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Discussion about the problem of prisonization based on our own research

Abstract: Assuming after Clemmer (1940) that prisonization is a process of adaptation to prison conditions, which (especially in the case of long-term prisoners) inevitably involves negative changes occurring in the functioning of the individual, the authors of the study set themselves the goal of checking whether those sentenced to 25 years in prison (N = 124) perceive prison isolation as a stressful situation (author's questionnaire); what is their level of anxiety (STAI – questionnaire for studying anxiety-trait and anxiety-state); what level of mental resilience characterizes this group of prisoners (Mental Resilience Scale in Kaczmarek's adaptation) and how they assess their mental health (GHQ-28 – Goldberg Mental Health Assessment Questionnaire).
The research partly confirms Clemmer's thesis – as the length of imprisonment increases, convicts perceive imprisonment more strongly as a stressful situation, and assess their mental health as worse. At the same time, studies have shown that the level of anxiety over time weakens and their mental resilience, i.e. the ability to cope constructively in adverse conditions, increases. Therefore, one should also admit that Clemmer's opponents might be right as well.
Key words: psychological crisis, prisonization, mental health of prisoners, resiliency, surveys.

Introduction

In Holmes and Rahe's concept (1967), being in prison is the fourth most stressful situation (after the death of one's spouse, divorce and separation) that a person can encounter. A psychological crisis is understood as the feeling or experiencing of an event or situation as unbearably difficult, exhausting human

endurance resources (James, Gilliland 2008). Symptoms of psychological crisis are very often associated with symptoms of PTSD (Post Traumatic Stress Disorder), although it is worth noting that in the case of PTSD the symptoms are usually postponed over time. In both situations, however, the most important is the subjective perception of the event by the individual. Usually, intense anxiety, a sense of hopelessness and dread appears then. Scott (2000) states that such a situation most often concerns victims of car accidents, survivors of fires, floods or concentration camps. In turn Cavanaugh and Rogers (1983) add to this the victims of crimes (especially brutal ones, like rape), soldiers, as well as people serving prison sentences.

In his book The Prison Community, Donald Clemmer referred to the latter, stating that long-term isolation causes irreparable damage to the mental and physical condition of the prisoner, the damage is proportionate to the length of the sentence and it becomes almost impossible to reintegrate the prisoner with the society (Clemmer 1940, p. 323). It is worth noting that Clemmer was a sociologist, and although he noted the impact of prison on the psyche of the convicts, he based his concept of prisonization mainly on sociological indicators. The idea of prisonization was based on the conviction that each prisoner, over time in isolation, acquires knowledge of the specific forms and values of the community of prisoners and learns to function according to them. This means assimilating the principles of the prison subculture, mainly the norms of the informal code of conduct for prisoners. The prisoner learns specific attitudes, behaviors, rituals and habits concerning eating, dressing, working or resting, the prison language and how the prison is organized (Clemmer 1940, pp. 299-300). It should be emphasized that for Clemmer, prisonization had a clearly negative nature and meant an inadequate method of adaptation to the isolation conditions. As much inappropriate, as equally inevitable in the case of long-term prisoners. The research presented here is an attempt to answer the question whether in Clemmer's view prisonization really affects the sphere of the inmate's psyche.

There is no prisonization?

Among the factors that cause the highest degree of prisonization, Clemmer (1940, pp. 299–300) included: a sentence of many years, unstable personality, lack of positive relations with loved ones, acceptance and adoption of the principles of prison subculture, staying in one cell with homosexual people, as well as readiness to engage in homosexual behavior and taking part in illegal entertainment. The speed of the prisonization process depends on the age of the prisoner, the type of offence committed, the intelligence and the situation in prison.

"All these factors, describing the broad spectrum of unavoidable destructive influences of prison, can be described as the myth of the prisonization effect. In

fact, evidence of overwhelming and incapacitating impact, which would be serious and widespread, may be rare, if any at all" (Wormith 1995, p. 55). If Stephen Wormith's opinion seems too strong, then listen to one of the inmates, examined by Bruce Jackson: "There's something funny that happens to some people; they get locked up here, and then their age seems to stand still. And another thing: I don't think they would look like that if they stayed outside. All the time I see people here who are 60 or 75 and look 40-45. They stay physically younger (Jackson 1969, p. 74). Another older prisoner "complained" in a similar way: "Your regular eating and sleeping hours preserve your health. If a man doesn't catch something here, I believe he can live to be 110-115 years old." (Wiltz 1973, p. 112).

Lee Bukstel and Peter Kilmann (1980) reviewed 90 experimental studies on the psychological effects of long term imprisonment, presenting the complexity of the imprisonment situation and the variety of reactions to it. Their analysis showed that the condition of some prisoners worsened during their sentences, while some showed no significant changes, and others demonstrated impressive improvements. The authors warned that changes in functioning may very much depend on the phase of the sentence and the time left to leave the prison, but also on institutional factors such as overcrowding, the type of prison or belonging to specific groups or subcultures. The authors insisted that each individual reacts differently to the complex of prison variables (Bukstel, Kilmann 1980).

