Mourning in Prison: Mission Impossible?

Diane H. Schetky, MD

The author's interest in the issue of mourning in prison is twofold. As an active hospice volunteer, she became involved with bereavement work, which sensitized her to the issues of loss encountered upon joining the staff at the Maine State Prison. More often than not, the inmates with whom she met had unresolved issues of loss. The impetus for a grief support group came from an inmate who had experienced the death of five relatives during his period of incarceration; he commented on how difficult it is to mourn in prison, and he worried about how he would deal with all his losses when confronted with them upon his release. The author raised the possibility of a support group and the inmate offered to help organize it. This article describes the author's experience with such a prison-based support group and what she has learned, through this experience, about mourning in prison.

A search of the literature yields very little on the topic of mourning in prison. Kaplan describes a peer support group for women in prison for the death of a child.[1] She notes how the group helped them overcome their silence and sense of isolation. The inmates in Kaplan's study commented that prison psychiatrists had not been very sympathetic to their losses, which they had caused, and that shame over their crimes had made it difficult for them to process their losses and move on with their lives. Articles by Rotter[2] and Sease[3] discuss separation from children brought about by incarceration as a major loss for many inmates, and several authors discuss the impact on children.[4, 5] Sack *et al.*[5] note that divorcing or bitter spouses often keep children away from their incarcerated fathers or feel that the children should not see their parent behind bars. Unsuccessful marriages were common in their sample population, as was also true in a larger study of English prisoners.[6] The current author was not able to find any articles dealing with the topic of complicated bereavement in prisoners.

The process of mourning involves accepting loss, experiencing feelings related to it and letting go of them, and reinvesting in new relationships. Successful mourning requires developing coping skills, a degree of emotional maturity, and a supportive environment. Factors that may complicate grief include denial, am-

Dr. Schetky practices forensic psychiatry in Rockport, ME, and is Associate Clinical Professor of Psychiatry at the University of Vermont (at Maine Medical Center, Portland, ME). Presented at the 28th Annual Meeting of the American Academy of Psychiatry and the Law, October 25, 1997, Denver, CO. Address correspondence to: Diane H. Schetky, MD, P.O. Box 220, Rockport, ME 04856.

bivalent attachment to the deceased, "unfinished business," traumatic death, guilt or shame over a death, preoccupation with the caretaker role, lack of prior experience with death, and a low tolerance for pain and anxiety. The term pathological mourning is used by Siggins[7] to refer to situations in which "elements which ordinarily constitute mourning are present but the process is abnormally delayed, protracted or undone." Symptoms of complicated or pathological mourning may include heightened sensitivity and vulnerability, hyperarousal and the need to keep busy, death anxiety, constricted affect, fear of intimacy, self-destructive or self-defeating behavior, numbness, alienation, and chronic anger.

Lindemann[8] was one of the first to call attention to the relationship between loss and hostility. Loss is not only physical, but may involve loss of status and self esteem. As is well known, rage in response to loss is often observed in persons with borderline or narcissistic personality disorders. Gilligan[9] believes that much violence is provoked by shame and humiliation and that violence is an effort to undo "loss of face." He notes that violent offenders often feel they have no other means of warding off feelings of shame and low self esteem and that they lack the feelings that normally inhibit acting on these impulses.

The obstacles to dealing with loss and mourning in prison are formidable. Inmates are cut off from family and often from the rituals that surround a death. Many prisoners, if they pose security risks, are not allowed to attend funerals, nor are they allowed contact with the dying, which might help prepare them for an imminent death and allow the opportunity for a good-bye visit. Showing emotion in prison is risky. Outward expression of grief or any loss of control may result in being put on suicide watch, cell placement, medication, or being sent to the maximum security prison known as Supermax. Confiding in a trusted friend may be misinterpreted, and other inmates may conclude they are being talked about. Caution is the norm when it comes to getting close to other inmates. When there is no opportunity to invest in new relationships, inmates may cling to their lost ones.

The unwritten code of behavior in prison is antithetical to the mourning process. Tears are not readily accepted in this macho environment where "Guys don't do grief, guys get mad." Basic rules of survival include: (1) don't get involved in other people's business; (2) don't "squeal" even if you are a victim; (3) dominate, lest you become the underdog; (4) size up other inmates' weaknesses and use them to your advantage; (5) act bad as a way of gaining respect or getting people to leave you alone; and (6) don't trust people who are nice to you.

Inmates are often subject to repeated humiliation and sadistic assaults, either physically violent or verbal, from other inmates or guards. This type of environment is not conducive to healing nor to letting down one's armor; it also perpetuates the cycle of shame and violence.

