Chapter I
INTRODUCTION

Concept of Positive Mental Health; Understanding Psycho-education; Correctional Psychology: Psychology at Correctional Service; Potential of Psycho-education as a Correctional Intervention Strategy; Advantages of Integrative Approach to Psycho-education; Criminality: from Psychological Perspectives; Crime in Current Global Scenario; Crime in India: A Statistical Exploration; Crime Statistics of Kerala; Changed Paradigms of Corrections; Psychological Impacts of Imprisonment; Indian Prison System and Correctional Practices; Common Prison Problems; Health Problems in Prison; Mental health Problems in Prisons; Need and Significance of the Study; Statement of the Problem; Definitions of Key Words; Objectives of the Study; Hypotheses; Method in Brief
The promotion of mental health in prisons should be a key element of prison management and health care policies (UNODC, 2009). For prison mental health is an essential factor in the process of refinement and rehabilitation. The concept of prison has undergone a paradigmatic shift worldwide. Prison is now considered as a correctional institution, not a retaliatory dungeon. Indeed, imprisonment is a punishment that is supposed to beget behavior correction on the part of the punished. This correctional perspective naturally presupposes the presence of mental health in prisons, because mental ill health is likely to corrupt the prisoners further. The concept of correction itself is mainly a psychological process as it implies a mental process underlying it. So, for a favorable mental condition to be facilitated for the correctional endeavors, improving mental health of the convicts becomes a prerequisite. But the sordid picture is that higher rate of mental morbidity reigns prisons all over the world, jeopardizing the very correctional objectives. Thus, prison mental health promotion has become a serious concern not only to prison administrators but society as a whole.

Prison mental health problems should be understood in the background of the fact that an estimated 450 million people suffer from mental or behavioral disorders in the world (WHO, 2001). Admittedly, these mental disorders are especially prevalent in prison populations. World Health Organization points out that many of these disorders may be present before admission to prison; and may be further exacerbated by the stress of imprisonment. However, mental disorders may also develop during imprisonment itself as a consequence of prevailing conditions and also possibly due to torture or other human rights violations. That is to say, prison mental health problems have two sorts of origin. Some cases originate prior to imprisonment, but only that they have worsened due to incarceration conditions. The other cases develop during
imprisonment because of some prodromal factors. It goes without saying that prisons have an innate capacity to deteriorate mental well-being of its captives.

Many factors existing in prisons are ostensibly detrimental to psychological well-being of convicts. They include overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social network, insecurity about future prospects (work, relationship etc.) and inadequate health services, especially mental health services in prisons. These factors apart, there are negative intra-psychic elements that create an apocalyptic psychological ambience pervading everything in prison.

Mental health problems in prisons can be approached from different stand points such as correctional management, humanity, human rights, public health and so on. The present study mainly focuses on prison mental health from a correctional management perspective, since its platform or springboard is correctional psychology, a nascent psychological discipline whose thrust area is effective psychological facilitation of correctional management. But, at the same time, it attempts to incorporate other dimensions, too. It subscribes to the vision that addressing mental health needs in prison will improve the health and quality of life of both prisoners with mental disorders and the prison population as a whole. Mental health interventions in prisons improve the probability that upon leaving prison they will be able to adjust to community life, which may, in turn, reduce the likelihood that they will return to prison. The ultimate benefits of prison mental health interventions are effective rehabilitation and significant reduction in recidivism.
As has been pointed out, mental health is a sine qua non for correctional intervention of any sort in prison settings. The core of correction is a psychological process taking place within the prisoner, that is, the learning and unlearning activities resulting in some positive changes in his or her intra-psychic or dispositional domain. Correctional learning also occurs in accordance with the laws of learning. The learning readiness, motivation, interest, optimal internal locus of control (LOC), sense of self-worth, positive attitude towards life, optimism, hope and the like are the intra-psychic factors that make a conducive internal atmosphere for learning. These traits themselves are indicative of the presence of mental health and these are the minimum prerequisites of correctional processes. Hence, the prison mental health interventions gain inevitable significance.

CONCEPT OF POSITIVE MENTAL HEALTH

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO’s famous definition of health. Health is a state of complete physical, mental and social well-being, and not merely the absence of disease. This definition brings forth the bio-psycho-social concept of human well-being. These three aspects are inter-related and the reductionist tendencies to confine to any one of them will be unwholesome. The characteristics of mental health are also conceived by WHO (2001) in its following definition: Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to her or his community. It is not just the absence of mental disorder. Specifically speaking, the aspects such as recognition of one’s own potential;
coping capacity; productive work and contribution to one’s society are pivotal to one’s mental health.

The emphasis is on the presence of certain conditions that makes mental health real, not on the disorders that make a person mentally ill. It is this emphasis that enables us to form an idea of positive mental health. The positive mental health practices do not confine to the prevention of metal disorders and the rehabilitation of people affected by such disorders, but they promote the essential prerequisites and causative elements of mental well-being. It has rightly been pointed out that positive mental health is a component of overall health and is shaped by individual, physical, environmental, social, cultural and socio-economic characteristics. Fostering the development of positive mental health by supporting individual resilience, creating supportive environments and addressing the influence of the broader determinants of mental health, are key components of promoting mental health (Canadian Institute of Health Information, 2009). Thus, it can be said that the concept of positive mental health marks a focal shift from a preoccupation with repairing weaknesses to enhancement of positive qualities.

Positive mental health concept takes us beyond a problem-focused approach to embrace a more positive view of mental health. This shift from the traditional problem-based concept involves the recognition that a person’s state of psychological well-being is not only influenced by the absence of problems and risk-need concerns, but also is impacted by the existence of positive factors present within individuals and social settings that contribute to positive growth and development. So, it can
categorically be said that positive mental health is more than absence of mental illness (Morrison & Kirby, 2010).

The Public Health Agency of Canada (PHAC) describes positive mental health as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (Canadian Population Health Initiative, 2009).” It follows that positive mental health purports a harmonious totality of cognitive, affective and conative domains of human beings.

Positive mental health has a multidimensional nature: emotional well-being, psychological functioning and social well-being. One has to attain harmony with oneself and one’s surroundings to achieve mental wellness. Mental wellness allows individuals to function effectively and deal with new challenges. It is to be added that physical wellness is also a crucial area when positive mental health is considered.

Thus, it follows that every mental health intervention has a very pivotal task of promoting positive factors of mental health, in addition to the prevention and cure of mental illnesses. It uses strategies that foster supportive environments and individual resilience. Mental health promotion is based on a recognition of and trust in people’s intrinsic resourcefulness and capacity for mental health and well-being. It applies to all people and communities—including at-risk individuals and groups, and people living with mental illness. According to Canadian Population Health Initiative, there are five potential components of positive mental health. They are: ability to enjoy life;
dealing with life’s challenges; emotional well-being; spiritual well-being; and social connections and respect for culture, equity, social justice and personal dignity.

Prophylactic mode of intervention has a special role to play in positive health promotion. Both curative and preservative modes are of importance of their own. Prophylactic or preventive interventions are especially capable of enabling the persons to be mentally competent to deal with any stressful situation resiliently. The concept of primordial prevention is very important in mental health promotion. It means the interventional activities that stop the appearance of risk factors in population. For example, stress management at the workplace may be considered as a strategy of primary prevention of executive burn-out, but programs to prevent stress from occurring would be considered primordial prevention of executive-burn out (Ranaweera & Vijayachandra, 2009).

The relationship between physical health and mental health is to be understood correctly. The concept of mind-body dichotomy has given way to that of mind-body complementariness. The mind-body symbiosis is rather practical than philosophical. This is the message that underlies the WHO’s statement: the bottom line is that there is no health without mental health and that there is no development without health AND mental health. Research shows that persons with severe or chronic physical illness often have a co-existing mental health problem. At the same time, persons with severe mental illness or substance abuse disorders have physical health problems that remain undetected or untreated (WHO, 2010).
Some other important concepts related to mental well-being are resilience, positive psychology, salutogenic perspective of mental health, social capital and quality of life. Resilience is explained as the capacity to cope with adversity and to avoid breakdown when confronted with stressors. There are many internal and external factors contributing to personal resilience. Positive psychology is based on the idea that if people are taught to be resilient and optimistic, they will be less likely to suffer from depression and will lead happier and more productive lives. Building on human strengths will provide psychological potency not to be vulnerable to problems likely to occur. Salutogenic perspective of mental health introduced by Antonovsky considers health as a continuum in the presence of life’s stress, chaos etc. Individuals use resources to resist negative determinants of health. Money, knowledge, experience, social support, culture, intelligence, traditions and ideologies are the examples of these resources. The idea of social capital has emerged recently. It can be understood in the collectivistic cultural context of the oriental countries. Social capital consists of aspects of social life such as institutions, networks, norms, reciprocity and social trust. These together shape the quality and quantity of social interactions and facilitate collective action, coordination and mutual benefit. The concept, quality of life, propounded by WHO signifies an individual’s perception of his or her position in life in the context of the culture and value systems in which he or she lives, standards and concerns.