Barry Richards (1978) asked two groups of British long-term inmates to rank twenty problems they face in prison on a scale, according to their frequency and intensity. Those who have had more than eight years' imprisonment behind them mentioned basically the same problems and considered them to be just as onerous as those who were in isolation for less than 18 months. On this basis, the author put forward a thesis that long-term imprisonment does not necessarily affect the prisoner in a progressive or cumulative manner. It is also interesting that the problems most strongly emphasized by both groups were those concerning the need for normal interpersonal contacts rather than the threats from others or the mental condition.

Using the scale of twenty problems created by Richards, Timothy Flanagan (1980a) examined American prisoners who had served a minimum of five years in prison and compared them to the results of the former. He stated that American prisoners indicated the same problems as British prisoners. And, very importantly, they do not see them as particularly affecting their mental health either.

In another of his studies, Flanagan (1980b) compared the average number of disciplinary punishments received by 701 short-term prisoners (a sentence of less than five years) with 765 long-term prisoners. Even when both groups were ranked by age category, it appeared that the bad behavior average among long-term prisoners was less than half that of that of short-term prisoners. The results of these studies are not surprising in the light of others, conducted by Edward

Zamble (1995), who in the early 1990s analyzed the functioning of 25 Canadian long-term prisoners. It shows that these prisoners do not engage in subculture, are not members of gangs, try to stay away from prisoners who might get them into trouble (they choose their company very carefully), prefer activities that can be done in a cell, such as studying or hobbies, take care of contacts with the outside world, avoid punishment and seek regulatory awards. In a word: their behavior improves significantly. This stands in complete opposition to Clemmer's claims.

The study by Ken Heskin, Frederick Smith, Peter Banister and Natalie Bolton (1974) is the only longitudinal study of our subject of interest at that time. A test to examine the intellectual properties of 154 long-term prisoners was conducted. Successive control studies did not reveal the deterioration of intellectual capabilities, which was supposed to occur as a result of the increasingly longer stay behind bars. In fact, the prisoners' verbal intelligence was increasing between research and research, and the sense of hostility was diminishing. Thus, the authors stated that sometimes imprisonment can also be associated with positive effects, which is rarely – if at all – discussed in the literature.

Wilfried Rasch (1981) carried out an extensive study, covering three groups of life imprisoners, with an average of three, eight and a half, and thirteen and a half years in prison respectively. He analyzed medical, psychiatric and psychological data, measured the intellectual properties of prisoners and their individual attitudes. His results did not show any deterioration in health, any disturbing psychiatric symptoms, or a decrease in intellectual capacity. Moreover, the part of the research related to attitudes indicated the development of basic feelings and a decrease in psychopathological features, measured by the MMPI scales of paranoia and schizophrenia.

A study by Edward Zamble and Frank Porporino (1990) describes how convicts cope with long-term imprisonment. In their sample (N = 133), more than 30% of prisoners served sentences longer than ten years. For the first time, everyone was examined a month after crossing the prison gates, then a year and a half later. The authors found no signs of deterioration in the ability to cope with the situation of imprisonment correlated with the length of the sentence, even among convicts serving their first sentence. There has also been no increase in identification with the "criminal environment" and the "image of the world" (some of the issues examined) remained unchanged.

In 2012, Elisabeth Dettbarn presented the results of a longitudinal study on German long-term prisoners. Eighty-seven prisoners were subjected to psychological observation and testing over an average period of 14.6 years for mental disorders, intelligence, personality, but also physical illnesses and many other factors. It turned out that compared to the first study, the average of all mental disorders has decreased. The results of personality tests showed stabilization on the scale of depression, emotional instability and a decrease in hostility. No significant weakening of intelligence or deterioration of health was found either (the one that oc-

curred was simply due to age, not from being in prison). And although the overall number of mental disorders in the examined prisoners remains high – compared to the general public – the research carried out, as the author writes, does not support the thesis about the destructive effect of long-term isolation.

The research using the aforementioned tool by Richards also took place quite recently. Margaret Leigey and Michael Ryder (2015) examined eighteen American prisoners sentenced to life imprisonment without parole. This group of respondents, as well as the previous ones, considered "deprivation of minor luxuries" and "the need for greater privacy" as the most important problems of serving a sentence, and, like them, in the last places, pointed out issues that could suggest problems with deteriorating mental condition.

A study by Susie Hulley, Ben Crewe and Serena Wright in English prisons (2015) also dates from 2015. They used – once again – Richards' tool, complementing it a bit, but the results were the same as for their predecessors – there is no indication of deterioration in the mental functioning of the convicts caused by long-term isolation.