The Group

Maine State Prison is a medium security prison, which runs at full capacity

with 400 male inmates from all over the state. The inmate who was instrumental in starting the grief support group (the group) was in protective custody (PC). As inmates in PC are not allowed to mingle with the general population, group members had to be drawn from the PC population of 16. Inmates in protective custody have usually committed heinous crimes such as murder or sexual abuse of a child, have turned state's witness and testified against inmates in the general population, or in some cases, have opted to be there to avoid sexual victimization. Our group included all of the above types of inmates.

A notice about the group went out to all the men in PC, and those who expressed interest were screened for appropriateness to the group. Only one was turned down. The census of the group ran between five and eight with an age span of 30 to 60 years. All of the men were either single or divorced. Several men had life sentences. Four men in the group were seriously ill, three with cardiac disease and one with a degenerative muscular disorder. As with many of our inmates, few admitted to being guilty of the crimes that brought them to prison.

As PC inmates are confined to a special area of the prison that does not lend itself to a group meeting, we met in the staff lounge of the hospital around a large kitchen table. The author was the only female in the group. Initially, another hospice volunteer served as cofacilitator. When he moved away, he was replaced by a male staff social worker. The group met for one hour a week. What was conceived of as a time-limited, eight-week group evolved into an ongoing group. The author was forced to abruptly leave the group when the new administrator of the prison's managed care contract decreed that the contract did not permit psychiatrists to do therapy with inmates, only evaluations and medication management.

Although inmates may be thought of as a captive audience, this did not guarantee attendance in the group. The inmate who started the group quit because it was not being run the way he thought it should be. Several inmates who had not trusted him promptly joined the group. Another inmate got transferred to the Supermax for a trivial infraction of rules, and when he returned six weeks later there was no room for him in PC. He was returned to the general population amid taunts of "baby killer" but was allowed to continue attending the group. One inmate who was a member of the group got released, and two awaited imminent transfer to another prison. It was agreed that the group could not function without a critical mass, and each time the census dropped inmates began recruiting and eventually took over the screening of prospective members. They all protested that an eight-week group was not long enough, and changing the group to a PC support group was discussed as a way of keeping the numbers up. The inmates, however, insisted "This is a grief group not a gripe group." Several times, members dropped out of the group as a form of protest but most returned to discuss their issues.

Loss in the Prison Population

It soon became apparent that the inmates had endured cumulative losses but

had little experience with grief. It was naive to think that such a group could possibly meet its goals in only eight weeks. Loss of children and loved ones often followed incarceration. Some inmates were shunned by relatives shamed by their crimes; men lost contact with children and, in some cases, had their parental rights terminated. Some lost all contact with siblings with whom they had once been close and had no knowledge of family of their whereabouts. Several had terminally ill relatives and described the frustration of trying to get through to them on the prison phone system. Others described their anguish at being informed of the deaths of loved ones only after their funerals. This led them to wonder whether they had been excluded from funeral services because they were considered security risks or whether their families were avoiding the embarrassment of them attending in shackles.

Childhood losses and abuse were common. One inmate was dealing with his adoption and reconciliation with his birth mother. Another related how he had never been allowed to grieve as a child. He commented that "the only emotion we were allowed to show was anger." He began the group as an angry, vindictive man and joked about how he terrorized people. His demeanor gradually began to change, he shaved off his leonine beard, began to listen rather than rant, and started to show his caring side. He was able to let go of his anger with his ex-wife whom he held responsible for his incarceration because he believed she had falsely accused him of child sexual abuse. He noted that terror had allowed him to feel in control and protect him from hurt. By acknowledging his own hurt he was able to let go of some of his armor.

Loss of a child through death, adoption, or alienation was shared by several members. They noted that the hurt never leaves and how much harder it is to deal with the loss of a child.

Other losses associated with incarceration included loss of self esteem and personhood, sexual relations, autonomy, professional identity, choice of medical care, and material possessions. Humiliation inflicted by guards was an ongoing issue. Two group members had served in Vietnam. Well into the group, they tearfully shared some of the atrocities they had committed there and their shame for what they had done.

Losses that occurred in the course of the group included transfers of inmates, absences of the cofacilitators due to vacations or professional meetings, deaths or terminal illness in family members, moves by family members, and the deaths of several inmates. In addition, inmates were permitted only one session with the author to deal with her abrupt departure from the group.