The present study uses the six aspects or components of positive mental health. They are: attitude towards the self; self-actualization; integration; autonomy; perception of reality; and environmental mastery. Attitude towards self, according to him, is a blend of self-acceptance, self-confidence and self-reliance. Self-actualization
refers to an individual’s ability to utilize his/her potentialities. Whether there is
relatedness of all processes and attribute in an individual is the aspect that is indicated
by integration. Autonomy signifies one’s capacity to be in control of oneself, in a
positive way. It is here where the concept of identity matters. Perception of reality is
inevitable for any individual to survive and thrive. The self and the other and their
interactions form the reality. Environmental mastery incorporates the notions of the
individual’s achievement in some significant areas of living, ability to solve the
problems, ability to meet situational requirements, capacity for adaptations, and
adjustment.

Positive mental health focuses on the strengths, potentialities and one’s innate
capacity to change for the better. It exudes a philosophy that man does not simply
exist by following the laws of nature and society. Man’s gregariousness is not so raw
as that of a honeybee or monkey, but it is a very much qualified one. Man is not a
pawn in the hands of history, but history becomes to greater extent a handmade of
man. Man is endowed with the power to change themselves and the world for the
better. This is the driving force behind humanization.

UNDERSTANDING PSYCHO-EDUCATION

Psycho-education has come to stay as an effective psychotherapeutic strategy
used in psycho-social interventions designed in the realm of clinical psychology. The
wide acceptance of the bio-psycho-social model of health interventions has escalated
the popularity of psycho-education. Description of or an explanation to this practice
are divergent in nature. In its rudimental days, psychological education or psycho-
education was considered as the kind of education which was not really academic
education and academic knowledge as much as it was an experiential kind of education that focused on the feelings and thoughts and actions of the individual. Its real concern was to bring together academic knowledge, skills and the individual’s feelings and to integrate these in such a way that the individual could be effective and impactful in coping with problems. The concept of coping has been basically intertwined with psychological education since the beginning. Further, coping was viewed in a new light. The knowledge or awareness factor was duly stressed.

Of the definitions given to psycho-education, the one by Goldman is remarkable. In 1998, he defined it as education or training of a person with a psychiatric disorder in subjects that serve the goals of treatment and rehabilitation (Goldman, 1998 as cited in Art & Sharma, 2007). In consonance with this definition, the goal of psychological education is to enhance patients’ acceptance of their disease, as well as their participation in therapy and improvement of coping mechanisms when facing problems caused by their disorder. In the course of its conceptual development, psycho-education got another definition by National Institute for Health and Clinical Excellence (NICE). According to it, psycho-education is any structured group or individual program that addresses an illness from a multi-dimensional view point including familial, social, biological and pharmacological perspectives, as well as providing service users and carers with information support and management strategies (Getachew et al. 2009). This definition asserts the multi-dimensional perspective that psycho-education takes to any illness and its task of helping the patient by imparting knowledge and skills to effectively manage that illness. Another definition is that it is the education given to those who experience a psychological
disturbance (Arti & Sharma, 2008). As this simple definition purports, it is didactic in nature and restorative or preventive in aim.

The term psycho-education comprises systemic, didactic and psychotherapeutic interventions, which are adequate for informing patients and their relatives about the illness and its treatment, facilitating both an understanding and personally responsible handling of the illness and supporting those afflicted in coping with the disorder. The roots of psycho-education are to be found in behavioral therapy, although current conceptions also include elements of client-centered therapy in various degrees. Within the framework of psychotherapy, psycho-education refers to the components of treatment where active communication of information; exchange of information among those afflicted; and treatment of general aspects of the illness are prominent (Bauml et al. 2006).

Psycho-education is an umbrella term. It comprises many psychological practices such as appropriate information giving, administering of questionnaires, coaching, mentoring, provision of social skills, life skills training, assertiveness and relaxation training, marriage enrichment programs, parent effectiveness training, relapse-prevention programs, stress inoculation training, emotional intelligence and positive psychology training. The aim of these practices is to identify behaviors that are likely to improve and to develop personal skills in various areas of life. It does not endeavor to solve the psychopathological issues, but instead takes up a positive psychology approach by seeking directly to enhance cognitive, behavioral and interpersonal functioning. It assists clients in meeting developmental challenges and
equips them with concrete coping techniques and philosophies (Feltham & Horton 2006).

Generally speaking, persons with psychological as well as physiological disorders or disturbances and their family members form the target group of psycho-education. The patients with schizophrenia, clinical depression, anxiety disorders, psychotic illnesses, eating disorders and personality disorders benefit from its services. Apart from the restorative mode of intervention, psycho-education can provide other modes of interventions such as preventive, preservative and primordial, too. Thus, since it is ubiquitous in the field of helping, any individual or group can avail of its service.

Psycho-educational intervention can be implemented in individual, family and group contexts. It can be applied as a standalone intervention. But often it is executed as one among several in a package (Griffiths, 2006). Lukens and McFarlane think that it is among the most effective of the evidence-based practices that have emerged in both clinical trials and community settings. Because of the flexibility of the model, which incorporates both illness-specific information and tools for managing related circumstances, psycho-education has broad potential for many forms of illnesses and varied life challenges (Lukens & McFarlane, 2004).

There are two types of psycho-education: active psycho-education and passive psycho-education. Active psycho-education requires the recipient to undertake certain tasks such as home works,, relaxation exercise, information gathering from peers or co-workers, discussion with family members and significant others. But passive
psycho-education does not want the recipient to undertake any explicit activities as said above (Simon, 1997).

The content areas of psycho-education are mainly knowledge, skills and support and each area is prepared in consonance with the identified needs of the target individual or group. Communication and problem solving figure as common needs. The strategies for imparting the content are aplenty. Among them, four have been considered important: information transfer, emotional discharge, support to medication or psychotherapeutic treatment and assistance to self-help (Sharma, 2008). Psycho-education is given a status of a subset of health education by some. They state that psycho-education is the specialized education that comprises educational endeavors directed towards the patients and their families with an aim to helping prevent relapse of mental illnesses and restoration of health for mentally ill patients (Atri & Sharma, 2007).

**Historical Emergence**

The concept of psycho-education was first introduced by John E. Donley in his article published in the Journal of Abnormal Psychology in 1911. It was in 1941 that a book on this subject was first published. The book was authored by Brian E. Tomlinson and published by McMillan Co. New York. It is indebted to CM Anderson, an American researcher, for its current popularity and development. He proved its efficacy in the context of the treatment of schizophrenia in 1980.

It is pointed out that the deinstitutionalization movement in psychiatric treatment scenario in the USA was a key historical reason for the emergence of psycho-education. The movement was with a right and just objective of helping the
mentally ill persons. Admittedly, it did not prove itself effectiveness. Though it caused the massive release of persons with mental illness from psychiatric institutions, no sufficient community-based systems were arranged for the intake. Thus, the onus of providing primary care for the persons with mental illness fell on the shoulders of their families, that too without being provided adequate skills, information and resources. Another historical factor worth mentioning in this regard is the acknowledgement of the role of the family of the mentally ill in the etiology, assessment and treatment of and recovery from mental illness.

**Positive approach**

Psycho-education works on an assumption that better knowledge and skills promote better coping and less relapse. The better coping capacity empowers the client and his or her family members to deftly deal with the presented psychological problem. For this to realize, psycho-education makes use of inputs from learning theories, cognitive psychology, dynamic psychology and developmental psychology (Corstas & Sternberg, 2006).