At the end of this part, we would just like to present one more study, from the native ground. Kamil Miszewski (2016) examined fifteen Polish long-term prisoners very thoroughly. The condition to participate in the research was to serve a minimum of twenty years' imprisonment (some people served much more, even thirty). Among the many issues analyzed was participation in subculture. It turned out that after serving such a long sentence, only one convict used the prisoners' cant, in addition he treated his participation tongue in cheek manner (every day he was a highly valued employee, employed outside the prison). The remaining prisoners gave up their participation in the subculture gradually, over the years, considering it an unnecessary burden, trying to cut themselves off from their troublemaker colleagues. Some have never been involved in subculture. This also completely contradicts Clemmer's views. A full review of research on this subject can be found in Miszewski's works (2016, 2017).

Own research

Aim of the research

Based on Clemmer's assumption that prisonization has an impact on the convict's psyche and physical condition, the aim of the study was to check whether persons sentenced to 25 years' imprisonment are experiencing a kind of psychological crisis, which is understood as perceiving the situation/event as an unbearable difficulty that exceeds the person's resources and coping mechanisms. Such a crisis may cause functional disorders in the affective, cognitive and behavioral areas (James, Gilliland 1993). The symptoms of PTSD, caused by the situation

of being in penitentiary isolation, were taken as indicators of such a psychological crisis. In addition, potential correlates of the psychological crisis that could confirm or negate Clemmer's hypothesis were sought. The group of independent variables included mental resilience, anxiety and mental health evaluation.

Specific questions:

1. Are there any symptoms of PTSD in persons sentenced to 25 years in prison?
2. What is the level of anxiety of those sentenced to 25 years in prison?
3. What is the level of mental resilience of those sentenced to 25 years in prison?
4. How do persons sentenced to 25 years in prison rate their mental health?
5. Does the mental functioning of convicts (stress, anxiety, mental resilience, mental health rating) depend on the length of stay in penitentiary isolation?
6. Are there interrelationships between stress, anxiety, mental resilience and mental health rating in persons sentenced to 25 years in prison?

Research subjects

The survey was carried out at the turn of May and June 2018, in five penitentiary facilities in the Mazowieckie Voivodeship (Detention Center in Warsaw-Białołęka, External Branch of the same detention center in Warsaw-Bemowo, Detention Center in Radom, Penitentiary Facility in Siedlce, Penitentiary Facility in Warsaw-Służewiec), one in the Łódź Voivodeship (Penitentiary Facility in Sieradz) and one in the Lublin Voivodeship (Penitentiary Facility in Opole Lubelskie). It was participated in by 124 convicts of 25 years' imprisonment (convicts with a combined sentence of more than 25 years were not taken into account). These were men aged 42 on average ($M = 42.2$; $SD = 10.56$), who had generally already served more than half of the sentence ($M = 13.8$; $SD = 5.6$).

Research tools

To examine whether those sentenced to 25 years' imprisonment experience a kind of psychological crisis, the author's own Prison Isolation as a Stress Situation (Izolacja Więzienna jako Sytuacja Stresowa) test was used, consisting of 20 questions to which the examined person gives answers by choosing one of the 4 options. The Cronbach's Alpha of the tool was 0.95, so it must be considered highly reliable. In creating this tool, the authors drew upon on the diagnostic criteria of PTSD (Post-Taumatic Stress Disorder) contained in DSM-IV, trying to operate all aspects of this disorder. In order for a diagnosis of PTSD to be made, a traumatic event must occur that may cause a person or others to die, become injured or it may threaten their physical integrity, leading to intense fear, horror and helplessness. However, this condition is not sufficient; other symptoms of PTSD must occur such as: continuous experience of a traumatic event, continu-

ous avoidance of trauma-related stimuli, persistent symptoms of increased agitation, consequences of the symptoms in the form of clinically significant stress or malfunction (Friedman 1999, p.12). The researchers assumed that the situation that could cause PTSD was to find oneself in prison isolation and wanted to see if the prisoners had symptoms of this disorder. A sample test item is as follows:

How often do you think back to your first days in prison?
Never/ very rarely/ sometimes/ very often

A score of 0-1-2-3 was used, so 0 to 60 points could be obtained in the whole test.

The State-Trait Anxiety Inventory (STAI) is a standardized tool to study, on the one hand, anxiety understood as a behavioral disposition that makes an individual susceptible to perceive objectively harmless situations as threatening and reacting to anxiety, often disproportionate to the threat (anxiety-trait), and on the other hand, it examines anxiety understood as the feeling of fear and tension created in response to certain external stimuli (anxiety-state) (Spielberg 1966, quoted from: Wrześniewski et al. 2011). Each of the 2 scales consists of 20 items to which the respondent answers by selecting one of the 4 proposed options. The tool meets Polish sten standards.

The Skala Sprężystości Psychicznej is a Polish adaptation of the Ego Resiliency Scale, made by Łukasz Kaczmarek. Ego resiliency means the ability to adjust the range of self-control to the requirements of the situation (Block, Kremen 1996). This is a personality trait that plays a key role in the process of dealing with life's difficulties. The questionnaire consists of 14 statements (13 diagnostic), which should be addressed on a 4-level Likert scale. The tool is in the process of developing Polish standards, but due to its high reliability it can be used in scientific research.

