Toxic Masculinity as a Barrier to Mental Health Treatment in Prison

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The current article addresses gender issues that become magnified in prison settings and contribute to heightened resistance in psychotherapy and other forms of mental health treatment. Toxic masculinity involves the need to aggressively compete and dominate others and encompasses the most problematic proclivities in men. These same male proclivities foster resistance to psychotherapy. Some of the stresses and complexities of life in men's prisons are explored. The relation between hegemonic masculinity and toxic masculinity is examined. The discussion proceeds to the interplay between individual male characteristics and institutional dynamics that intensify toxic masculinity. A discussion of some structural obstacles to mental health treatment in prison and resistances on the part of prisoners is followed by some general recommendations for the therapist in this context. © 2005 Wiley Periodicals, Inc. J Clin Psychol 61: 713–724, 2005.

Keywords: masculinities; prison; toxic masculinity; gender; prison mental health

Over 2 million persons are in jail and prison in the United States, and over 90% of prisoners are male (Bureau of Justice Statistics, 2004). Most prisoners come from low-income backgrounds, and a disproportionate number are persons of color (Mauer, 1999). Contrary to popular stereotypes, 75% of men entering prison have not been convicted of a violent crime, and a disproportionate number have been convicted of drug-related crimes. Many of them urgently need mental health services because they suffer from serious mental illness, or they require treatment for substance abuse, dysfunctional anger, or proclivity toward sex offenses or domestic violence (Human Rights Watch, 2003; Lamb & Weinberger, 1998; Breiman & Bonner, 2001). By focusing on the needs and dynamics of a particular sample of men, i.e., those who are incarcerated, new insights can be gained about the expression of masculinities in a concrete setting. The project of integrating such

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JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 61(6), 713–724 (2005)

Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/jclp.20105

concrete particulars with the evolving general theory of masculinities provides an opportunity to validate theory and improve the lens through which we observe gendered behavior. In addition, because certain gender dynamics are intensified in the prison setting, a discussion of men's issues in prison and men's resistance to psychotherapy in correctional settings provides a rare and invaluable window into male proclivities that are widespread in the community, even if not always as obvious.

There are many obstacles to mental health treatment in men's prisons. The one that will be the main focus here involves gender issues. Toxic masculinity is the constellation of socially regressive male traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence. Toxic masculinity also includes a strong measure of the male proclivities that lead to resistance in psychotherapy (Brooks & Good, 2001; Meth & Pasick, 1990). In prison, toxic masculinity is exaggerated. It erupts in fights on the prison yard, assaults on officers, the ugly phenomenon of prison rape (Kunselman, Tewksbury, Dumond, & Dumond, 2002; Struckman-Johnson & Struckman-Johnson, 2000; Stop Prisoner Rape, 2004), and other hypercompetitive, sometimes violent, interactions (Toch & Adams, 1998). A relatively unexplored aspect of toxic masculinity in prison is its effect on the therapeutic relationship (Kupers, 2001).

Prisoners are an understudied population. Researchers have a difficult time gaining entry into the prisons to interview prisoners, and exprisoners are often disinclined to associate with other people who have been in prison or to talk about their experience behind bars after they are released (Irwin & Austen, 1994). In the process of preparing for testimony as a psychiatric expert in litigation regarding the psychological effects of harsh prison conditions, the effects of sexual abuse, and the adequacy of correctional mental health services, I have interviewed several hundred male prisoners in 15 states, at all levels of security classification (Kupers, 1999). I will draw upon that rich experience as I develop a theory about toxic masculinity in prison and related obstacles to the provision of mental health treatment, and I will employ that theoretical understanding in making some general recommendations for therapists in correctional settings. Of course, every generalization has many exceptions, and it is not at all the case that all prisoners fit a mold, nor that all prisoners fit the picture of toxic masculinity.

Toxic masculinity is not the only obstacle to mental health treatment behind bars, and any approach to the subject that singles out toxic masculinity as the exclusive cause of treatment resistance misses the complexity of prison reality and contextual variables that intensify the toxicity and also make treatment problematic. In fact, sharing his or her awareness of the structural impediments to treatment is often one of the best tools the therapist has for transcending resistance on the part of male prisoners who are all too aware of and resentful of the obstacles. Before delving into the topic of toxic masculinity as it fosters treatment resistance, I will briefly delineate some of the other factors that intensify the toxicity and contribute to treatment resistance in correctional settings.