A positive psychological approach is inevitable for psycho-educational practice. It is found relevant in restorative, preventive, preservative or primordial modes of intervention. The participants’ strengths and opportunities are rediscovered so that they can be cashed in on for the interventional purpose of developing resilience and positive adaptation. Also, it brings about the de-stigmatization of psychological disturbances and thus diminishes the barriers to treatment. The awakening and strengthening of the dispositional resources lead to thwart the intensity of learned helplessness in both clients and their relatives.
Scope

Psycho-education has a wide scope. It has been found pertinent and beneficial in diverse areas such as psychiatric and psychotherapeutic intervention, education, physiological treatment, psycho-social empowerment, resource/capacity enhancement training, skills development programs, forensic and correctional interventions. It has a lot to do with cleansing the stigma of mental illness of the consciousness of the mass. It will also strengthen the holistic approach of bio-psycho-social model and the idea that there is no dichotomy in mind-body relationship. The following observation with regard to importance of psycho-education in India testifies to this fact: many people are still unaware of the fact that for many physical illnesses the cause is related with the mind. Research study reveals a fact that cancer, heart attack, blood pressure, migraine, body ache etc. are all due to some of our own psychological issues. Many of these illnesses can be averted with proper enlightenment. This needs awareness of psycho-education. Its importance needs to be emphasized at all levels. Moreover, it plays a vital role in eradicating stigma related to mental disorders.

Theoretical Frame

When it comes to its theoretical frame work, psycho-education finds its niche in any approach like behaviorism, psycho-dynamism, cognitive psychology, gestalt psychology, cognitive-behavioral theory or humanistic and existentialist paradigms. In addition, a new tendency emerged in psycho-education. That is the integrative approach synthesizing diverse theories for a synergy of their benefits. This approach is holistic, trans-theoretical, multidimensional and evidence-based.
Growth from Adjunctive to Independent Role

Rising from an adjunctive or auxiliary role in psychotherapy, psycho-education has now attained a status of an independent therapeutic program. Some researchers in this field recognize the fact that since the mid-1960s, psycho-education has evolved into an independent therapeutic program with a focus on the didactically skillful communication of key information within the framework of cognitive-behavioral approach. Through this, patients and their relatives should be empowered to understand and accept the illness and cope with it in a successful manner. Achievement of this basic level competency is considered to constitute an ‘obligatory-exercise’ program upon which additional ‘voluntary-exercise’ programs such as individual behavioral therapy, self-assertiveness training, problem-solving training; communication training and further family therapy interventions can be built (Bauml et al., 2006).

Integrative Correctional Psycho-Education

For the present study, the investigator developed an integrative correctional psycho-education package which comprised psychological conscientisation sessions for individuals and groups with 35 modules on different and various topics; stress management skill training; problem solving and communication training; and crisis intervention counseling. The thrust areas of the package were psychological well-being and personality development. It aimed at providing conceptual knowledge and skills to the prisoners. The present package was expected to be potential enough for a psychological empowerment of the convicts.
Psychological empowerment is considered as a multi-faceted construct reflecting the different dimensions of being psychologically enabled, and is conceived of as a positive integrate of perceptions of personal control, a pro-active approach to life, and a critical understanding of the socio-political environment, which is rooted firmly in a social action frame work that includes community change capacity building and collectivity. It is an individual’s cognitive state characterized by a sense of perceived control, competence, and goal internalization (Oladipo, 2009).

CORRECTIONAL PSYCHOLOGY:
PSYCHOLOGY AT CORRECTIONAL SERVICE

The study comes under the operational field of correctional psychology which is an applied branch of psychology dedicated to the correctional tasks. It is at service in the correctional institutions such as prisons, juvenile homes and Borstal schools. The primary mission of correctional psychology is to help the offender to rehabilitate and reintegrate into society. It enhances staff and inmate safety by promoting a healthy institutional environment (Hawk, 1997). Whereas in the west correctional psychology has become a highly popular sub-discipline of psychology, its prospects have not so far been acknowledged and utilized in India. Indian prisons do not provide psychotherapeutic service under the guidance of a correctional psychologist. UNO suggests that effective mental health care service in prisons requires the expertise of mental health professionals including psychiatrists, psychologists, counselors, nurses and occupational therapists.

Correctional psychology makes use of effective therapeutic devices to deal with psychological facilitation of correctional processes. It provides supportive work
in psychiatric treatment of psychotic and serious neurotic inmates, independently executes psychotherapeutic interventions for the inmates and correctional personnel with or without psychological disturbances, and collaborates with other mental health care providers in ensuring positive mental health in the correctional setting. Among the devices the correctional psychology makes use of is psycho-education. As it is solely designed so as to serve the purpose of correction, it is termed as correctional psycho-education.

**POTENTIAL OF PSYCHOEDUCATION AS A CORRECTIONAL INTERVENTION STRATEGY**

Correctional psycho-education is one of the psychotherapeutic strategies designed and applied in correctional settings. It is subservient to the ultimate mission of correction. It has independent, auxiliary and collaborative roles to play as mentioned above. The core of its diverse tasks is the psychological empowerment through andragogical and pedagogical teaching, counseling and training. It enhances self-awareness and empathy, the fundamentals of emotional intelligence. The interactionist view posits that the psychological distress should not be attributed to either situational factors or dispositional factors alone but the interaction of both. It reasons that both the factors should be strengthened and restructured for the effective remediation. Correctional psycho-education can directly address the dispositional factors of the inmates by strengthening them and inculcating power to withstand the adversities. To that much extent, psycho-education caters to mental well-being component of health.
Correctional psycho-education can serve the purpose of improving the psychological literacy of the prisoners. Psychological literacy is a pivotal idea without which social as well as individual behavior change cannot take place. Belar (2008) asserts that since so many of the world’s problems are related to human behavior, perhaps we should add a tag such as “understanding psychological science is critical to these efforts” or “psychological literacy is essential to change.” According to Sabesan (2010), it is an umbrella term used to denote a person’s capacity to succinctly describe one’s own and others’ behavior. It is rooted in an individual’s curiosity about how and why people behave in a particular manner. It is also about our ability to see the past in the person’s present and make links between current issues and what has happened earlier. In essence, it is all about exploring, understanding and fluently articulating the underlying causes and meanings of one’s own as well as others’ thoughts, feelings and behaviors.

Psychological literacy is tantamount to mental health literacy to a great extent. Mental health literacy has been defined as “Knowledge and beliefs about mental disorders which aid their recognition, management or prevention.” Mental health literacy consists of several components, including: a) the ability to recognize specific disorders or different types of psychological distress; b) knowledge and beliefs about risk factors and causes; c) knowledge and beliefs about self-help interventions; d) knowledge and beliefs about professional help available; e) attitudes which facilitate recognition and appropriate help-seeking; and f) knowledge of how to seek mental health information (Jorm, 2000).
ADVATAGES OF INTEGRATIVE APPROACH TO PSYCHOEDUCATION

The advantage of integrative approach to psycho-education can be better understood in the background of how such an approach was necessitated and how far psychotherapy in general benefited from it. It is a widely agreed upon view that any single therapeutic theory is by no means sufficient to meet multiple needs of intervention. So, inquiries and experiments for developing eclectic or amalgamated therapies began to emerge. This was what led to the final ideation of integrative psychotherapy.

Integrative psychotherapy is an outcome of a historical process. Up to 1960s, therapists showed a tendency to operate within one theoretical approach. A change in this tendency appeared by 1970s. The first attempt in this respect was to blend psycho-analysis and behaviorism. The testimony to this sort of endeavor was the book published in 1977: Paul Wachtel’s ‘Psycho-analysis and Behavior Therapy: Towards an Integration. In 1979, James Prochaska offered a trans-theoretical approach to psychotherapy, which was the first attempt to create a broad theoretical framework. It was clear that a new model was needed that would consider biological, psychological and social influences on behavior. Thus, there emerged a multi-dimensional and integrative psychotherapy (Barlow & Durand 2012). In a psycho-therapeutic context, the word ‘integrative’ refers to both process and product. It implies the full synthesis of affective, behavioral, cognitive and physiological theories and methods in conceiving and implementing the therapy. It also means that the result of the therapy must be an integrated personality (Erskine & Moursund, 2011).
The therapeutic mission is to change the life script of the offenders which is rooted in the four domains: cognitive, behavioral, affective and physiological. The script is our personal blueprint for how we will live our own lives; how we experience ourselves, others, the world around us; what we expect will happen if we behave in one way or another; how we feel and what we tell ourselves about those feelings. Begun in earliest infancy, the script comes together into a more or less coherent whole during childhood and is elaborated on and added to throughout our lives. It is the script change that allows clients to experience themselves as truly different. As the script changes, new option for thinking, feeling and behaving becomes salient.

