

The Prisoner's Prisoner: The Theme of Voluntary Imprisonment in the Staff of Correctional Facilities

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The staff of correctional facilities voluntarily work in prisons. It seems plausible that the professionals, officers, and administrators engaged in such employment may have unconscious feelings of a desire or need for punishment. This topic does, in fact, appear common in the jokes and casual conversation in such facilities, perhaps indicating such an underlying theme. Indeed, those employees who were willing to discuss their experience in more depth corroborated the hypothesis. A sense of a need or desire for punishment in a staff's members may profoundly affect the prisoner's transference with the staff, and the staff's countertransference. These feelings may affect the many important decisions of correctional and clinical staff in prisons and related settings.

Prison is a location that most people avoid. Indeed, placement in that setting is desired by, at most, a few inmates. It is an environment partially designed to be noxious, in order to deter crime. While living in a prison is far worse, those people who work in correctional facilities spend a large amount of time in the same environment as the prisoners. For these reasons and others, work in a correctional setting is difficult and stressful. Professionals who work in such settings also face the challenge of

fulfilling the demands of the correctional system within the ethics of the guild that they represent. Why do they do it? While the potential sources of motivation for this type of work are many, an obvious but unexplored issue is whether professional and correctional employees have an unconscious desire or sense of need for punishment. It may never be possible, and it is perhaps unnecessary to fully prove or disprove this hypothesis, since unconscious issues cannot be reliably measured. Nonetheless, evidence for the presence of this theme may be gathered indirectly by observation of the underlying issues in casual conversation between prison employees, and through discussions with those individuals willing to explore the topic in depth. This theme may profoundly impact the per-

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formance of the important work of professionals, officers, and administrators in correctional settings.

The evidence for the unconscious theme of punishment in the staff of a correctional institution is extensive, although circumstantial. As Freud observed, unconscious themes can be found in jokes¹ and slips of the tongue.² Indeed, many jokes between staff members involve an implication of imprisonment of the staff members. The terms "sentence," "time served," or "inside" are terms for imprisonment often used to describe correctional employment. More direct statements such as "I'm not sure what I did to get in here" are common. This phrase is particularly revealing, as there was no overt or conscious crime, the employee consciously does not know the reason for his or her unconscious imprisonment. If the staff may be symbolically imprisoned, they then have a status similar to the inmates. Indeed, one staff member stated to a forensic patient, "Hey, I am locked in here, too," both an accurate and poignant representation of the situation, and perhaps indicative of an underlying and shared plight. Similarly, a drawing by a prisoner proclaiming, "We are all doing time" is prominently displayed in an office in a correctional hospital.

Transitions of staff into or out of work at a correctional institution are particularly rife with comments regarding "furlough," "time off for good behavior" or "what are you in for?" It seems particularly fitting for such conversation to be more apparent when one of the employees is leaving, as this exit constitutes a

"release" from the voluntary imprisonment. While these examples also constitute parody of inmate language, their abundance suggests that they reflect an underlying theme that is more easily related in this jocular form.

While the foregoing examples are relatively superficial reminders of deeper feelings, some personnel were willing to discuss their more direct feelings of voluntary imprisonment. A staff member who had recovered from depression noted that she had begun to talk in the vernacular common among inmates, and when depressed, she felt like an inmate at work, and even at home. Her hours at work felt like an onerous sentence, and her family suffered a barrage of complaints in the profane language common in prisoners. The frequent feeling in depression that a downcast view represents the appreciation of the unvarnished truth, rather than a depressed mood, took a more veracious twist for this woman, who was indeed in prison for much of her time. After she sought treatment and improved, she changed to a position working for the correctional system outside of the prison walls.

A technician in a forensic hospital termed the years remaining before his eligibility for retirement as his "sentence." He admitted that he occasionally dreamed of becoming injured, an event that he represented as a wish for escape from work. In the dream, he paradoxically escaped from a hospital through illness; perhaps representing his ambivalence. Interestingly, the theme of punishment is not escaped; although "free" from the prison hospital, he is wounded.

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When asked about the plausibility of this interpretation, the technician jokingly replied that the injury would be "better than this," referring to the job that he performed with considerable ability and spirit.

A forensic professional felt that part of her reasons for working in a prison were her feelings of requiring punishment for aggressive fantasies directed toward her parents. Her job involved daily exposure to violent criminals, a number of whom had committed matricide or patricide. She believed that such exposure resulted in relief, for they had acted on the wish and she had not; but it also represented further punishment by constant bombardment with the theme that troubled her. It has been noted by Bromberg³ that the basic difference between criminals and the rest of society is that the criminals act on the fantasies common to all. Is it possible that others in the staff at correctional facilities are struggling with these fantasies? Again, support for this hypothesis is indirect, but compelling.

Obsessive-compulsive traits have been noted in many if not most successful professionals.⁴⁻⁷ Perhaps central to obsessive-compulsive thinking is the fear of and overcompensation for the fantasies and thoughts that they experience. Particularly relevant in this regard are those fantasies that they have in common with the prisoners. The fantasies that often plague people with obsessive-compulsive thinking center on sexual and aggressive themes. Those who work in correctional settings are constantly surrounded by inmates who have acted

on sexual and aggressive impulses. Furthermore, the correctional officers charged with the security of the institution must occasionally use force themselves, in order to contain violence. Similarly, forensic mental health professionals are often called upon to perform a prediction of potential dangerousness.⁸ Such prediction, at least psychologically, may involve identification of the professional with the inmate or defendant, "If I were him or her, under what conditions would I become violent?" It is common for people, especially those with a strong religious background to have an unconscious (or less commonly, conscious) belief that thinking evil thoughts is tantamount to committing evil acts. Thus, sanctioned acts involving the use of force and predictions of the potential for violence may be examples of incidents that result in an unconscious feeling of need for punishment.