Group Dynamics

Trust As in any group, trust was a major issue. The group leaders initially were viewed warily as extensions of the prison administration. They were quite clear about exceptions to confidentiality (suicidal or homicidal behavior or escape plans). They were also emphatic about the need for respect and nonjudgmental attitudes in the group. Inmates often criticized the quality of medical care in the

prison, and the author managed not to get too defensive about this. They complained of feeling as if they were being treated like second-class citizens and were upset by their lack of choice in seeing specialists and by restrictions in the hospital formulary. Typically, the facilitators would respond with empathy and doses of reality, pointing out that under managed care things are not much better in the outside world.

Many inmates had been taught not to trust as children, and experiences with spouses and ultimately the justice system had reinforced their lack of trust. There was also the issue of how much to share with persons one had to live with 24 hours a day and concerns that affectively laden material might spill over into the cell block. Transfers to Supermax were common occurrences, and many of these inmates had spent months there in isolation. The constant threat of this disciplinary measure served to dampen potential conflicts, and inmates rapidly learned to keep some things to themselves.

Confidentiality Several major fallouts occurred around alleged breaches of confidentiality. "Double bookkeeping" as to what had been said in group as opposed to on the cell block became a complicated issue. Several members used alleged breaches of confidentiality as excuses to defect from the group. Others saw the need to discuss these allegations in group, and after lively discussions the remaining group would reconstitute. As a whole, members seemed hypervigilant to trust issues and, at one point, an inmate even wondered if the author might have discussed something disclosed in group with a guard. When asked what her motive for doing so might be, he replied "humiliation." When asked if she seemed like the type who enjoyed humiliating others, he said "No, but how you act in group may be different than how you are on the outside."

Patterns of Grief Two patterns of grief were common. Many inmates seemed stuck at the point of not being able to let go of losses. Endless unproductive hours in prison foster dwelling on hurts and planning revenge. Interestingly, with group support the more angry and vindictive group members were able to own up to the hurt that lay beneath their angry veneer. Some reached the point where they could stop and reflect when the anger welled up, whereas in the past they would have automatically struck out. For example, an inmate related how he felt like smashing his television set when his family didn't show up at the appointed time for a long-awaited visit. He was able to put these impulses on hold and discuss the old feelings of abandonment that the incident triggered in the next group meeting.

Sharing their hurt and recognizing that others had endured similar traumas made their hurt more bearable. In normal mourning, decathexis is followed by reinvestment into relationships. This is exceedingly difficult in prison, where there is limited opportunity for intimacy and contact with family. Members noted that the risk of getting too close to another inmate is that of having to endure another loss. They joke that there are three ways out of prison: standing up, lying down, or transfer. The inmates with life sentences

seemed to find it easier to get close to one another knowing they would not be separated by release or transfer. They also tended to be more solicitous of one another's health problems, which likely reflected concerns about loss as well as advancing age.

Talking about painful feelings was a new experience for many, who in the past would have attempted to numb their sorrows with drugs or alcohol. For some it was a matter of learning a new language.

Equally challenging were two group members who "found religion" in prison and purported to have come to terms with being there. They seemed to handle their losses with reaction formation or repression. They tended to be very supportive and to have a calming influence on the group. However, members ultimately challenged them for not being real and owning up to the magnitude of their losses. These two members, both in for life sentences, were also highly defended and avoiding talking about their heinous crimes, yet they faithfully attended group. With support, one finally shared his ongoing grief over his stepson, whom he said he had been falsely accused of killing.

Resistance to Grief Work Resistance to doing grief work took many forms including not attending the next meeting after a particularly emotional session, griping, getting into the victim role, getting off the topic, and attempting to control the group.

Caring and Sharing

One of the surprising things to emerge from this group was the amount of caring the members began to show for one another. Several members took a rather paternal attitude toward an illiterate, mildly retarded older member of the group named Joe, who was an active listener but rarely spoke. Offers were made to help him locate his long-lost brother and to get him a lawyer for his paternity suit. Joe noted poignantly that he had never heard anyone say they cared about him before he came into the group. As the group became larger, Joe dropped out, most likely because of his discomfort and difficulty with cognitive processing. Members continued to look out for him and worried when he became even more withdrawn. With their encouragement, Joe rejoined the group. They then worried about him being transferred to the general prison population and whether he was capable of defending himself there. They advised him on how to ignore taunting and went to work finding seasoned inmates who might look after him. Joe spoke of how he wanted to come back to PC to be with his buddies. As he slowly became more comfortable in the group, he became more verbal and began to reciprocate the care he had received from group members. A younger inmate spoke of his only remaining family with whom he had contact moving across the country. While he tried to minimize this loss, Joe zeroed in on it and quietly said "I'll adopt you for a price." When asked what that price might be, he smiled and said "Cup of coffee."

