmates seeking psychiatric treatment are also susceptible to abuse (Fox, 1997). Warner (n.d.) wrote that inmates with mental illness, who can be victimized by predatory inmates or untrained staff, are the most vulnerable in our state prisons.

What may seem to be a harmless statement outside the prison may be used against someone inside. As a result, inmates may lie or remain silent about their mental health issues to avoid appearing weak or vulnerable. Increased illiteracy and organicity may also impede communication, thus making further admittance to mental, emotional, and/or physiological problems that are much more difficult (Gussak, 1997).

New inmates learn to adapt to new subculture and discover that they may not be able to trust others, including, unfortunately, therapists.

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If a therapist tries to break through necessary barriers, the inmate/patient may become dangerous even if initially charming and cooperative. The inmate's defenses take over, making him anxious and angry, perhaps even violent, to a much greater extent . . . than clinicians are accustomed to with the general population. (Gussak, 1997, p. 1)

To compensate, therapists can offer treatments that do not raise suspicion or reveal vulnerability. Indeed, despite the prevalence of rigidly held defenses, and debilitating mental health conditions such as severe depression, there seems to be a natural desire for creative expression among these individuals. It is for these reasons that I have found alternative approaches, such as art therapy, to be most effective in treating mental health issues. The commonly held belief that alternative therapies are alternative due to a perception that there is no empirical support that such treatment is effective is simply not true. Between 2003 and 2009, a number of studies were conducted, including one published in this journal, which demonstrated art therapy was indeed a beneficial approach in depression, locus of control, socialization, and problem solving (Gussak, 2004, 2006, 2007, 2009).

I am gratified to see that this particular issue includes articles that focus on alternative therapies and programming in forensic settings. In particular, two of the articles focus on the arts as a means of helping those inside. Davey, Day, and Balfour recognize that there is a great deal of anecdotal support for the benefits of theater in the correctional setting. Their article "Performing Desistance: How Might Theories of Desistance From Crime Help Us Understand the Possibilities of Prison Theater?" provides a much-needed literature review and theoretical position on how "prison theater may be motivating offenders toward the construction of a more adaptive narrative identity." In so doing, they provide a "desistance from crime" framework to create a shared language and methodological framework in which others can begin investigating sufficiently the benefits of theater in prison. In their article "Influence of Music Therapy in Coping Skills and Anger Management in Forensic Psychiatric Patients: An Exploratory Study," Hakvoort, Bogaerts, Thaut, and Spreen explore whether music therapy can contribute to positive change in coping skills, anger management, and dysfunctional behavior for the forensic patient. For those of us who have used the arts in prison, their conclusions do not come as a big surprise—Indeed, music therapy was found to have "accelerate[d] the process of behavioral changes."

Other "alternative programs" seem just as effective. Keena and Simmons' program, also presented in this issue, focuses on entrepreneurship that was established to provide inmates in pre-release program an innovative means of reframing their mindset—from release, reoffend, and return to "Rethink, Reform and 'Reenter.'" The analysis they conducted of their 12-week program suggested that, indeed, such programming might indeed be helpful.

As more of these studies are conducted and released, and results of the benefits of alternative therapies disseminated, I trust there will come a time when what were once considered "alternative therapies" become standard. Ultimately, traditional approaches may begin to rely on such creative means to institute the most efficacious change in

correctional populations. Maybe then the fact that inmate #62456 cannot/will not/should not give voice to his issues may no longer be a hindrance to treatment.

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