Some Structural Obstacles to Mental Health Treatment in Prison

An unfortunate reality of prison life is a severe shortage of mental health services. The Federal Bureau of Prisons estimates that at least 283,000 prisoners have significant emotional problems and are in need of treatment (Ditton, 1999). This estimate grossly underreports the true need for services. Male prisoners tend to under-report their emotional problems and often do not request help until their condition has deteriorated to the point of psychotic decompensation or a suicide crisis (Kupers, 1999, 2001). In addition, the federal government's figure does not include the large number of men who require treatment for substance abuse, domestic violence, sex offenses, impulse control, and relatively

minor (compared with psychosis and major depression) but disabling conditions such as Attention Deficit Disorder or Obsessive Compulsive Disorder. There are simply an extraordinarily large number of men in jails and prisons who would benefit from mental health treatment, including psychotherapy (Teplin, 1990; Lamb, 1998).

Resources dedicated to the provision of mental health services have not expanded to meet the need of a growing prison population (Correctional Association of New York, 2003). Not only has the number of prisoners nationwide quadrupled in the last three decades, but the proportion of prisoners who suffer from serious mental illness has also expanded dramatically (Human Rights Watch, 2003). There are many reasons why a growing proportion of prisoners suffer from serious mental illness, including deinstitutionalization that leaves many individuals suffering from serious mental illness on the streets lacking services and subject to arrest, changes in the laws and the criminal courts that make it less likely than in times past that serious mental illness will preclude a prison sentence, an incremental and progressive shrinkage of the public mental health budget in the communities, and finally, stresses in prison that cause or exacerbate human breakdown.

The result is that the mental health budget and the mental health services within correctional systems are inadequate relative to the immense need for services. When mental health services are in short supply, they tend to be reserved for the most serious cases, i.e., prisoners with obvious major mental illness, including Schizophrenia and Bipolar Disorder, and prisoners whose massive despair leads them to make serious suicide attempts. In addition, and only as clinicians' time permits, group treatments exist for select prisoners, including those with substance abuse problems, sex offenders, and those who need help with anger management. Treatment for some of these conditions is mandated by the sentencing court. However, where there are limited staff to provide these services, the prisoner may near or reach the end of a sentence without having undergone the mandated group treatment.

The inadequacies of mental health resources create a situation where many prisoners view provided services as tokens, as if nobody really cares enough to spend sufficient time talking to a prisoner about his problems, and this perception leads prisoners to feel disrespected and contributes to their resistance. The epitome of this shortfall is the *cell-front* mental health interview in the supermaximum security prison unit, where the prisoner is being punished with 23 hours-a-day cell confinement, where there are not enough security staff to transport prisoners to a private and confidential office for mental health interviews, and where the prisoner is forced to talk to the clinician who is standing in front of his cell within earshot of prisoners in neighboring cells and the correction officers who pass by as the interview proceeds. Is it any wonder that many prisoners simply refuse to talk to the mental health staff in such a setting? This kind of resistance to mental health treatment has little to do with toxic masculinity and is more the direct result of both structural deficiencies in the setting and less than optimal mental health services.

Confidentiality is a very big issue in correctional settings, and not only in regard to cell-front interviews in segregation. Most correctional systems have policies that require mental health staff to report to custody staff whenever mental health staffers hear of any illegal action or potential threat to the security and smooth operation of the prison. This requirement goes far beyond the Tarasoff requirements that guide therapists in the community when it comes to breaching confidentiality (Tarasoff vs. Regents of the University of California, California Supreme Court, 1982). For example, in many states, if a man is threatened by another prisoner who demands sex, the prisoner who has been threatened may have no opportunity to talk the situation over with a psychotherapist before deciding how to respond. This is because the therapist is required by policy to report the threat immediately, and then the security staff will demand that the prisoner

disclose the name of the prisoner who threatened him. In prison, the repercussions of snitching are severe, possibly including death at the hands of another prisoner. Thus this policy-mandated lack of confidentiality serves to prevent prisoners from talking openly in psychotherapy about events that occur on a regular basis behind bars. Further, laws and court precedents are making it ever more the case that anything a prisoner tells his therapist can be used against him in future prosecutions.