Goldberg Questionnaire for Mental Health Assessment (GHQ-28) a standardized tool for assessing mental health. It allows for the identification of people who have experienced mental difficulties due to life problems or mental illness. The applied version with 28 questions allows to assess the general health condition, but also gives a picture of human functioning on four subscales: somatic symptoms, anxiety and insomnia, functioning disorders and symptoms of depression. The tool for the overall result has Polish sten standards.

Results of own studies

Statistical analysis has shown that persons sentenced to 25 years in prison experience symptoms of PTSD. In the author's questionnaire used, 0 to 3 points were awarded depending on the severity of particular stress symptoms. Thus, in the whole test, from 0 to 60 points could be obtained. Chart 1 shows the frequency distribution of individual results.

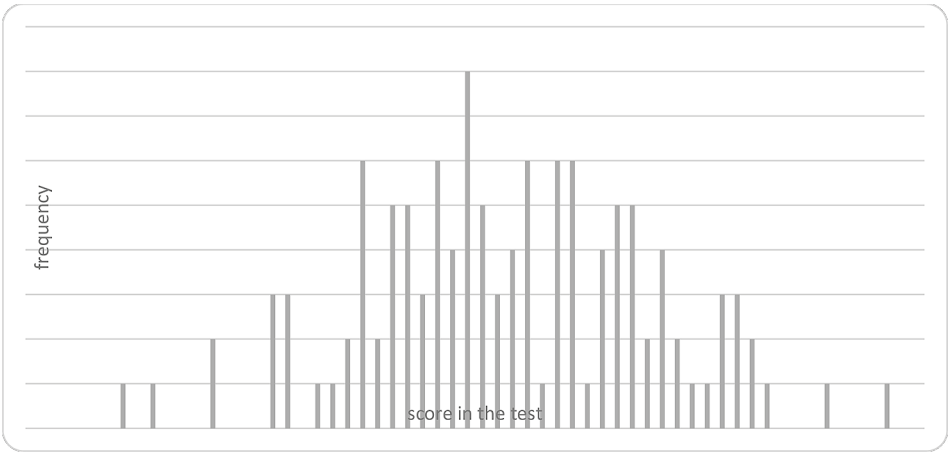


Chart 1. Distribution of results in the test Prison Isolation as a Stress Situation

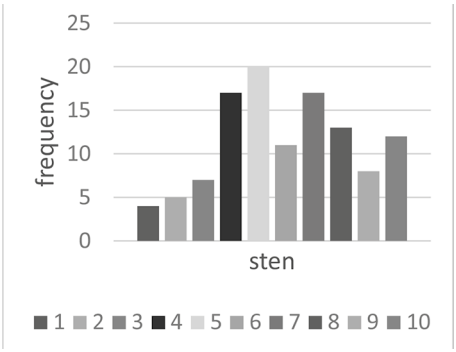
On average, in the Prison Isolation as a Stress Situation test, inmates scored 31.64 (SD = 9.58), which should be considered the average level of severity of PTSD symptoms. As you can see, the results in Figure 1 are distributed along a bell curve (KS = 0.05; p = n.m.), thus opening the way to many advanced statistical analyses. It can be assumed that prisoners who scored 0 to 27 points have a low level of stress associated with imprisonment (33% of the study group), 28 to 36 points – average stress level (33% of the study group), and 37 to 60 points – high level of stress associated with being in prison (33% of the study group).

Comparing the results obtained in the Prison isolation as a Stress Situation test with the number of years of imprisonment, it should be concluded that the longer the prisoner was in prison, the more severe the stress symptoms were ($R2 = 0.87$; $p < 0.001$).

Persons sentenced to 25 years' imprisonment are characterized by an average level of anxiety, both as a trait (Figure 2) and as a state (Figure 3).

On average, anxiety as a trait, i.e. a certain predisposition to react strongly even to the slightest stimulus, reached the sixth sten (M = 6.00; SD = 2.42), thus falling within the range of average results. There was a slightly higher level of anxiety-state, i.e. tension resulting from a specific event, where the average result oscillated between the sixth and seventh sten (M = 6.47; SD = 2.33) but was also in the range of average results. What is noteworthy is that the longer the prisoner was in prison (the more years of imprisonment they had already served), the lower the level of anxiety, understood both as a trait ($R2 = -0.32$; $p < 0.01$), and as a state ($R2 = -0.32$; $p < 0.01$).