When, six months into the group, a member requested transfer to another prison to be closer to family, the group reacted with sadness and openly shared their feelings about him and what the loss

would mean to them. Similar feelings of loss and missing were expressed by the group member who had a six-week hiatus from the group while he served time at Supermax for a smoking infraction.

Concerns about one another's health were often voiced, including the need to look after one another because they did not always trust the nursing staff to respond appropriately to medical emergencies. One member used group to deal with the fact he only had several years to live and was challenged to think about how he would like to be remembered and what he wanted to do with his remaining years.

Several men were able to cry in the group without being belittled. They noted that this was impossible elsewhere in the prison, where tears would invoke taunts of "baby," batterings, and possibly feces and urine being thrown in their cells. They noted that the only other time that it was safe to cry was after lock-down, and then only if one did it very quietly. One member noted that "you are either part of the group or you are the problem" and that most inmates are very threatened by anything that reminds them of their own weaknesses.

Loss of self esteem was a common thread, which was often fueled by being humiliated by guards. Inmates felt that the security staff treated them like little kids, which often led them to respond like children. Humiliation and taunts from other inmates were daily occurrences. Sometimes this was done in jest, sometimes out of boredom, and almost always out of the need of the persecutor to feel "one up" on his victim.

Discussion

It is possible that the self-contained placement of these men on PC fostered more feelings of family and that they felt safer there sharing feelings about one another than they might have in the general prison population where there are different unwritten rules of conduct. A Buddhist inmate, not in the group, shared the dilemma he experienced upon finding that compassion and self protection are often incompatible in prison, where kindness may be viewed as a sign of weakness. Certainly, the experience of support, caring, and safety were major factors in allowing members to begin to deal with unresolved grief. Membership in the group also permitted shared intimacy in a structured setting, which in turn encouraged investing in new relationships. Joe, who was nonthreatening and intellectually limited, seemed to be a safe person about whom the group members could care.

Having a female, motherly coleader (the author) may have helped with the grief process. Her serving coffee allowed them to feel nurtured by her, and they took pleasure in the fact that she was the only person who waited on them in prison. They were very patient with her as she tried to understand what life in PC was like. Several times they suggested she try it out for a week, and one offered to move into the shower so she could have his cell. Having male coleaders who were in touch with their own feelings and able to refute traditional male stereotypes provided valuable roles models. In addition, group members had the opportunity to observe the therapists working together

in a supportive, respectful, nonexploitive relationship.

The author learned much about herself through this group including her ability to suspend judgment and care for these men despite the brutal acts that had brought them to prison. This was not easy for one who has spent much of her professional life working with and advocating for victims. Each member of the group had something of value to offer and demonstrated a capacity for change. Treating them with kindness and respect, along with setting firm limits, helped catalyze the group.

A long-term group allows for the gradual evolution of trust and the display of vulnerabilities, along with caring. It also permits the group members to process separations and loss as they occur within the group, the prison, and their families. Secondary benefits of the group were that it provided a forum for conflict resolution, which led to decreasing conflict on the cell block, and taught the inmates new verbal skills and greater respect for one another.

As noted by Gilligan,[9] much violent behavior results from the inability to handle loss, shame, and narcissistic injury. A group such as the one described herein allows men to look within and start to acquire some tools for dealing with loss. Therapists considering running a grief support group need to be alert to the unique conditions that exist within a prison population, which complicate bereavement. Unresolved grief is almost the norm in prison populations but is likely to be masked by other behaviors, particularly disruptive ones. It behooves psychiatrists working with this population to inquire about losses and help inmates find constructive ways of dealing with them.

As two members of the group were contemplating transfer to another prison, they talked about starting a grief group there and wondered if the author would be willing to drive three hours each way to facilitate it. She asked if they thought their experience was worth replicating in other prisons, and they were unanimously in favor of it. They readily gave their consent to write about their experiences in group.

The author subsequently volunteered to run a time-limited (12-week) Hospice Bereavement Group for men in the general population of the same prison. This was a younger group of men with closer family ties. They spoke of not being able to "let down their guard" because they had to be strong for their families and help hold them together. Many inmates were without fathers and were the oldest surviving males in their family. Over the course of this group, the men were more open, trusting, and higher functioning than those in the PC group. They were quite intellectual and often delved into issues such as the meaning of life, suffering, and death, and cultural attitudes about death and dying. They also addressed their own issues of loss. Several men joined the group because they wanted to learn how to help bereaved inmates. With their encouragement, the author submitted a proposal to start a Hospice Volunteer Training Program in the prison. The program would train inmates to do bereavement counseling and also to work with dying inmates. Several such programs are al-

ready in existence in prisons across the country, and they hold much promise.

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