The inadequacies of correctional mental health services and problems concerning confidentiality are merely two examples of structural obstacles to effective mental health treatment, and structural obstacles must always be taken into consideration as we move on to examine resistances seemingly related specifically to toxic masculinity.

Toxic Masculinity as Treatment Resistance

Connell defines *hegemonic masculinity* as the dominant notion of masculinity in a particular historical context (Connell, 1987). In contemporary American and European culture, it serves as the standard upon which the "real man" is defined. According to Connell, contemporary hegemonic masculinity is built on two legs, domination of women and a hierarchy of intermale dominance (Connell, 1987; Jennings & Murphy, 2000). It is also shaped to a significant extent by the stigmatization of homosexuality (Frank, 1987). Hegemonic masculinity is the stereotypic notion of masculinity that shapes the socialization and aspirations of young males (Pollack, 1998). Today's hegemonic masculinity in the United States of America and Europe includes a high degree of ruthless competition, an inability to express emotions other than anger, an unwillingness to admit weakness or dependency, devaluation of women and all feminine attributes in men, homophobia, and so forth (Brittan, 1989). Hegemonic masculinity is conceptual and stereotypic in the sense that most men veer far from the hegemonic norm in their actual idiosyncratic ways, but even as they do so, they tend to worry lest others will view them as unmanly for their deviations from the hegemonic ideal of the real man.

In reality, there are many different forms of masculinity, even if forms of masculinity that do not match the hegemonic norm are subject to stigmatization and marginalization (Bird, 1996). There are masculinities in the community that present alternatives to the hegemonic ideal; for example, gay and transgender men, intellectuals, geeks, sensitive artists, and so forth. Connell argues that hegemonic masculinity is always constructed in relation to various subordinated masculinities and in relation to women (Connell, 1998). The goal of those who would foster gender equity and an end to domination is to permit the free expression of many masculinities, without risk of stigmatization, so that there will be many constructive and attractive alternatives to the stereotypic real-man image of the reigning hegemonic masculinity (Kimmel, 1987; Brod & Kaufman, 1994).

The term *toxic masculinity* is useful in discussions about gender and forms of masculinity because it delineates those aspects of hegemonic masculinity that are socially destructive, such as misogyny, homophobia, greed, and violent domination; and those that are culturally accepted and valued (Kupers, 2001). After all, there is nothing especially toxic in a man's pride in his ability to win at sports, to maintain solidarity with a friend, to succeed at work, or to provide for his family. These positive pursuits are aspects of hegemonic masculinity, too, but they are hardly toxic. The *subordinated masculinities* that Connell contrasts with the hegemonic, and the profeminist alternative masculinities celebrated in the profeminist and antihomophobic men's movement, are examples of nontoxic aspects of expressed masculinities (Kupers, 1993).

There is the caring man, there is the man who is in touch with his "feminine" attributes, and there is a father's dedication to his children. These are nontoxic aspects of

masculinities. Toxic masculinity is constructed of those aspects of hegemonic masculinity that foster domination of others and are, thus, socially destructive. Unfortunate male proclivities associated with toxic masculinity include extreme competition and greed, insensitivity to or lack of consideration of the experiences and feelings of others, a strong need to dominate and control others, an incapacity to nurture, a dread of dependency, a readiness to resort to violence, and the stigmatization and subjugation of women, gays, and men who exhibit feminine characteristics.

Respect is a very important factor. There is nothing toxic about the need to be shown some respect. All men have that need and go about satisfying it in various ways. What can lead to toxicity is the repeated frustration of a man's need to be respected. Thus, there is the well-known caricature of domestic violence or toxic masculinity in the community, where the man feels chronically disrespected at work and in the community, drinks alcohol to numb the pain, and proceeds to beat or otherwise abuse the woman he is closest to while screaming, "All I ask for is to be shown a little respect!"