Integrative correctional psycho-education targets at this comprehensive script change for the better. For this to happen, it utilizes a holistic and multi-dimensional style of action to bring about positive restructuring in the cognitive, affective, behavioral and physical domains of the offenders. It explores various psychological concepts such as behavior modification, field theory, gestalt counseling, transactional analysis, freedom and responsibility, mental hygiene, ego defense mechanisms, psychological homeostasis, mindfulness and satisfaction, impulse control and delayed gratification, motivation and needs, ecological systems theory, meaning and purpose, locus of control theory, attribution theory and emotional intelligence.

The ecological systems theory was the brainchild of Urie Bronfenbrenner who explored various and different types of relationships and contexts of human development. The theory posits that there are certain contexts which are stratified into systems. These systems are the microsystem, the mesosystem, the exosystem and the
macrosystem. Later on, Bronfenbrenner himself added one more system called chronosystem. Of late, the theory has been renamed as bio-ecological systems theory, considering the significance of the person’s biology as a pivotal component in the primary micro environment.

The micro system is the totality of all environments in which the developing person is an active participant. Ulla Harkonen holds that the idea behind micro systems is not geography but the person’s degree of participation in any system at all (Harkonen, 2007). The relationships inside micro system have bi-directional influences. For instance the child exerts influence on the parent and vice versa. The concept of meso system takes into its purview all linkages taking place between two or more settings containing the developing person. An example of it is the relationship between home and school. The exosystem encompasses the linkages and processes taking place between two or more settings, at least one of which does not ordinarily contain the developing person. It has both formal and informal aspects. The facilities at work place influence the child. It is an example of the formal side of exo system. The social relationships of the parents also influence the child. It is an example of the informal side. The macro system consists of the overarching pattern of all the other systems. It signifies various influences such as laws, customs, resources, and cultural values. It is important to understand that interactions take place within each system and between systems. It is also very important to conceive that the ecological systems are dynamic as they go by through time. This fact led to the concept of chrono system. It is the description of the evolution, development or stream of development of the external systems in time.
Criminal Psychology has provided correctional psychology with much information and theoretical formulations on the behavioral aspects of criminality. Not all offences are crimes; crime is a deviant act that violates norms of a society which have been enacted into criminal laws. These norms are either prescriptive or proscriptive. Whereas the former entertains the societal sanction, the latter is branded with prohibition. So crime and criminality are functionally socio-cultural constructs. When it comes to the causation of crime, it is widely held that a man’s crime is an expression of his mental status and the situation in which he exists.

Albert Bandura’s social learning theory has contributed much to psychologically understand criminality. It is a general theory explaining the acquisition. Maintenance and change in criminal and deviant behavior. The basic proposition is that the same learning process in a context of social structure, interaction and situation, produces both conforming and deviant behavior (Akers, 2005). The theory puts forward four major concepts: differential association, definitions, differential reinforcement and imitation. Differential association implies the direct association and interaction with others who engage in certain kinds of behavior or express norms, values and attitudes supportive of such behavior. It also encompasses the indirect association and identification with more distant reference groups. To be precise, it is the direct or indirect interaction and exposure to primary, secondary and reference groups. Through the concept of differential association, the theory assumes that the more exposed the differential association is towards deviant behavior and attitudes, the greater the probability of that person engaging in deviant or criminal behavior.
The idea of definition is easy to understand. It refers to a person’s orientations, justifications, excuses and others attitudes that prompt him or her to judge the commission of an act as relatively more right or wrong, good or bad, desirable or undesirable, justified or unjustified, appropriate or inappropriate. Some definitions are those which are learned from socialization on lines of religious, moral and other conventional values and norms. They are favorable to conforming behavior and unfavorable to committing any deviant or criminal acts. Specific definitions orient the person to particular acts or series of acts and to define given situations as providing opportunity or lack of opportunity for commission of crime.

Differential reinforcement refers to the balance of anticipated or actual rewards and punishments that follow. Whether a person will refrain from or commit a crime depends on this balance of past, present and anticipated future rewards and punishments for their actions. As for criminal behavior, it can be said that the greater the value, frequency and probability of reward for deviant behavior, the greater the likelihood of committing and repeating the deviant behavior. Re-enforcers and punishers can be nonsocial: for example, the direct physical effects of drugs and alcohol.

The fourth concept is imitation. It refers to the engagement in behavior after the direct or indirect observation of similar behavior by others. Imitation is more important in the initial acquisition and performance of novel behavior than in the maintenance or cessation of behavioral patterns once established, but it continues to have some effect in maintaining behavior. Whether or not the behavior modeled by
others will be imitated is affected by the characteristics of the models, the behavior observed, and the observed consequences of the behavior.

The criminal life style model clarifies and explains criminal behavior. It goes with an interactionist interpretation of behavior. Human behavior is viewed as a reflection of specific environmental and interpersonal influences and the manner in which the person interacts with these influences, rather than a direct manifestation of the dispositional characteristics of the individual (Kaur, R., 2006). Criminal life style is characterized by four behavioral patterns, according to this model. They are: irresponsibility, self-indulgence, interpersonal intrusiveness and social rule breaking. Irresponsibility implies that social and legal obligations are ignored or forgotten. Self-indulgence signifies a lack of restraint in the pursuit of immediate gratification without little apparent concern for the negative long-term consequences of these actions. Interpersonal intrusiveness means callously encroaching on the rights, feelings and private lives of others. As the term purports, social rule breaking is nothing but a blatant disregard for the laws and norms of society.

The model hypothesizes that everyone has the potential to embrace a criminal life style with its promises of unlimited wealth, power and immediate gratification. However, some people are greater risk for initial involvement in the life criminal life style because of the presence of certain dispositional and situational factors.

Walters developed a system of eight thinking styles believed to be instrumental in maintaining the four behavioral patterns of a criminal life style described above. They are: Mollification; Cut off; Entitlement; Power orientation; Sentimentality;
Super-optimism; Cognitive indolence; and Discontinuity. Two instruments have also been developed for assessing criminal life style—the Lifestyle Criminality Screening Form (LCSF) and the Psychological Inventory of Criminal Styles (PICTS).

David Abrahamson gives us a historical analysis of the concept of criminality. From time immemorial, there have been two crimes—homicide and incest. Primitive society was not concerned with the motivation behind a criminal act; its only interest was to punish the culprit so that the people would obtain satisfaction for their vengeful feelings. The belief that behavior was determined by fate or governed by divine guidance was prevalent. Moreover, human being was considered evil by nature. So any sort of punishment, even though it was disproportionate to the crime, was justified. The doctrine of freedom of the will enabled them to interpret the crime as the creation of the free will of the criminal. This was the general criminal justice condition until the latter part of the 18th century. Morel’s statement that the criminal was a product of mental, physical and moral introgression is an indication of the beginning of the paradigm shift.

It was Cesare (1836-1909) who attempted to establish a scientific criminal psychopathology. Though his theory of born criminal and that of the correlation between body form and criminal behavior are not accepted today, his description of the psychological traits of criminals was towards scientific validity. Garofalo (1852-1937) considered criminal behavior from a psychological viewpoint. He emphasized studying the criminal’s personality and the circumstances under which the crime has been committed. Thus, causation of the crime began to catch attention.
Now, it is viewed that every person lives in a socio-psycho-biological field and is influenced by all three forces. If a criminal pattern is present in his environment and the exposure is strong enough, it may affect his behavior and actions. This may take place without his being consciously aware of it, showing how intermingled his social field may be with that of his personality structure.

It would be incomplete if this discussion does not consider the concept of criminogenic needs. Research by Andrews et al. (2011) has identified six major risk factors associated with criminal conduct. They are (1) antisocial/pro-criminal attitudes, values and beliefs; (2) pro-criminal associates; (3) temperament and personality factors; (4) a history of antisocial behavior; (5) family factors; and (6) low levels of educational, vocational or financial achievement.