Such a decrease in the level of anxiety, together with an increase in the number of years served on sentence, is accompanied by an increase in mental resilience. Statistical analysis has shown that the more years of imprisonment



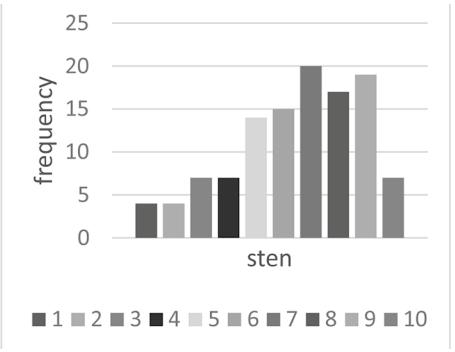


Chart 2. Level of anxiety-trait in persons sentenced to 25 years' imprisonment
Chart 3. Level of anxiety-state in persons sentenced to 25 years in prison

a convicted person has served, the more they are able to adapt to the requirements of the situation in which they find themselves, i.e. to imprisonment ($R2 = 0.87$; $p < 0.001$). The overall level of mental resilience should be regarded as average in the group of persons sentenced to 25 years' imprisonment, with an average of nearly 37 points on a scale from 13 to 52 ($M = 36.85$; $SD = 6.88$).

Persons imprisoned for 25 years ($M = 5.91$; $SD = 2.48$) assess their mental health as average. Chart 4 illustrates the distribution of the overall results obtained in the Goldberg Questionnaire for Mental Health Assessment, expressed on a sten scale.

The more years of imprisonment, the worse the mental health assessment was ($R2 = -0.30$; $p < 0.01$). A similar relationship was noted for the four subscales of this Questionnaire. The longer the inmate was in prison, the more somatic symptoms ($R2 = -0.22$; $p < 0.05$), anxiety and insomnia ($R2 = -0.29$; $p < 0.01$), functioning disorders ($R2 = -0.20$; $p < 0.05$) and depression disorders ($R2 = -0.28$; $p < 0.01$) they reported.

In each subscale of the Questionnaire for Mental Health Assessment you can score from 0 to 21 points (subscales are not interpreted on the sten scale). Convicts most frequently reported somatic symptoms ($M = 7.48$; $SD = 4.33$), followed by functioning disorders ($M = 7.30$; $SD = 2.95$), followed by anxiety and insomnia ($M = 6.10$; $SD = 5.02$), and least frequently – depression ($M = 3.92$; $SD = 4.65$).

To sum up the results presented above, it should be stated that persons sentenced to 25 years' imprisonment:

— report an average level of severity of the symptoms of PTSD due to prison isolation; the severity of the symptoms of PTSD increases with the length of time in prison;
— have an average level of anxiety; as time goes by, the anxiety is diminished;
— report an average level of mental resilience is recorded, the more years served from the sentence, the higher the mental resilience;

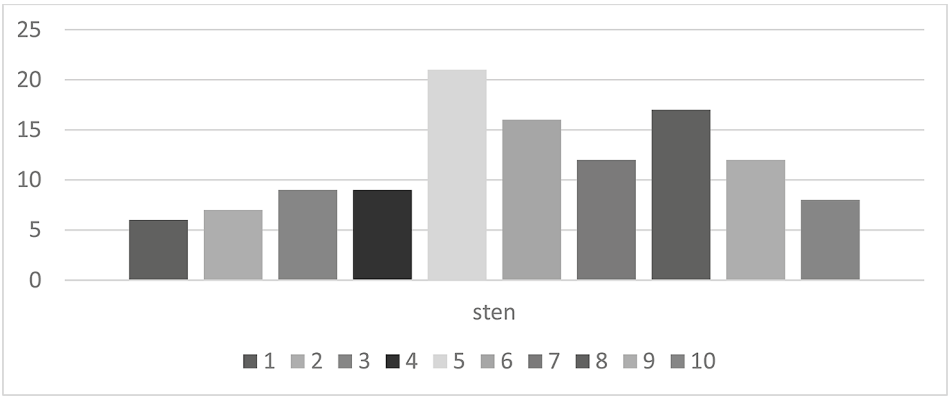


Chart 4. Mental health assessment for persons sentenced to 25 years in prison

— convicts assess their mental health as average; the longer they are in isolation, the worse they report.

The last question to be answered concerned the interaction between stress, anxiety, mental resilience and mental health rating by the persons sentenced to 25 years in prison. Figure 1 shows the answer to this question.

No correlation has been shown between the stress associated with prison isolation and mental resilience. It was noted, however, that this stress becomes higher the higher the fear of the convicts. The more PTSD symptoms were reported by inmates, the worse their mental health was.

Discussing the results

Before comparing the obtained research results with those of other researchers, it should be stressed that the literature knows and applies many different definitions of prisonization, and it seems to be a key issue, especially in the context of doubts as to whether prisonization exists at all, how it has been dealt with by others, and how the authors of this article understood this issue.