Men who go to prison value respect very highly and experience many instances of disrespect. They feel disrespected at work, where they have little power, on average. They feel disrespected by the police who surveil and arrest them. And they feel very disrespected in prison. The need to feel respected is very much on their minds; they talk about it while trying to explain why they repeatedly get into trouble with other prisoners or with staff. Although the need among men to be respected is not toxic, desperate attempts to gain respect where none seems forthcoming lead to an intensification of toxic masculinity. In other words, the man who feels he cannot get respect in any other way is the one who feels a strong urge to dominate others. And in prison, this dynamic can become very toxic.

There is a very big selection factor in terms of who goes to prison. At the risk of overgeneralization, it is fair to say that, on average, men who go to prison tend to hail from low-income communities; many have drug and alcohol problems; they tend to pride themselves on their toughness; they include a certain number of men who have perpetrated domestic violence; and many of these men were the victims of domestic violence and other traumas much earlier in their lives (Steiner, Garcia & Mathews, 1997). Examples of toxic masculine characteristics that are over-represented among prisoners are a tough-guy posture, outbursts of temper, and the tendency to act out troubling impulses rather than to introspect about their meanings and ramifications (Gerzon, 1982). And the need to be respected, in a situation where prisoners are shown very little respect, intensifies the tough-guy posturing and leads to many violent incidents.

There are many exceptions, of course, and many male prisoners are far from being the so-called tough guys. There are some very heinous criminals behind bars, but the majority of prisoners have been convicted of relatively minor crimes, usually drug-related, and will be released after several years. But prisoners are forced to dwell in often-brutal correctional facilities where toughness is the key to survival. Even men who were not especially aggressive and misogynistic when they entered prison confide that they believe they must become versed in hypermasculine posturing and violence merely to stay alive and protect their honor. Many readily share their belief that the best way to avoid a fight is to look like he is not particularly averse to violence. Predators usually move on and seek victims who will not put up a ferocious fight. Of course, this training in toughness does not help prisoners prepare for postrelease adjustment as caring, loving men. In that sense, the toxic masculinity that is fostered in prison is spread beyond prison walls.

Reports from adult males in prison about the importance of hypermasculinity or toxic masculinity are entirely consistent with what is known about adolescent male development. Messerschmidt (1993) explains how young men use crime as a means of

constructing the kind of stereotypic masculinity that helps them traverse their adolescence and win the acceptance of peers, as well as fathers, coaches, and other hypermasculine role models. Whether by "pulling a heist," "joyriding" in a stolen car, doing a "drive-by" to prove one is enough of a "man's man" to be in the gang, bragging to other males about a sexual conquest or a date rape, or participating in a college fraternity gang rape, young males turn to crime and violence to prove their manhood (Sanday, 1990). Middle class young men take part in illegal and unacceptable activities for a short time in their teen years and then, typically, move on to more socially accepted pursuits including graduation from college, beginning a career, and supporting a family, whereas low-income youth and youth of color are much more likely to get trapped in a criminal life and spend time behind bars (Miller, 1996).

Toxic masculinity tends to proliferate wildly in prison. The prison code that reigns in men's prisons is an exaggeration of the unspoken *male code* on the outside. According to the code, a *real man* or a *stand-up con* does not display weakness of any kind, does not display emotions other than anger, does not depend on anyone, is never vulnerable, does not snitch, does not cooperate with the authorities, and suffers pain in silence.

But the prison phenomenon that is viewed in terms of toxic masculinity is not due exclusively to any set of male prisoners' individual characteristics, no matter how tough some of their posturing or narcissistic their personality. On the contrary, the institutional dynamics play a huge role in inflaming toxic masculinity on everyone's part, and staff are every bit as subject to the expression of toxic masculinity as are the prisoners.