Certainly, the sense of being in a punishing, closed environment is maintained by constant environmental reminders in prisons and correctional hospitals. Towers, fences, windowless walls and limited access to keys are a few examples. Despite these sometimes frustrating symbols of the loss of freedom common to both staff and inmates or patients, many staff members react to the constraints with marked passivity. For example, a group of mental health practitioners at a forensic hospital were forced to remain in a staff building one evening after normal work hours. This restriction occurred, without prior warning, due to an escape drill involving other staff. Despite this unexpected de-

lay for a drill that involved no true security risk, the staff members quietly gathered. They offered no significant complaints or opposition; jokes regarding the themes of imprisonment and release were frequent. While this passive stance may be partially related to an adaptive need for cooperation in a controlled setting, it may also reflect a further example of the theme of an unconscious need for punishment.

Counter-Phobic Responses

As a complement to the theme of punishment, it is likely that correctional staff also have counter-phobic motivation for their work. Most children have heard from parents or teachers that those who behave badly go to the awful place, jail. A need for punishment involves a sense that such punishment is deserved for perceived wrongdoing. It may also be true that the staff wishes to overcome the fear of prison (and punishment) by the close approach to the feared setting. Again, jokes reinforce this premise, a frequent theme involves whether the staff member will receive better or worse treatment when some crime results in his or her appearance at the correctional setting. This joke contains the pivotal counter-phobic question: will my approach to the feared object lessen its power over me? It also contains the theme of the need for punishment: when I return in my true role as prisoner, what will happen?

Transference Issues

If the staff in a correctional facility have a sense of need for punishment, then it is likely that this sense affects,

and is affected by, their relationships with the prisoners. Indeed, inmates in a prison or patients in a forensic hospital may not only see the staff as their jailors, they also may project their own sense of imprisonment. Even though the staff did not convict or sentence the inmate, transference feelings involving a sense of the staff member as an evil abuser requiring punishment may be present, especially in those prisoners who have a history of physical or sexual abuse. These feelings are compounded by the fact that staff often do have an influence on the inmate's release date through parole or early release. Similarly, those patients in a forensic hospital who have been found not guilty by reason of mental illness are usually released, at least indirectly, by the recommendation of the staff working with them. If staff members internalize the aspects of their control over the prisoner's incarceration, the staff may come to identify themselves with the superego aspects of the prison system, feeling like the jailor as well as the jailed.

Countertransference Issues

Thus, the staff may have both feelings of power over the inmates, and a sense of being trapped with them. The sense of imprisonment may result in overidentification with prisoners. Similarly, reaction formation and identification with the correctional system may result in less empathic treatment. A shared sense of helplessness appears to be a frequent issue in psychotherapy with mentally ill inmates, the sense of both parties "being stuck" is understandable in the sense of

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the difficulty of work with this population, but it also relates to the possibility of a commonality of the theme of imprisonment. Similarly, consultations with psychiatric staff at a prison, or with administrative staff at a forensic psychiatric hospital often appear to relate to a division within the staff working with a particular inmate or patient. One group sees him or her as a "con," a word that seems to indicate both a judgment that the prisoner is primarily a criminal or convict, rather than mentally ill, and a sense that the symptoms of mental illness may be malingered.⁹ The other group sees the inmate or patient as a victim, whose incarceration is a re-creation of prior abuse, or a result of *bona fide* mental illness. Indeed, mental illness is common in prisons,¹⁰⁻¹² and symptoms often relate to prison conditions.^{13, 14} Such issues are particularly important for mental health professionals, whose work is so sensitive to the issues of transference and countertransference, and for whom the important task of retaining professional ethics is particularly difficult.^{15, 16} Indeed, psychiatrists have been criticized for allegedly becoming agents of the correctional system.^{17, 18} Thus, in both directions, these countertransference issues may profoundly affect the many judgments that such professionals make regarding these prisoners,¹⁹ and the relationships that they form with them.²⁰

Conclusion

A number of persons voluntarily spend 40 or more hours per week working in prisons or forensic hospitals.

While the potential motivations for such work are many, the theme of voluntary imprisonment is an obvious yet ignored concept. This theme involves the premise that part of the unconscious motivation for work in a prison or forensic hospital may be a desire for some sense of punishment by imprisonment for perceived wrongdoing. This motivation is unconscious and does not imply that the practitioners are truly criminals nor poorly motivated. While the understanding of this process is based on the psychodynamic understanding of neurotic wishes, this paper is not intended to imply illness in correctional staff. Neurotic motivation is undoubtedly common in "normal" individuals. Furthermore, this motivation is not purely destructive; this sublimated masochism may result in achievement of career goals and service of an underserved population. In fact, good work performance may represent a further form of penance. Instead, this concept may be useful for the practitioners in understanding their work with patients and inmates, as it can both result from and affect transference and countertransference in work with criminal offenders, and thus affect the important judgments that such personnel decide.

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