

My Life in Prison

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I often drove by the old (circa 1824) brick Maine State Prison in Thomaston, Maine, wondering what life inside was like. Little did I know that I would one day be inside. My private psychiatric practice in nearby Rockport was going well. I was busy with evaluations, consultations, psychotherapy, and forensic cases centered on sexual abuse litigation, child custody matters, and work with a few juvenile offenders. One day, I received a phone call from a colleague who was planning to do two years of temporary placements in New Zealand. He asked if I would fill in for him at the prison one day a week while he was gone. I told him that I had no experience in dealing with criminals or violent patients and that I was quite content with my practice. His response was, "It will round out your forensic education." I could not argue with him on that point.

In the fall of 1996, I went for my orientation at the prison, a maximum-medium security facility housing about 400 men. A crusty old security officer, with yellow, tobacco-stained fingers, introduced me to the facility. He showed me the prison's collection of impressive handcrafted escape weapons, even though there had not been an escape in decades. We walked the catwalks and passed by old cells that bore a yellowish hue from decades of cigarette smoke. Men stared out of them at the oddity of a female in a skirt walking by. The security officer instructed me on the codes and what to do in case of evacuation. The most important thing I took away was his mantra, "Nothing in, nothing out." I was not to share any personal information with inmates, nor was I to take any information from or about inmates out of the prison. This wisdom would carry over to my private practice and serve me well.

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My "office" was in a white-washed cinderblock infirmary with no windows. I was given a six-square-foot room furnished with a desk, two chairs, and a centrifuge. I realized that an errant glass tube could make a good weapon and scanned the room just in case. There was no window in the door and no panic button in the room. A corrections officer escorting an inmate once told me that the inmate was quite violent and offered to come into the room with us. I laughed and said that he would have to sit on my lap to do that. We compromised by leaving the door ajar, and I had no trouble with the inmate. I soon learned that if I treated the inmates with respect, I usually got respect in return. When I had the time, I tried to review their records, which were pathetically scanty. When possible, I delved into their histories looking for nuggets of humanity and strengths to build upon. Over time, I learned to be less critical and not to judge them just by their crimes.

I estimated that about one-fourth of the inmates in the prison had mental illness. Too often, they would be written off as having bipolar disorder or being a substance abuser or a sociopath, and comorbid disorders were not explored. I began to note the prevalence of unresolved bereavement. Typically, their losses were cumulative and had not been explored, as the inmates were never in a supportive place in which to grieve. Many had followed their parents' examples of drowning pain with alcohol or drugs. Post-traumatic stress disorder (PTSD) was common and not surprising, given their abusive childhoods and the life styles they had lived.

One day, an inmate, soon to be released, came to me for help saying he had lost five relatives while incarcerated and had not dealt with their deaths. With the help of a case worker at the prison, we started a weekly bereavement support group. As the inmate was in protective custody, we had to limit the group to men in that classification. We were also

limited as to where we could meet. The best we could find was the infirmary's staff kitchen, which always reeked of old coffee. Despite its success, the group came to an abrupt halt after a year when I was told by the managed-care company that facilitating such a group was not in my contract. Their expectation was that I would confine my time to medication and crisis management. Meanwhile, my colleague in New Zealand was planning to return six months earlier than expected. I stayed on until he got back and resolved to come back to the prison as a hospice volunteer. While still on staff, I proposed a hospice training class for inmates similar to the program started at Angola Prison in Louisiana. I naively wrote a proposal that sat gathering dust on an administrator's desk and went nowhere.

My new life at the prison as a hospice volunteer was refreshing. All I could offer them now were my ears and compassion, and I had ample time in which to get to know them. Fortunately, the case worker who'd facilitated groups with me was still available to help. We reconvened, opened the group to all inmates and called it the "Grief Group." This proved to be a mistake, as some corrections officers began referring to it as "The Cry Baby Group." An inmate suggested that we'd get more men in the group if we changed the name to "The Healing after Loss Group," and he was correct. A new inmate I'd examined for the Maine State Forensic Service in the past wanted to join. I wondered whether my accepting a former evaluatee was appropriate. We talked and I assured him that any information that I'd gotten from him in the past was confidential and that I'd not be seeing him in the group in my capacity as a psychiatrist but rather as a facilitator. He told me he had read my forensic report and had agreed with my opinions. He thanked me and said that I had saved his life by getting him off the streets. He joined the group and did well.

We initiated memorial services in the prison twice yearly as an opportunity for inmates to remember deceased inmates and loved ones. The inmates assisted with planning and participated in the service, and a group called The Caged Angels provided suitable music. One of the most memorable moments I experienced in the old prison was when we heard about 9/11 while our group was meeting. Some of the men were fearful that they would be shot. Apparently, many decades earlier, there was a statute on the books that said in case of war, guards would be con-

scripted into service, and inmates would be shot. I quickly took the matter to administration and squelched the rumor.

A new high-tech prison with twice the capacity of the old one was built in 2001, tucked away on a hillside in Warren, Maine. The old prison gradually shut down, and the men were transferred in groups. It was a loss for many of the old-timers who felt they were losing their home and the freedom of movement that went with the old prison. There was a hiatus of about a year when volunteers were not allowed in the new prison because there were still some kinks in the security system, such as remote-controlled doors opening on their own.