Of the many specific factors which can be included in the above mentioned risk factors, those that cannot be changed are called static factors whereas those that can be changed are called dynamic factors. The dynamic factors are called criminogenic needs. They are crime producing factors that are strongly correlated with risk. Also, they are correlated with recidivism (Latessa & Lowenkamp, 2005).

Epperson et al. suggest a person-place framework that is more comprehensive and inclusive of factors contributing to criminal behavior in general. There are two levels of factors: person (individual) and place (environment). At the center are person level-factors emphasizing mental illness, addictions, anti-social cognitions and attitudes, and poverty. These factors work separately and interactively to affect the risk of criminal justice entanglement. The place factors include not only the mental
health treatment system, but also community characteristics including levels of violence, law enforcement presence, homelessness, unemployment, and other social disadvantages. In addition to these two levels, there are mediators that act as catalysts between the person and place factors contributing to justice involvement. These mediators include trauma and stress. Situations within the environment may produce interpersonal trauma (e.g. sexual or physical violence) and stress associated with unemployment, poverty, violence, family dynamics and homelessness, which intensify person-level risk factors and push people towards behaviors that are harmful to them and the community.

There are Central Eight risk factors predictive of criminal behavior. They are among the person-level factors. (1) History of anti-social behavior. Extensiveness is more important than intensiveness in this regard. (2) Anti-social personality pattern. (3) Criminal thinking and anti-social attitude (4) Anti-social associates (5) Family and /or relationship circumstances (if less connected with family, higher predictive) (6) School and /or Work functioning (7) Leisure and/or Recreational Activities and (8) Substance Abuse (Epperson; Morgan; & Frueh. 2011).

The emergence of the discipline called victimology has enriched the scientific psychological inquiries into criminality and its devastating effects on individual and society. Focus on offenders alone will not fulfill the goals of correction. UN documents and other records show that criminal justice system has begun paying due attention to the crime victims who have been neglected so far. Many studies have been initiated on victimology and it has become an indispensable part of criminal psychology and criminology.
David P Farrington has explained the psycho-social causes of offending. He observes that offending is part of a larger syndrome of anti-social behavior that arises in childhood and tends to persist into adulthood. According to him, the anti-social child has likelihood to grow into an anti-social teen-ager and then an anti-social adult. This development does not cease here. The anti-social adult then tends to produce another anti-social child. He holds that there are some important risk factors for offending: individual difference factors such as high impulsivity and low intelligence, family influences such as poor child rearing and criminal parents and social influences, socio-economic deprivation, peer, school, community and situational factors (Shader, 2009).

Lindsay et al. (2004) have examined the association between psychiatric disorder and offending. They are of conviction that neuro-psychological abnormalities are commonly found in offenders and there is evidence for specific brain deficits in aggressive or violent behavior. Prefrontal executive dysfunction is evident in aggressive and anti-social individuals. Anti-social behavior is associated with EEG abnormalities, particularly frontal slowing. Moreover, there is evidence for biochemical abnormalities. Reduced serotonin function is largely related to impulsivity rather than directly to violence. Serotonin has a role in emotional states such as impulsiveness, aggression, anxiety and depression. They observe that schizophrenia, personality disorder and substance related disorders are significantly overrepresented in offenders. They come to a conclusion that mental disorder may be the determinant or coincidental in an offence.
Every violent act involves three factors: a perpetrator, a victim and a context. The second factor seemed to have been sidelined until recently. But there is spurt of a new interest in this area. The development of the discipline victimology accounts for this. Victimology is defined as an academic scientific discipline which studies data that describe phenomena and causal relationships related to victimizations (Dussich, , 2005). It provides the psycho-social impacts of victimization and the restorative measures to be undertaken. It also explains victim participation and vulnerability that facilitate victimization. Victim participation where the victims cause, in part or totally, their own victimization is very imperative diathetical aspect to be studied in depth. Vulnerability is the condition which is characterized by a weakness of any sort. This weakness could render a person a victim if another person or persons would recognize these weaknesses and take advantage of them.

CRIME IN THE CURRENT GLOBAL SCENARIO

The incidence of crime at the international level points out to the morbid psyche of human kind. Homicide and other traditional crimes are out-shadowed by new ones in the category of organized crimes. International Statistics on Crime and Justice, a report jointly prepared by European Institute for Crime Prevention and Control and United Nations office on Drugs and Crimes, has brought out some very important statistical data on global criminal condition for a period of five years from 2003 to 2008.

The overall global homicide rate was estimated at 7.6 per 100,000 population in 2004, corresponding to some 490,000 violent deaths in that year. The report says that the majority of countries for which trend data is available show decreasing or
stable homicide trends over the period 2003-2008. However, when analyzed at sub-regional level, some sub-regions such as the Caribbean and Central America show an increase. This may be linked in particular to the challenges of organized crime, drug trafficking and gang activity.

‘Traditional’ violent and property crimes have taken different dimensions. Assaults are seen to have increased. Same is the case with rapes and robberies, though to a lesser extent. Property crimes, measured by burglary and motor vehicle theft for the report, have decreased. Drug trafficking, trafficking in persons, smuggling of migrants, corruption and counterfeit currency are part of modern organized crimes.

Way back in 1993 itself, the UNO had warned its member nations about the burgeoning organized crimes in the world through its Crime Prevention and Criminal Justice Newsletter. It attempted to bring the urgent notice of the countries to the growing threat of organized crime worldwide. Various factors contributing to the rapid internationalization of the organized crime include modern technology, sophisticated communication, computerization, economic significance of ‘narcodollar’ over petrodollar and the like. Organized crime moved from traditional fields such as gambling, loan-sharking and prostitution to international automobile smuggling, art and archeological theft, arms trafficking, trade in illegal wildlife products, credit-card fraud and other transactional enterprises.

UNO had also made the countries aware of the development of other forms of crimes: exponential increase in corruptions by politicians, illicit dumping of hazardous wastes in poor developing countries, a black market for human organs for transplant
(destitute persons and children are used for the collection of organs), insurance fraud and fraudulent bankruptcy. It also forewarned of the computer criminality, what is now known as cybercrimes, and emergence of an alternate power class.

The burden of attempting to eradicate organized crime fell on both developed and developing countries. Organized crime was nothing less than a massive attack on the fabric of society affecting practically all of its components. It was an insidious form of lawlessness that cynically exploited citizens’ rights and constitutional guarantees for the purpose of reducing the risk of detection and maximizing impunity. In that matter, organized crime threatened some of the most basic elements of democracy.

CRIME IN INDIA: A STATISTICAL EXPLORATION

India figures among the top ten countries with highest reported crime rates. Though it stands tenth, it is by no means enviable for any Indian. 1,764,630 criminal cases were recorded in India in 2010 while in the USA, the number was 11,877,218. The latter was admittedly the first in the world. The UK stands second with 6,523,706 crimes.

The statistical compendium published by the National Crime Records Bureau (2011) under the Ministry of Home Affairs, Government of India gives a general picture of criminal condition in India. This may not be accurate but reliable to a great extent for making impressions and overall ideas about criminal incidence in India. NCRB’s compendium 2011 deals with many important areas such as crimes in mega cities, violent crimes, disposal of cases by police and courts, crime against women, crime against children, human trafficking, crime against persons belonging to SCs and
STs, economic offences, juvenile delinquency, recidivism, cybercrimes, custodial crimes etc.

The criminal cases are registered in India under Indian Penal Code (IPC) or Special & Local Laws (SLL). A total of 62,729 cognizable crimes comprising 23,575 IPC cases and 39,154 SLL crimes were reported in India in 2011. During the year, IPC crime rate has increased by 2.5% over 2010 while SLL crime rate has decreased by 15.0% over 2010. There were 34305 murders and 31385 attempts to commit murder. Among the Indian states, Kerala had to suffer the notoriety of being a state having the highest rate of violent crimes in 2011. And Kochi reported the highest IPC crime rate of 1636.4 per 100,000 population among the mega cities in the country followed by Gwalior (709.3) and Durg Bhilainagar (683.0).