It would be suffice to return to the theoretical introduction of this thesis to notice that every researcher understood prisonization in a different way and researched something completely different. Starting with Clemmer (1940), who was interested in taking over the norms and values of the prison subculture, through Barry Richards (1978), who studied prisonization, asking for a ranking of the twenty problems most frequently encountered by prisoners in prison isolation, ending with Flanagan (1980b), for whom prisonization is evidenced by behavior when the sentence is served, or researchers such as Rasch (1981) or Dettbarn (2012), who focused on intellectual functioning and personality changes taking place during the sentence. It is worth mentioning that, according to Sapsford

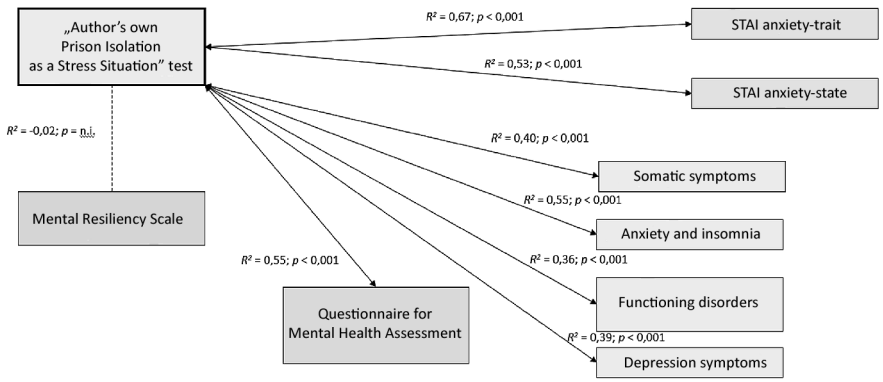


Fig 1. Relationship between the results of the Prison Isolation as a Stress Situation test, Mental Resistance Scale, Questionnaire for Mental Health Assessment and STAI.

(1978, p. 143), it should still be checked whether the changes that occurred in the convict's psyche are irreversible after they leave prison, because only then can we talk about the fatal impact of imprisonment on the person.

The authors of the presented article adopted a very general definition of prisonization, recognizing that it is a process of negative changes taking place in a person while serving a prison sentence. Donald Clemmer (1940) clearly stated that the only changes that await a long-term prisoner are for the worse. However, as shown by the presented research, as well as the research of other authors, sometimes the convict changes for the better.

The validity of Clemmer's theory (1940) is undoubtedly supported by the psychiatric research commissioned by European Committee on Crime Problems prior to the adoption of Resolution 76/2 on the treatment of long-term prisoners, adopted by the Committee on 17 February 1976. As Elżbieta Janiszewska-Talago (1980, p.39) writes, the research carried out after 4 to 6 years of imprisonment showed the occurrence of a functional psychosyndrome, which can be called the isolation (seclusion) syndrome, which results in a general mental impoverishment consisting in a clear decrease in intellectual efficiency, reduced ability to concentrate, stereotypical and monotonous reaction mechanism, loss of touch with reality. If this syndrome occurs, it will depend on: the personality, age, length of time the convict has been in prison and the routine (statutory conditions) of life in prison. The longer the isolation lasts and the greater the degree of isolation, the weaker the defensive nervous mechanism of the convicted person and the more frequent and stronger the above-mentioned group of symptoms will be.

Using cross-sectional research, Banister, Smith, Heskin, and Bolton (1973) measured the results of long-term prisoners in cognitive and personality tests and examined their attitudes. The tests of prisoners' personalities and attitudes indicat-

ed an increased hostility and social introversion, while self-esteem and evaluation of work and the role of the father decreased. This research could also prove the validity of Clemmer's thesis, as did the Sapsford research (1978), which consisted in comparing life prisoners serving in maximum-security prisons – those who had just crossed the prison gates with those who had already served six to eleven years of imprisonment. Comparing medical reports and psychiatric diagnoses, Sapsford found no differences between the two groups. However, there were indications based on which one could indicate that those serving sentences have become more introverted and more dependent on staff.

Our own research also shows that the symptoms of stress intensify with the length of imprisonment, and convicts also have a poorer health rating. It is worth noting at this point that a declarative assessment of mental and physical health was examined (based on the GHQ-28 questionnaire), and the prisoners' ratings were not juxtaposed with, for example, their health summary form, the number of medical visits or interviews with a psychologist on the prison premises. It seems reasonable to suppose that the number of reported health problems, also in the population, increases with age, so that convicts will have the same age effect. In addition, basing health research on the declarations of the prisoners themselves, one must be extremely careful. Marek Kaminski (2004, pp. 145-168) already pointed out that prisoners often sign up for a doctor's appointment out of boredom, wanting to leave their cells, want to draw the attention of the staff to themselves and be treated better, arouse pity, and also make many manipulations around their health. In the studies already cited by Zamble, where the files and medical records of long-term prisoners were also analyzed, the number of people who reported to the doctor dropped significantly, both with serious illnesses and with minor ailments such as sleep problems, headaches, and stress. The number of days on which prisoners took psychotropic drugs, and those prescribed by a psychiatrist, was taken as an approximation of the most serious consequences of stress. There was a slight decrease compared with the previous study (Zamble, Porporino 1988) and a significant one, counted from the beginning of the sentence (Zamble 1995, pp. 142–144).

