

Schizophrenia and Prison Life

Sofia G. Enes

Kean University

Abstract

This literature review is meant to highlight individuals with schizophrenia within the prison system. Evidence from researchers suggests that there are also difficulties gathering data on such individuals when said individuals also have paranoid schizophrenia, as cooperation and blatant refusal to participate is common in these individuals.

Keywords: Schizophrenia, Prisoners

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This paper will focus on incarcerated individuals who have Schizophrenia, the population sample in the prison facilities, data that have been gathered from studies on such individuals, an overview of the disorder, inaccurate media portrayals of the disorder, alongside the difficulties in collecting data on such individuals.

Overview of Schizophrenia

Schizophrenia is a major disorder that is identifiable via constant episodes of psychosis, a break with reality. It is a disorder that heavily affects the individuals' perception of reality, capacity to think clearly, severely affecting the ability to feel and behave appropriately as well. Schizophrenia is classified as a psychotic disorder within the DSM, and other disorders, specifically Bipolar type 1 can be mistaken for Schizophrenia due to the similarities of psychosis symptoms. However, the two mental disorders are different from each other regardless.

In order for an individual to be diagnosed with Schizophrenia, they must first meet the criteria as stated in the DSM (Ciccarelli, et. al 2014). The individual must exhibit two, or more symptoms over a course of one month and those symptoms must be present during that time as well to be considered for a diagnosis of Schizophrenia (Ciccarelli, et. al 2014). Delusions, hallucinations are two of the symptoms that are more commonly presented in schizophrenia. Disorganized speech, which are abnormalities that can make verbal communication difficult to comprehend is present as well. For example, their words may sound like 'gibberish'. They may speak in an unclear manner, say random things that are unrelated in a conversation topic, spout illogical topics, or change from one subject to another rapidly. (Ciccarelli, et. al 2014). The fourth symptom of Schizophrenia is disorganized and catatonic behavior. For example: generally unpredictable or inappropriate emotional responses, poor control of impulsive behaviors along

with a steep decrease in daily functioning. Normal daily routines, such as bathing and other simple self care, are abandoned.

Negative symptoms such as reduced emotional expression and avolition are present as well. Avolition is generally the lack of motivation or capacity to complete tasks that have a time limit (examples can range from school assignments to paying bills to a work project deadline to name just a few). Avolition can not only be found in individuals with Schizophrenia but also individuals that have depression or even Bipolar disorder as well.

Demographics of Schizophrenic inmates in the prison system

Over half of all individuals incarcerated in jails and prisons have a mental health problem (Ramsey, et. al, 2011). In regards to Schizophrenia, little to no attention is given to incarcerated people experiencing psychotic symptoms or a psychotic episode for the first time. Criticism of the results of early research of individuals with schizophrenia focuses on considerable bias involving the over-inclusion of chronically ill patients, and the fact that a majority of the psychosocial conditions that correspond with schizophrenia amass before receiving treatment (Ramsey et. al, 2011).

Ramsey, along with several other authors conducted a study of first time psychosis arrestees, although their population selection was a limited sample. Despite extremely high incarceration rates in the first-episode samples that authors Ramsey, et. al have gathered , it should be taken into consideration that that sample consisted largely of young, African American males, most of whom did complete high school, and their lack of education also placed them at high risk for incarceration (Ramsey, et. al, 2011). Socioeconomic status and factors are what made the authors population sample possible, although it is still limiting in terms

of gender, age and race, as the study did not include women, adults, and individuals of varying other races.

Inaccuracies of in media on Schizophrenia and the reality of the disorder

Violence is sometimes directed at family, and friends, and mostly in private. Drug and alcohol abuse may lead to violence in schizophrenic individuals. It should be noted that violence is not a symptom of Schizophrenia, and many individuals with schizophrenia are far more likely to cause harm to themselves rather than another individual a majority of the time (Schizophrenia and Poverty, Crime and Violence, 2010).

The type of crimes that those with schizophrenia would be incarcerated for is not usually violence or homicide, but rather for causing misdemeanors instead. A great majority of individuals who have been incarcerated and are diagnosed with schizophrenia in jail have been charged with misdemeanors such as trespassing (Schizophrenia and Poverty, Crime and Violence, 2010). Those who discontinue their medication, or have paranoid or psychotic symptoms may have a higher rate of violent behavior. The news and entertainment, specifically television shows that depict a fictionalized portrayal of the disorder, and other forms of media tend to exaggerate. The reality is that this disorder is more often than not far from the fictional portrayal often witnessed in the media.

Difficulties in gathering data and life adaptation in individuals with Schizophrenia

There is a suggestion that prisoners that are mentally ill (this includes those with schizophrenia) do not integrate well into prison life. Individuals with schizophrenia often behave in a disruptive and difficult manner, through no fault of their own. Experience and reports that arose from treating these individuals with mental illness suggests and is consistent with the assumption that these particular inmates do not adapt well (Morgan, et al. 1993). Mentally Ill

inmates, including schizophrenic ones appear to remain incarcerated far longer than inmates who are not. They may present difficulties in understanding rules and regulations, thus increasing their stay behind bars as they proceed to violate more rules due to their mental illness. Studies presented on this matter state that jail inmates were twice as likely (19% versus 9%) to be charged with facility rule violations and mentally ill inmates accounted for 41% of infractions even though they constituted only 19% of the prison population (Office of Research and Public Affairs, 2016).

Paranoid Schizophrenics are not uncommon within jails and prisons, and this could hinder accessibility as the individual may refuse to participate not only in studies but also become uncooperative as well. Collecting and measuring data becomes nearly impossible, as the subject is unwilling due to their disorder. The evidence comes to light when 31% of inmates who were asked to participate within a study blatantly refused cooperation, a trait that is part of many individuals who have paranoid schizophrenia (Office of Research and Public Affairs, 2016). In working with these types of individuals, difficulties arise and collecting/measuring data becomes near impossible or blocked if the subjects refuse to participate.

Discussion

Although there is research present on the lives and adaptations to prison of individuals with schizophrenia, researchers still have limited data and studies, along with certain aspects limiting the sample. While the socioeconomic status and lack of education of the arrestees made one population sample accessible, the sample is still limiting in that regard. Author Ramsey had noted that while rates of incarceration are high, the sample consisted solely of young, African American males, many of whom were highschool dropouts, which increased their risk of arrest (2011). Another problem with accessibility occurs when the prisoner is a paranoid schizophrenic.

This could result in the subject (the prisoner) refusing to participate in studies or refusing to cooperate at times, making data collection all but impossible.

Conclusions

While there is much on the topic of incarcerated individuals with Schizophrenia, there are still limitations on sample sizes and populations. Gender, age, and race are other factors as well that should be taken more into consideration as well. The population sample that the authors mentioned consisted only of African American males who had not yet completed high school (Ramsey, 2011). Future studies should include women with schizophrenia, those of different racial identities too, as there could be cultural differences towards those individuals as well. If more studies were done to expand on this disorder in this particular environment, there would be more of an understanding and education involving this disorder than how the media portrays the incarnated individuals with schizophrenia.

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