There is an increase in crime against women with an incidence of 2,28,650 reported cases. It was 2,13,585 in 2010. Crime of human trafficking has also increased. The number of such cases reported in 2010 was 3,422 and it rose to 3,517 in 2011.Crime against children also marked an increase. Its incidence in 2010 was 26,694. 2011 saw 33,098 such cases. Crime against people belonging to scheduled castes and scheduled tribes has shown no substantial increase. The incidence of crimes against SCs was 33,719 in 2011 and that against STs was 5,756 in the same year. Juvenile delinquency cases both under IPC and SLL show an increase over 2010. Another notable area is that of cybercrime, where cases are registered under IT Act and IPC sections. An increase of 67.4% has been recorded in 2011 as compared to 2010. The number rose from 1,322 to 2,213 (National Crime Records Bureau, 2011).
CHANGED PARADIGMS OF CORRECTIONS

Imprisonment is now considered as a means of correction or refinement or reformation of the offender. The concept of correction is comparatively a recent development. Earlier, the imprisonment was meant for retribution or retaliation administered by the state apparatus on behalf of the victim. The shift from retributive mode to correctional mode was in tune mainly with the advance in the psychological understanding of criminal behavior. Now, correctional institutions like prison function with a reformatory and rehabilitative spirit. Re-socialization and reintegration of the offenders are given emphasis, even though custodial mode for social defense and security is still retained. Today, a human rights approach guides the corrections world over.

UNO makes the new view more obvious: The myths built around criminal behavior have been rejected to a great extent at least the level of policy makers and top level administers. Yet, there is need of prison system for social defense and security. However, every country is directed to follow the guidelines: Crime prevention and criminal justice strategies must take a human rights approach and be based on the rules of law, together with the UN standards and norms in crime prevention and criminal justice (UNO, 2006). There emerged a sizable body of standards and norms related to crime prevention and criminal justice under the aegis of the UNO, pertaining to a wide variety of issues such as juvenile justice, the treatment of offenders, victim protection and violence against women and children.

Changed perspectives on corrections influenced all the institutions related to it. As prison system is the backdrop in which the present study takes place, the changes
that happened to the theoretical and practical avenues of the prison system in the
world deserve at least a brief analysis here. There are three models of prison systems-
hierarchical, differentiated and autonomous (Salinas, G.L., 2009). The hierarchical
model works on the premise that ensured physical control leads to custody and
security. It follows a punitive philosophy and classifies prisoners into minimum,
medium and maximum security categories. This philosophy of punishment pertains to
the classical school of thought of criminology. Classical view holds that by removing
the amount of pleasure and increasing the amount of pain, individuals from refrain
from criminal activity. The prison system based on this school of thought maintains an
approach of retribution and deterrence instead of treatment. It goes without saying that
such a system causes high tension and riots and psychological and physical trauma to
prisoners.

The differentiated model focuses on the causal factors of criminal act. So, it
uses diagnosis and treatment of criminals. It is termed as differentiated because it
works on differentiation of offenders on the basis of age, nature of offence, clinical
diagnosis, length of sentence, geography, education and vocational deficiencies. This
type of prison system belongs to the positivist school of thought of criminology.
Positivism relies on determinism and a belief that a person’s personal actions are
determined by forces or factors beyond their control. Naturally, differentiated model
based on positivism does not argue for punishment. The autonomous model does not
seek any kind of deliberate intervention. A judicious blend of the first two models is
necessary for an integrative prison system model.
The prison management is also worth mentioning at this juncture. The primary goal of prison management is to incapacitate inmates while providing rehabilitation and correctional programs. It has the responsibility of monitoring inmate behavior and also monitoring employee behavior and abuses. Three models have been developed to define the tasks of prison management. They are the control, responsibility and consensual models.

The control model of prison management is preoccupied with authority and places it in the hands of the prison administration. The responsibility model, on the other hand, offers some authority. It believes that inmates have the capacity to self-govern within a restricted security environment. The consensual model, as the term implies, is hybrid of the control and responsibility models.

Prisonization or prison code is another concept to be understood for a better understanding of the prison. It refers to a process involving changes within the individual inmate during the incarceration. The prisonisation model, first developed in 1940, posits that the longer inmates are imprisoned, the more criminalized and distanced they become from the values and behaviors of society outside the prison walls. Prisonization occurs as the inmates increasingly acquire the values, standards and behavioral patterns of other inmates. Imprisonment causes prisonization, which in turn, results in the inmate assuming criminal role identities.

Prisonization implies the existence of a distinctive prison culture. The existence of gangs and other vested interest groups, violence, widespread drug use, sexual aggression, and other anti-social behavior are some of the aspects of this prison
culture. Exhibition of machismo is acceptable whereas expression of love, affection or compassion is viewed as sign of weakness, and therefore is not acceptable. The prison culture provides fertile ground for the breeding of recidivists.

The sociological aspects of prisons are also to be taken into account in order to gain a deep level understanding of it. A prison presents a social system. It has many parts interrelated into a fabric. When it comes to prison, it comprises a number of sub-systems based on persons coming from varying criminal and socio-cultural backgrounds. A positive change in any sub-system will have an effect on other sub-systems. One cannot change one part of a system without influencing the other parts in some ways.

There are many whose musings are that, in a broad perspective, correction is inevitably part of social reformation. Most of the offenders are persons with personality disorders. Correctional practices involve different levels of reformative processes with the individual at the center. Thus, the individual is helped to improve his or her personality. But, the offender-centered corrections will be productive only when efforts are taken to change the social situations that cater to criminality (Raju, 2001).

Many research studies carried out in the west have reiterated alternatives for imprisonment. But total avoidance of incarceration is not at all advisable. Instead of retributory approach, there are two general risk-management approaches: risk control and risk reduction. Risk control aims at reducing crime by limiting the offender’s capacity to carry out new criminal acts. The main version of risk control is
incapacitation, which rests on the notion that while offenders are under the control of the state their ability to commit crime should be curtailed. Crime curtailment comes in many degrees and forms. Commonly it is accomplished through incarceration, but it can also achieved by techniques such as electronically monitored house arrest to the mobility of the offender or urine testing and intensive supervision. Incapacitation is not intended to change offenders; it seeks simply to ensure they do not commit crimes while under the state’s control. Recidivism during that period is the criterion of success or failure.

Risk reduction seeks to diminish the likelihood that an offender will commit another crime. This is considered ‘treatment’-the purposeful intervention into the life of an offender so that he or she in the future will be more inclined to choose law-abiding rather than criminal behavior. Treatment may involve various forms of counseling, psychological interventions, or work and educational programs. Conceptually, it could also include punishment or specific deterrence as long as its goal is to induce the offender to make law-abiding choices in the future. The more the risk reduction is successful, the less the need for incapacitation (O’Leary & Clear, 1997).

A human rights approach initiated by the UNO has epitomized all the paradigmatic changes occurred in the domain of corrections worldwide. The main human rights instruments such as the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights are treaties which are legally binding on all nations which have ratified or acceded to them. Most of them contain references to the treatment of people who are deprived of
their liberty. Specific international instruments dealing with prisoners and conditions of detention are a lot. They include the Standard Minimum Rules for the treatment of Prisoners (1957), the Body of Principles for the Protection All Persons under Any Form of Detention or Imprisonment (1988), the Basic Principles for the Treatment of Prisoners (1990) and the Standard Minimum Rules for the Administration of Juvenile Justice (1985). There are also a number of instruments which refer specifically to staff working with people who have been deprived of their liberty. They include the Code of Conduct for Law Enforcement Officials (1979), the Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (1982) and the Basic Principles on the Use of Force and Firearms (1990) (Coyle, A., 2009).

It is important to manage prisons within an ethical context which respects the humanity of everyone involved in a prison: prisoners, prison staff and visitors. This ethical context needs to be universal in its application and this universality is provided by the international human rights instruments.