For Clemmer (1940), the stay in prison must have ended with inevitable negative changes in functioning. Meanwhile, many studies have shown that some people benefit from being in prison. As Hans Toch (1977, p. 287) writes, many long-term prisoners use their time in isolation to acquire specific skills that are useful both in prison and – above all – after they leave. The results of Zamble's psychological research (1995) show a measurable and systematic decrease in dysphoria. Studies on the scale of depression have shown a significant decrease, from the beginning of the sentence to the time of the study, similarly to the measurement of anxiety and a sense of hopelessness. However, self-esteem has increased. The level of guilt has decreased, as well as the feeling of boredom, explained by the prisoners themselves through the acquisition of the ability to manage their

time. Over the years, a higher percentage of inmates have been willing to notice the positive aspects of their life in prison. The survey showed a more pro-social attitude of prisoners towards justice. The prisoners under investigation learned to avoid confusing situations with other prisoners and began to control and analyze their own behavior better and better. As a result, they started making progress in the progressive system, albeit slowly. In a sense, it is a self-improvement cycle for them: the improvement of living and working conditions motivates them more to behave well, which in turn improves their conditions again, etc. After some time in such a cycle they could start to think realistically about their parole. Therefore, unlike short-term prisoners, their motivation to improve their qualifications, and thus their position in prison, does not disappear so quickly. The most striking result of the research, according to Zamble was the absolute lack of any evidence of the general and overwhelming destructive impact of the prison on the individual. The subjects did not become eccentrics isolating themselves from the rest of the prison community or losing contact with the outside world. The vast majority also did not drown in desperation or rebellion, but on the contrary, the prisoners' emotional states, physical and mental health and behavior within the institution generally improved with time (Zamble 1995, pp. 142-144).

In addition to the psychiatric studies mentioned above, commissioned by the European Committee on Crime Problems, the same Committee also commissioned extensive psychological studies. As Janiszewska-Talago writes, their results were fundamentally different: "They have not discovered any significant decrease in the overall intelligence in proportion to the length of imprisonment, and even, on the contrary, a statistically significant improvement has been found. […] As a result, long-term prisoners have not been found to have a general mental decline, nor is there any progressive deterioration of cognitive functions or personality traits during their imprisonment" (Janiszewska-Talago 1980, p. 39).

Monika Reed (1978) and Francis Glamser (Reed and Glamser 1979) examined aging prisoners (average age 60) who had served an average of 23 years in prison. The authors found that many of the experiences of ageing in a free society, including retirement, loss of spouse or financial insecurity, did not take place in prison, and the traditional deterioration in physical and mental health resulting from work and stress simply did not occur in prison. The prisoners looked and felt younger than their actual age indicated. Traditional milestones of ageing, such as retirement or widowhood, did not matter here, nor did these prisoners have to make radical adaptations to maintain their social status or financial security. It was also observed that the older long-term prisoners were well informed, interested in politics and made good use of their free time.

The research carried out by the authors of the article also proves that with the length of the prison sentence, the level of anxiety decreases in prisoners, and the mental resilience, and thus the ability to cope with difficult situations, increases. Thus, like the above mentioned authors, they stand in opposition to Clemmer's assumption that prison will always cause only negative changes in humans.

Final thoughts

In this dissertation we have tried to present the results of research by as many authors as possible, having their (different) views on the problem of prisonization. So we have presented the view of Clemmer and his supporters, then researchers claiming that they do not find support for Clemmer's theses about progressive degeneration (these are by far the most frequent) and those whose research shows that long-term imprisonment can also bring about positive changes, which may certainly be surprising for a reader not familiar with the topic. Our own research has yielded ambiguous results – using a broad definition of prisonization as negative changes taking place in prison along with serving the sentence, we can interpret it as follows: in some areas prisonization occurs, in others not. This is what we would like to be the punchline of our article: certainly, one should not underestimate the manifestations of prisonization or claim that it does not occur in prison, while the claim that it is overwhelming and inevitable should be treated as a gross exaggeration.