I resumed open bereavement groups with the help of staff members. Once in the new prison, I'd have to sign in the visitor's book, wait for an escort, hope to make it through the security device, and go through the door and down the corridor to the control center where I'd surrender my driver's license and car keys in return for my ID and a man-down alarm. The latter was supposed to stay on my body, but I once made the mistake of putting it in my jacket which I tossed onto a chair. The alarm went off and five guards came running to see if I was all right. Some days I'd wait 30 minutes to get in and another 30 to get out, because the prison was short of staff to escort me to the education building and back. My first impression of the new prison was miles of bare white walls that called out for artwork. We had some talented artists in our group and I urged them to approach the administration about painting murals. Many years later, they created beautiful murals in the dining rooms, mental health unit, and infirmary. Our bereavement group met in a fish-bowl classroom with large windows overlooking a corridor. Officers would walk by and look puzzled if they saw us laughing. Little did they know that laughter is healing and often an indication of improvement. We'd have to squeeze our meeting times between lockdowns for counts, but with luck we'd have one and a half hours together once a week and not be cut short by further lockdowns.

With my help, the men developed a code of behavior to ensure a smoothly running group. Many ideas were put forth on the chalkboard, but were soon narrowed to three, which have worked well: confidentiality, one person speaks at a time, and respect. A young man noted that the resulting acronym COR stood for heart in Spanish. Trust is a rare com-

modity in prison, and a display of emotion may be viewed as a sign of weakness. In addition, inmates quickly learn to watch their backs and that acts of kindness can raise suspicion. After a while, the men would become comfortable enough to remove their armor and open up a bit. I tried to engage them in taking some ownership of our group by allowing them to make some decisions about activities such as our memorial services. Choices are few in prison. As trust developed, they were able to share their losses and grief. In turn, they became more empathic toward one another and began sharing more feelings. They also learned how to listen and share the space.

I used art and collages as media for self-expression. It was a challenge for me, as scissors were not allowed, and I had to run a clipping service at home and bring in images cut from magazines. Glue sticks had to be counted before and after a project. Pencils were no longer allowed because an inmate had succeeded in lighting a contraband cigarette by sticking one into an outlet. I wanted the men to be able to share their art work with others, but how should it be displayed? Wire, nails, tape, and picture frames were all contraband, so we strung them up with a chain of paper clips attached to the molding in the education building. The art exhibit was a success, but the next day a memo came out saying that “paper clips may only be used for the purpose for which they were made.” Years later, at our request, a display area was created in the lobby for the art work and poetry, which I had introduced them to. Some used time in solitary to write poems. Our memorial services continued in the new prison chapel. Each participant in the service took a flower (grown in the prison greenhouse), said something about whom it was for, and placed it in a large vase symbolizing our shared grief. The men put together a moving service in memory of an officer who had died. It was a bold move on their part. Many inmates in the prison had no respect for the officers, and our men risked being called “cop lovers.” Because the guard had loved dogs, they passed out dog biscuits instead of flowers and later gave them to the local Humane Society.

The inmates would often ask me “Why do you come here when nobody pays you to?” I’d joke and say, “because it teaches me patience.” It was not just the long waits to get in and out but more important, witnessing the capacity for change and caring in the men I’d worked with over time. When I had a total

thyroidectomy for Stage III cancer, there was no hiding my scar in the prison. When I told the group I’d be missing a session because of my upcoming oral radiation, they asked me, “How can we help?” They’d already sent me get-well cards and I could think of nothing else they could do from where they were. Then it came to me: “I have to go into solitary confinement for three days after my radiation, how do I cope with it?” They assured me that three days was nothing. Their advice: lots of sleep and good books.

I discontinued facilitating bereavement groups at the prison because of staff shortages and the prison’s inability to spare anyone to facilitate a group with me. I then teamed up with Kandyce Powell, RN, Director of The Maine Hospice Council and Center for End of Life Care. She had been advocating for a hospice program at the prison for some time. Our goal was to develop a program for training select inmates to become hospice volunteers in the prison. Kandyce taught me the importance of tilling the soil so that our proposal might find fertile ground. We offered modified hospice training to staff; met with chaplains and medical and security staff, among whom turnover was high; and talked regularly with senior administrators. We learned all we could about the successful Angola Prison hospice program. We encountered many concerns, fears, and obstacles along the way, and felt as though we were trying to move mountains. But we persevered.

We launched our first hospice class in 2007. It included several men who had been in my bereavement group. They completed 40 hours of training and have continued to meet weekly. We have since graduated two more classes, and the administration has given the program its full support. We hold semi-annual hospice meetings at the prison so that our volunteers may get continuing education credits and learn along with hospice volunteers from around the state. The hospice program has surpassed our expectations. The volunteers now complement nursing care and are available to hold vigils around the clock and offer support and compassionate care to fellow inmates who are convalescing or dying. They also helped create a designated hospice room in the infirmary with murals on the walls depicting the four seasons.

We never anticipated the transformative impact the program would have on our volunteers. They have gained a sense of purpose in their lives and take

pride in their work. As one noted, "Hospice is the most important thing I've done in my life." The men have earned the respect of staff and fellow inmates. They have found family within the group of volunteers, are fiercely protective of our program, and adhere to the code of ethics we put together with their input. Some of them view volunteering as a way of atoning for their crimes. They have developed social skills and gained insight into themselves. Several are now pursuing college degrees. Aggression has not been a problem. The volunteers have learned how to resolve conflicts with words and support one another. Music, including songs they have composed, continues to play a role in their work with patients. My role in the prison hospice program is now periph-

eral, but the program continues under the care and leadership of Ms. Powell. I moved to another area of Maine in 2012, where I facilitate bereavement groups at my local hospice. As I look back, I realize how my prison years have also transformed me. I learned patience, the importance of tilling the soil before planting seeds, and the capacity of inmates to change, if their lives are given meaning and they have a supportive environment. I have become comfortable talking and working with people from all walks of life and am less likely to pass judgment. I've learned that humanity is a common thread, except that in prison you often have to dig deeper to find it. Like our hospice volunteers, I have found the joy that comes from helping others.