**PSYCHOLOGICAL IMPACTS OF IMPRISONMENT**

How imprisonment affects a prisoner is matter of concern for correctional psychology. Imprisonment implies denial of freedom of movement, curtailment of certain civil rights, lack of family life, restrictions on free communication with friends and relatives and utmost the volitional restraints. Thus, imprisonment offers an unnatural and oppressive milieu for human beings. This unnaturalness and oppressiveness make incarceration aversive to human mind. As the exposure to
incarceration prolongs, the adverse effects it has on mental well-being deepens. For most prisoners, incarceration is a bitter and horrible experience. However, a few prisoners consider it a safer hamlet to protect themselves from likely retaliation by the relatives of the victim. For some, it offers facility to plan for further criminal actions. Among those who take it as a painful retribution are some who are willing to accept it as a God-given punishment. Though they do not complain against prison life, they will have worsened their mind through guilty conscience and self-curse. Most of the prisoners will develop or aggravate guilt, low self-esteem, learned helplessness, anxiety problems, depression, suicidal ideation, personality disorders, serious mental illnesses (SMI), substance use and abuse problems. These eventually lead to poor adjustment with prison life. The maladjustment manifests itself in cognitive, emotional and behavioral forms. Higher level of negative stress or distress, paranoid thinking, excess anger, poor social skills, zombification of personality, poor interpersonal relationships, low problem solving skills, low libido, decreased sexual energy, poor personal angst etc. are the characteristic symptoms of this poor prison adjustment. There are studies that show not only prisoners but prison staff as well is corrupted by prison as an institution. As for the prisoners, especially the convicted prisoners, imprisonment in a penitentiary system meant for correction turns to be a source of further corruption. Most of the prison studies give the message that prison ceases to be centers of correction.

How prison psychologically changes its captives has been a matter of interest for psychology for long. The famous Stanford Prison Experiment (1973) was an outcome of such an interest shown by social psychology. It was a study of prisoners and guards in a simulated prison erected at Stanford University, USA. The study
focused on the nature of the prison environment and the psychology of imprisonment. It had to be finished earlier than scheduled because of the deteriorated interpersonal relationship between prisoners and guards. The study came to an end on the sixth day. Arbitrary custody developed negativity in the emotions and attitude of both prisoners and guards alike. Like power, prison corrupts. That is the great message the study has given the world. This corruption occurred through tyranny of the guards and the de-individuation of the prisoners. Arbitrary control possessed by the guards results in the emasculation and zombification of the prisoners. Ironically enough, the guards who became most hostile were the role models for the other guards. The study per se was so negative in its outcomes that its chief experimenter declared “there is substantial evidence that prisons really neither “rehabilitate” nor act as a deterrent to future crime-in America, recidivism rates upwards of 75% speak quite decisively to these criteria (Zimbardo, 1973).”

Equally interesting is the BBC Prison Study (2006) held about 33 years after the Stanford Prison Experiment. It was also a social psychological experimental case study in a simulated prison. The study tried to answer three questions: 1. Do participants accept roles uncritically? 2. Do those given power exercise with no restraint? 3. Do those given no power accept their situation without complaint? The results of this study stroke a marked contrast with the Stanford study. The study suggests that “It is powerlessness and failure of groups that makes tyranny psychologically acceptable (Reicher & Haslam, 2006).”

Both the studies examined human responses to tyranny, the oppressive exercise of power. It has been suggested that in a group, individuals undergo a process of de-
individuation losing their identity and becoming capable of barbaric acts. The
Stanford Prison Experiment comprised 21 healthy and well-adjusted students who
were randomly assigned to the role of either prisoners or guards. After the experiment
got underway, a process of de-humanization erupted there and interpersonal
relationships got thwarted. The guards became exorbitantly aggressive. More
interestingly, the most hostile guards became role models for the other guards. The
experiment was terminated on the 6th day because the prisoners could not cope and the
guards became even more tyrannical. The study showed that both prisoners and
guards identified with, and conformed to, their allocated social role; and the situation
people are in, rather than individual characteristics, determines behavior. Because of
ethical concerns, the experiment has never been replicated. The first stimulated prison
experiment has brought out the idea that behavior is determined by the situational
factors of an individual. His/her disposition has little or no role in the formation of
behavior.

The BBC prison experiment was run with an aim to create an institution like a
prison in which to investigate the behavior of groups that were unequal in resources,
power and status, and the conditions under which people do or do not assume
allocated social roles. There were 5 guards and 10 prisoners. all were male. Later, on
the 4th day, a new prisoner with a background as a trade union official was introduced.
He was expected to provide the skills needed to organize ‘collective action’. On day6,
the prisoners broke out of cells and the regime of the guards was ended. All the
participants decided to continue as a self-governing ‘commune’. But the leaders of the
strike did not co-operate. Instead, by day8, a more authoritarian system of inequality
was proposed by some. The study came to an end on the 8th day.
The second study brought out the following conclusions:

1) The behavior of a member of a group may be pro-social or anti-social. It depends on the norms and values of the group social identity.

2) Failure of a group in creating a social system creates problems for its own members and for others. Because, it accepts extreme solutions proposed by others.

3) The breakdown of groups and powerlessness create the conditions for tyranny.

A research study carried out on the returning prisoners in the USA has brought out some alarming findings which obviously show how incarceration affects prisoners. 80% male prisoners and 90% female prisoners were found to have left prison with chronic health conditions requiring treatment or management. It goes without saying that these health conditions encompass mental and substance abuse problems apart from physical problems. Another shocking finding is that one in five returning prisoners were back in state prisons within a year of their release. Substance abusers were more likely to have engaged in criminal behavior and more likely to have been incarcerated. Having any type of health condition—physical, mental or substance abuse—was associated with either engaged in more criminal activity or having a higher likelihood of re-incarceration (Malli-Kane & Visher, 2008).

Prisonisation process and the individual prisoner’s pattern of reactions to it account for the psychology of imprisonment. Prisonization is part of the adaptation to imprisonment. Prisonization is a concept first introduced by Clemmer. He defined it as “the taking on in greater or lesser degree of the folkways, mores, customs and
general culture of the penitentiary.” Now the interest has fallen on the specific behavioral responses to imprisonment as well as psychological and emotional reactions. Recent research implicitly and explicitly addresses the effects of both indigenous and imported factors on these specific types of adaptations (Dhami et al., 2007).

Adaptation, thereby prisonization, involves two sets of factors: indigenous and imported. Indigenous factors include deprived liberty, restricted movement, lack of heterosexual relationship, lack of relationship with family and friends, a loss of control, and a lack of previously enjoyed goods and services and personal security and privacy. Prison security level, indeterminate sentence and sentence length are also indigenous factors. The imported factors comprise the life styles and other pre-prison characteristics of prisoners. Education, employment, mental illness, substance abuse, the number of violent offenses, prior incarceration, age, gender, race and marital status come under this domain. Recent trend is to view the interactive effects of both indigenous and imported factors in determining the adaptation to imprisonment.

**INDIAN PRISON SYSTEM AND CORRECTIONAL PRACTICES**

Modern Indian prison system owes much to the British Imperialists for its foundations. Even after Independence, the system remained as the embodiment of oppressiveness reminiscent of the colonialist terrorism, until recently. The judicial intervention, UN influences and political and social enlightenment of the political as well as administrative leadership paved the way for reforms, if not a revamp, at state and national levels of the system. Hence the constitution of many prison reforms committees and commissions such as Mulla Committee at national level and A. P.
Udayabhanu Commission in the State of Kerala. The Prisons Act, 1894 and The Prison Manuals promulgated by respective state governments regulate the prison administration in India.

That India is obliged to the UN influence is clear from the fact that there are several international covenants to which India is a party and has readily ratified them. Among them, the International Covenant on Civil and Political Rights (ICCPR) is the key one. The latest Model Prison Manual mentions the covenant in acknowledgement of its inspiration in formulating a modern and humanistic correctional perspective in India. Thus, India too declares that its penitentiary system will strive for the refinement of the incarcerated persons. The manual envisages that prisons in the country shall endeavor to reform and re-assimilate offenders in the social milieu by giving them appropriate correctional treatment (Model Prison Manuel, 2003). The philosophy underlying the Indian prison system can be read from the following lines:

Prison institutions are one of the three main constituents of the criminal justice system. In recent times there has been considerable change in social perception towards the prisoners. The prisoners are no longer regarded as places for punishment only. They are now being considered as reformatories and greater attention is being given to ameliorate the conditions in jails so that they have a healthy impact on the prisoners in developing a positive attitude towards life and society. The ultimate purpose is to integrate the prisoners in the society after their release from the prison (Prison Statistics, India, 2011).

In administrative terms, prison is a state subject under List II of the 7th Schedule to the Constitution of India. It means that state governments have the
exclusive responsibility of management and administration of prisons in the country. Moreover, the states wield the primary role, responsibility and authority to change the current prison laws, rules and regulations. The central government’s role is to assist the states to improve the security in prisons, repair and renovation of old prisons, medical facilities, development of borstal schools, facilities to women offenders, vocational training, modernization of prison industries, training to prison personnel and for the creation of high security enclosure (Alam, 2011).