The Interplay of Institutional Dynamics and Individual Characteristics That Fan Toxic Masculinity

Terrible things go on inside men's prisons. For example, the kind of massive crowding that has characterized American prisons in recent decades is known to increase incidences of violence, psychiatric breakdown, suicide and medical illness (Paulus, McCain & Cox, 1978; Thornberry & Call, 1983). Since the mid-1970s, meaningful rehabilitation has been dismantled to a significant extent because it has been stigmatized as "coddling" (Martinson, 1974; Hallinan, 2001). The resulting combination of crowding and idleness has been accompanied by a rise in prison violence and psychiatric breakdown.

The supermaximum security prison is partly a product of the male toxicity that exploded in violence inside the prisons in the 1980s (U.S. Department of Justice, 1999). In that decade, when the rate of violence began to rise in the prisons, the response on the part of the corrections system was to vilify the worst-of-the-worst among prisoners, the ones presumably responsible for much of the violence, and lock them up in nearly total isolation (King, 1999). The supermaximum security prison, where prisoners are almost entirely isolated and idle in their cells just about all of the time, was designed to diminish prison violence. Evidence is beginning to accrue that long-term cell-confinement with almost no social interaction and no meaningful activity has very destructive psychological effects (Grassian & Friedman, 1986; Hodgins & Cote, 1991).

Men in long-term segregated prison housing tend to develop psychiatric symptoms, if not full-blown decompensation, and they universally report an accumulation of often uncontrollable rage (Cote & Hodgins, 1990). Of course, even as departments of correction rely ever more on supermaximum security and other forms of punitive 23-hours-per-day cell confinement, only about 6–10% of entire prison populations are in segregation at any given time. But a much greater percentage of male prisoners spend time in segregation during their prison term, and the presence of harsh segregation units within a prison or prison system has a chilling effect on the entire population.

Events that occur inside supermaximum security units serve to illustrate, in extreme, ways that the very structure of a punitive prison environment can ignite toxic masculinity (Martin, 2000). For example, there is this fairly frequently occurring scenario: a prisoner has refused an officer's order to return his food tray after the meal is over; the prisoner says, "You're going to have to come in here and get it!" Then, the officers go off and assemble an emergency team—several large officers in total body protective gear who, with a plastic shield, are responsible for doing "take-downs" of rowdy or recalcitrant prisoners; the emergency team appears at the prisoner's cell door and the coordinator asks if the prisoner wants to return the food tray, or whether they have to come in and get it; the prisoner puts up his fists in mock boxing battle position and yells, "Come on in, if you're tough enough!" The officers barge in all at once, each responsible for pushing the prisoner against the wall with the shield or grabbing one of his extremities. The prisoner is bruised and hurt in the process of cell extraction. A nurse examines the shackled prisoner and asks if he was hurt: He responds that they hardly scratched him.

Even though only a small percentage of prisoners are subject to this kind of cell extraction, it illustrates the height of toxic masculinity that occurs in prisons around the country. A cell extraction is not the only crystallization of the worst that men do to each other. Officers in facilities of all levels of security tend to yell at prisoners and tend to threaten prisoners with harsh reprisals if they do not obey orders quickly or thoroughly enough. Prisoners in whom anger has mounted because of the extremity of their situation typically respond in an angry tone, perhaps meeting swearing with swearing. An officer becomes even angrier and writes the prisoner a disciplinary ticket, and the confrontation escalates in ways that foster and express toxic masculinity.

Gender is not entirely a matter of social structure or personal psychology; it is formed at the interface of the two. The toxic masculinity that bursts out at angry moments in prison cannot be blamed entirely on any particular set of individual characteristics of prisoners, nor is the emergent toxic masculinity formed in a vacuum. Yes, the prisoners are capable of a significant amount of rage, especially when they feel they are being disrespected. No, they are not known for their ability to maintain a calm demeanor when they feel insulted or attacked by people who have total authority and control over them. In other words, in prison, both prisoners and staff are caught up in the acting out of an unfortunate degree of toxic masculinity.

One of the big problems is that in prison, where there are many men who know that they must walk away from trouble when they see it brewing, there is simply no place to go. In a bar in a community, a man who knows he has trouble avoiding fights when he feels disrespected has to learn to get up and leave when somebody starts insulting him or threatening him. Men who have come to see me in my office for help controlling their intense anger tell me that they have had to learn to walk away when called out to fight—if they fail to do so, they would get into a lot of trouble, and someone would get hurt. Either these men never go to bars, or they have practiced keeping quiet or walking away at the first sign of trouble, and they are, thus, able to avoid the kinds of fights that plagued their early adult years. But in prison, there is no place to go when one wants to walk away from a confrontation.