References

[1] Banister P.A., Smith F.V., Heskin K.J., Bolton N., 1973, *Psychological correlates of long-term imprisonment: I. Cognitive variables*, „British Journal of Criminology", nr 13.
[2] Block J., Kremen A.M., 1996, *IQ and Ego-Resiliency: conceptual and empirical connections and separateness*, „Journal of Personality and Social Psychology", nr 70.
[3] Bukstel L.H., Kilmann P.R., 1980, *Psychological effects of imprisonment on confined individuals*, „Psychological Bulletin", nr 88.
[4] Cavanaugh J.L., Rogers R.R., 1983, *Post traumatic stress disorders*, „Behavioral Sciences & the Law", nr 1.
[5] Clemmer D., 1940, *The prison community*, Christopher, Boston.
[6] Dettbarn E., 2012, *Effects of long-term incarceration: A statistical comparison of two expert assessments of two experts at the beginning and the end of incarceration*, „International Journal of Law and Psychiatry", nr 35.
[7] Flanagan T.J., 1980a, *The pains of long-term imprisonment*, „British Journal of Criminology", nr 20.
[8] Flanagan T.J., 1980b, *Time served and institutional misconduct. Patterns of involvement in disciplinary infractions among long-term and short-term inmates*, „Journal of Criminal Justice", nr 8.
[9] Friedman M.J., 1999, *PTSD – rozpoznawanie i leczenie*, „Psychiatria Praktyczna", nr 2.
[10] Heskin K.J., Smith F.V., Banister P.A., Bolton N., 1974, *Psychological correlates of long-term imprisonment: III. Attitudinal variables*, „British Journal of Criminology", nr 14/1974.
[11] Holmes T.H., Rahe R.H., 1967, *The Social Readjustment Rating Scale*, „Journal of Psychosomatic Research", nr 11/1967.

[12] Hulley S., Crewe B., Wright S., 2015, *Re-examining the problems of long-term imprisonment*, „British Journal of Criminology", nr 56(4).
[13] Jackson B., 1969, *A thief's primer*, Macmillan, London.
[14] James R.K., Gilliland B.E., 1993, *Strategie interwencji kryzysowej*, Wydawnictwo PARPA, Warszawa.
[15] Janiszewska-Talago E., 1980, *Wykonywanie kar długoterminowego pozbawienia wolności*, Wydawnictwo Prawnicze, Warszawa.
[16] Kamiński M., 2004, *Games Prisoners Play. The Tragicomic Worlds of Polish Prison*, Princeton University Press, New York.
[17] Leigey M., Ryder M., 2015, *The Pains of Permanent Imprisonment: Examining Perceptions of Confinement Among Older Life Without Parole Inmates*, „International Journal of Offender Therapy and Comparative Criminology", nr 59(7).
[18] Miszewski K., 2016, *Zabójcy w więzieniu. Adaptacja więźniów długoterminowych do warunków izolacji*, Oficyna Naukowa, Warszawa.
[19] Miszewski K., 2017, *O (nie)szkodliwości kary długoterminowego pozbawienia wolności na psychikę i zdrowie fizyczne więźniów*, „Archiwum Kryminologii", t. 39.
[20] Rasch W., 1981, *The effects of indeterminate detention: A study of men sentenced to life imprisonment*, „International Journal of Law and Psychiatry", nr 4.
[21] Reed M.B., 1978, *Aging in total institution: The case of older prisoners*, Tennessee Corrections Institute, Nashville.
[22] Reed M.B., Glamser F.D, 1979, *Aging in a total institution – The case of older prisoners*, „Gerontologist", nr 19.
[23] Richards B., 1978, *The experience of long-term imprisonment*, „British Journal of Criminology", nr 18.
[24] Sapsford R.J., 1978, *Life-sentence prisoners: Psychological changes during sentence*, „British Journal of Criminology", nr 18.
[25] Scott M.J., 2000, *Journeying with the traumatized – the Hillsborugh disaster*, [w:] *Trauma and Post-traumatic Stress Disorder*, (red.) M.J. Scott, S. Palmer, Cassell, London.
[26] Sykes G., 1958, *The society of captives: A study of a maximum security prison*, Princeton University Press, Princeton, NJ.
[27] Toch H., 1977, *The long-term inmate as a long-term problem*, [w:] *Long-term imprisonment: An international seminar*, (red.) S. Rizkalla, R. Levy, R. Zauberman, University of Montreal, Montreal.
[28] Wiltz C., 1973, The aged prisoner: A case study of age and aging in prison, un-published doctoral thesis, Kansas State University.
[29] Wormith S.J., 1995, *The Controversy Over the Effects of Long-Term Incarceration*, [w:] *Long-Term Imprisonment. Policy, Science, and Correctional Practice*, (red.) T.J. Flanagan, SAGE Publications, Thousand Oaks, London, New Delhi.
[30] Wrześniewski K., Sosnowski T., Jaworowska A., Ferenc, D., 2011, *Inwentarz Stanu i Cechy Lęku STAI. Polska adaptacja STAI. Podręcznik*, Pracownia Testów Psychologicznych PTP, Warszawa.
[31] Zamble E., 1995, *Behavior and Adaptation in Long-Term Prison Inmates*, [w:] *Long-Term Imprisonment. Policy, Science, and Correctional Practice*, (red.) T.J. Flanagan, SAGE Publications, Thousand Oaks, London, New Delhi.
[32] Zamble E., Porporino F.J, 1988, *Coping, behavior, and adaptation in prison inmates*, Springer-Verlag, New York.
[33] Zamble E., Porporino F.J., 1990, *Coping, imprisonment, and rehabilitation: Some data and their implications*, „Criminal Justice and Behavior", nr 17.