Both prisoners and staff are subject to the effects of the prison environment, an environment in which one group (the officers) exercise total control over the lives of another group (the prisoners). Haney and Zimbardo demonstrated that when one group has total control over another, terrible cruelty is likely to be directed by the keepers toward the kept (Haney & Zimbardo, 1977; Zimbardo & Musen, 1992). There are other factors that intensify toxic masculinity on the part of prisoners and staff. Prisoners often feel they have no rights and no recourse to appeal what they consider unfair or abusive

treatment by staff. They feel disrespected. Eventually they become enraged, and when provoked by an angry staff member, they lose control of their temper.

The prison code that influences the beliefs and behaviors of prisoners was designed in an earlier period to help the prisoners stand up for themselves when they were being wrongly punished or abused (Irwin & Austin, 1994). Of course, the prison code is merely a vastly exaggerated version of the more widespread men's code (Real, 1997). Perhaps prisoners have had to exaggerate the men's code in order to cope with the stresses of prison life.

Therapy and Treatment

A growing number of therapists and counselors are committed to supplying quality psychotherapy and group interventions to men in prison. But even when these therapists are able to find the time and the appropriate context to offer their services, and even when they are able to resolve the problem of confidentiality, they encounter great resistance on the part of prisoners. In addition to the structural obstacles, toxic masculinity makes mental health treatment very problematic. Men who go to prison are neither a population that typically resorts to psychotherapy when faced with emotional or relational difficulties nor are they men who are familiar with the ground rules and uses of psychotherapy. These men must keep their cards close to their chests and must refuse to disclose their needs and pains, and these survival behaviors often prevent them from seeking the kind of mental health care, drug treatment, or anger management courses that would help them do their time and come out of prison emotionally prepared to "go straight." And, the ways that prison fosters toxic masculinity magnify the problem.

It can be quite dangerous in prison to expose one's vulnerabilities. Male prisoners' tendency not to reveal their true feelings and their inner experiences serves them well to stay out of certain kinds of trouble. There is *the code*, and other prisoners pick on men known to be "weak in the head." In addition, psychiatric notes in a man's *jacket* (file) can cause a parole board to postpone release indefinitely based on the often erroneous assumption that his mental illness would make him a threat to the community.

Often, in psychotherapy with men in the community, the therapist must begin by identifying places where the client's fear of exposing vulnerabilities and appearing weak keeps him from having what he wants in life; for example, a female partner who would like to feel closer to him but tells him his male posturing is preventing them from becoming very intimate (Good, Dell, & Mintz,1989). Or, the man's emotional range begins and ends with anger, and when a woman or a psychotherapist challenges him to express other emotions, he feels threatened. In other words, inside and outside of prison men must tear down a certain amount of traditional male socialization if they are to succeed in therapy and in deeply intimate relationships. But the toxic masculinity that is rampant in prison serves to intensify the very traits that make therapy problematic in the community, and it serves to increase resistance to psychotherapy and other forms of mental health treatment in prison. Also, it is not at all clear that a therapist is helping a prisoner cope with the prison reality by merely encouraging him to break down emotionally and "spill his guts" in psychotherapy. A more complex prison reality calls for a more nuanced approach.

Some General Recommendations for Overcoming Resistance to Treatment in Prison

There are these general steps clinicians can take to ameliorate male prisoners' resistance to treatment:

1. Honor the resistances. Generally, the prisoner knows more than the clinician about the realities of life in prison, the real risks of relaxing one's guard, and sharing personal material. If the prisoner is hesitant to talk about personal issues, or about events on the prison yard, the clinician must begin by respecting the prisoner's judgment in the matter. Prisoners complain quite a lot that, once they are locked up, they are not given any respect by staff. And respect is a very big issue for men who are incarcerated. The clinician can demonstrate respect for the prisoner by first respecting his reasons for being resistant in individual or in group therapy. Sometimes this means that the clinician does not pressure the prisoner to talk about certain things or to talk at all. For example, the prisoner may have good reason not to talk about much when the interview has to occur at cell-front, and there is no confidentiality. At other times, after the clinician displays a certain amount of empathy and concern about the prisoner's plight and acknowledges the risks to the prisoner if he talks too candidly, the prisoner may feel that the clinician cares enough about him to learn about his situation, and then the prisoner feels more willing to take the risk and engage more in a trusting therapeutic relationship (Jones, 2004). In other words, the clinician must make every attempt to understand the constraints on the prisoner that lead to his resistance, and the more the clinician is able to demonstrate to the prisoner that he or she understands the prisoner's plight, the more the prisoner feels respected and heard.
2. A frank discussion of confidentiality is in order. The therapist must validate the well-founded portion of the prisoner's fear that what he says to the therapist may become known to custody officers and other prisoners or used against him in future prosecutions. If there are policy-driven loopholes in terms of confidentiality, for example if the therapist is required to report any illegal activity or threat he or she hears about in the course of clinical encounters, the prisoner must be told this in advance so he can decide in an informed manner what he wants to share with the therapist. The therapist's candor in this regard is taken as a reflection of his respect for the prisoner.
3. From a position of first respecting the resistance and attempting honestly and empathetically to understand the very real constraints on the prisoner, the clinician can proceed to negotiate with the prisoner what realistically can be accomplished in the context of the treatment. Sometimes this means that the clinician must reduce his or her expectations about changes the prisoner could make in treatment. Sometimes the clinician has to say, "Given the limitations in terms of confidentiality, what do you think we can safely talk about and accomplish in treatment?" Sometimes it is the prisoner who must realize that the clinician can offer only a limited amount of help. Being realistic about what is possible, given the context, is another way of establishing authenticity in the therapeutic relationship and, thereby, maximizing the potential gains.
4. The clinician must be willing to do a certain amount of advocacy for the prisoner. When the prisoner is able to convince the clinician that an injustice is being done, the clinician must act within the ethical requirements of his or her profession and must, on certain occasions, be willing to take the heat for standing up to security staff or administration for the rights or treatment needs of the prisoner. The culture of security is a given in correctional settings, and mental health staff must collaborate closely with security staff if they are to safely engage in treatment while not threatening security nor interfering with operations. But a certain degree of tension between security concerns and treatment concerns is inevitable. And,

the working through and resolving of this kind of tension is a critical ingredient in productive collaboration between mental health staff and security staff. To the extent mental health staff entirely succumb to the culture of security and, for example, become as singularly punitive as security staff in their approach to prisoners, the prisoner tends to be punished harshly instead of receiving urgently needed treatment. Mental health staff must stand up to security staff, here and there, and advocate for the mental health needs of the prisoners whom they are treating. When the prisoners see that the therapist is willing to do so, they tend to trust the therapist more and to relax some of their resistances to treatment.

Conclusion

There are aspects of prison reality that clinicians are not capable of directly changing. For example, prison crowding will be a reality of prison life until the public, the government, and the courts decide to change sentencing guidelines and parole requirements. Similarly, the inadequacies of rehabilitation and education programs in prisons can be changed only by legislatures and departments of corrections, with pressure from concerned professionals and the public. The current tendency within departments of corrections to rely increasingly on harsh punishment, and ultimately segregation, as means of controlling prisoners can only be changed at a higher level of administration.

In regard to the actual practice of psychotherapy and group work in prison, therapists must realize that great gains are possible. An understanding of men's issues can improve the therapist's chances of effecting real gains (Kivel, 1992; Real, 1997; Sabatino, 2001). In addition, when the therapist expresses insight about the structural factors that cause pain in a prisoners' life, when the therapist can empathize with the prisoner who feels disrespected and with the feelings that accompany the perceived disrespect, and when the therapist is frank about the limitations of treatment in the prison context, the prisoner finds it easier to trust the therapist's intentions and relax some of the resistances. The approach advanced here can inform clinical practice and research in the community as well as in the prisons.

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