The Supreme Court of India has laid down three broad principles in handling the prisoners in imprisonment and custody. 1) A person in person does not become a non-person. 2) A person in prison entitled to all human rights within the limitations of imprisonment. 3) There is no justification for aggravating the suffering already inherent in the process of incarceration.

Pursuant to the ICCPR, UNO promulgated another covenant. It was the International Covenant on Economic, social and Cultural Rights (ICESR), which also was ratified by India. This covenant is particularly important because it states that prisoners have a right to the highest attainable standard of physical and mental health. In fact, the basic vision of these covenants is from the 1955 UN document: United Nations Standard Minimum Rules for the Treatment of Prisoners. It safeguards the prisoners’ freedom from discrimination on grounds of race, color, sex, language, religion, political or other opinion, property, birth or other status. But it underlines the importance of giving respect to the religious belief and moral precepts of the group to which a prisoner belongs. It also directs to classify prisoners into different categories and to allot separate institutes for male and female prisoners. Two other important
international documents regarding prisoners are the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, 1988 and the Basic Principles for the Treatment of Prisoners, 1990.

The present prison system in our country is a legacy from the British India. The entire edifice of Indian Prison System has been built on the Prisons Act of 1894. The act has not been subjected to any essential change so far. It is interesting to note that even under the colonial rule, Indian prison system had accepted reformation and rehabilitation of offenders as the objective of prison administration in principle. But what actually happened is history. Even now, the lacuna between word and deed continues. That is what the manual says, ”It is, however, seen that whereas India is second to none in terms of an enlightened thinking with regard to the purpose and objective of imprisonment, the gap between proclaimed principles and actual practices appears to have been widening in recent years (Model Prison Manual, 2003).”

A uniform national policy on prison is still at distance. ‘Prisons’ is a subject under the state list in the 7th schedule to the constitution of India. It was the Government of India Act of 1935 that transferred the subject of jails from the central list to the control of the then provincial governments. That position continues. Many commissions and committees recommended for including prison in the concurrent list. But no action in this respect has been taken yet.

Among many jail reforms committees constituted in post-independent India, some are to be mentioned in this context. Reckless was a UN expert on prisons whose service was solicited by the Govt. of India soon after independence. His report titled
‘Jail Administration in India’ made a plea for transferring jails into reformation centers. He also suggested revising the outdated jail manuals. Another milestone in prison reforms in India is the appointment of the Mulla Committee. The Govt. of India set up a committee on Jail Reform, under the chairmanship of Justice Mulla in 1980. The committee submitted its report in 1983. It proposed a draft national Policy on Prison, along with as many as 658 remarkable recommendations. In 1987, the Govt. of India appointed the Justice Krishna Iyer to undertake a study on the problems of women prisoners in India.

The post-independent Indian judiciary has always been for reformatory function of the prison not for the retaliatory role. The Supreme Court once asked the most fundamental question: Are prisoners persons? The question was for asserting that they had all the qualities of persons. Earlier in this case (1978), Justice V.R. Krishna Iyer had proclaimed: prisoners have enforceable liberties. Prison Power must bow before Judge Power, if fundamental freedoms are in jeopardy. Our father of the nation had also voiced for a correctional prison. For Gandhiji, crime is the outcome of a diseased mind and jail must have an environment of hospital for treatment and care.

The apex court of India has laid down three broad principles through its various judgments in cases related to Indian prison system.

1. A person in prison does not become a non-person.

2. A person in prison is entitled to all human rights within the limitations of imprisonment.

3. There is no justification in aggravating the suffering already inherent in the process of incarceration (Model Prison Manual, 2003).
The first prison act, the prisons Act of 1894, introduced in British India had the main goal of effecting the incapacitation of offenders among the Indians. No provision in the Act mentioned the rights of the prisoners. It did not envisage their rehabilitation or reformation or their reintroduction into society on completion of sentence. So, it was a historical inevitability to change the savagery and bestiality of Indian prison system bequeathed from the legacy of the colonialist regime. Thus, the committees and commissions appointed by post-independent national and state governments took up the historical mission of purging the colonial outlook of the Indian prison system.

The Mulla committee proclaimed that prisons in the country shall endeavor to refine and re-assimilate offenders in the social milieu by giving them appropriate correctional treatment. It suggested that the prisons and allied institutions must be put in the concurrent list of the 7th schedule to the Constitution of India. Another important proposal is for alternatives to imprisonment such as community service, forfeiture of property, payment of compensation to victims, public censure, etc.

In respect of the correctional for treatment, it says that programs for the treatment of offenders shall be individualized and shall aim at providing them with opportunities for diversified education, development of work habits and skills, change in attitude, modification of behavior and implantation of social and moral values (Draft Policy on Prisons, 2000).

The socio-economic background of the prison population of India has drawn special attention of commissions and committees constituted for prison reforms. For instance, the Mulla committee observes that a majority of persons lodged in prisons
consisted of people belonging to the underprivileged sections of society with rural and agricultural background. What they need is protection from the harmful effects of exposure to prison life. Here, the committee rightly points out the fact that the prison atmosphere has a corruptive influence (Mulla Committee Report, 1983). Apart from the various commissions and committees on jail reform appointed by the govt. of India, there are many state level committees appointed by the respective state governments.

When it comes to the causal socio-economic factors of crime in India, poverty, basic needs unmet and unemployment are cited as major reasons. The other causes of crime in order of importance are political patronage, broken home and instigation by friends. The minor causes of crime are illiteracy, corruption in public life and the consequent temptation to be rich overnight, industrialization and urbanization (Mohanty, A., 1990).

**COMMON PRISON PROBLEMS**

A number of prison problems have been identified all over the world. The ever increasing prison population has resulted in overcrowding in prisons. It, in turn, leads to hygienic issues and health problems. The length of pre-trial detention is another crucial issue which has connection with many of other prison problems. That physical condition of prisons and inadequate infrastructural facilities mar the correctional effectiveness. The shortage of non-custodial alternatives to imprisonment is another area. Lack of sufficient and qualified staff is an acute problem. The inability to find suitable employment for prisoners also affects the prison functions adversely.
The National Human Rights Commission drew national attention to the specific problems Indian prison system has been confronting for long. The assertion and acceptance of the prisoners’ rights is pointed out as a major problem. Need for transparency and accountability, monitoring of prison conditions, delay in trial and legal aid, poor living conditions, security issues, lack of educational, vocational training, modernization of prison administration, and sensitization and expansion of prison staff are other areas warranting serious actions. Overcrowding and resultant hygienic problems, health care and sanitation problems are other areas that need urgent remediation. Custodial death is a very special case when Indian prison problems are considered (National Human Rights Commission, India, 2011).

**PHYSICAL HEALTH PROBLEMS IN PRISONS**

Even the relatively healthy are at a high risk in such conditions of near contact with the unhealthy, to catch communicable diseases. On release, many of these prisoners take back into their society and communities, dangerous diseases that were either acquired while incarcerated or remained untreated while behind bars.

The most commonly occurring and most widely studied communicable diseases inside correctional settings are tuberculosis (TB) and HIV. Research and prevention in correctional settings with regard to non-communicable diseases (NCD) is meager when compared to communicable diseases (Math et al., 2011).

People in prisons are at risk of contracting HIV through injecting drugs, unprotected sex and tattooing. Rate of HIV in prison is five times higher than in
general population. Non-availability of conjugal rights and long stay in prison increases homosexual activities.

Other communicable diseases prevalent in Indian prisons are typhoid fever, cholera, amoebiasis, hepatitis A&E (food & water –borne), hepatitis C & B (blood-borne), Malaria, dengue fever, chikungunya, Japanese Encephalitis (vector-borne), upper respiratory tract infection, lower respiratory tract infection, meningococcal meningitis (air-borne), HIV, hepatitis A&B, syphilis, gonorrhea, chlamydia and genital herpes (sexually transmitted diseases).

United Nations office on Drug and Crime (UNODC) has estimated that the levels of HIV infection among prison population worldwide tend to be much higher than in the population outside prisons. This situation is often accompanied and exacerbated by high rates of other infectious diseases such as hepatitis and tuberculosis.

Non-Communicable Disorders are those disorders which do not spread from one person to another. They are now considered as a major cause for mortality and morbidity. They include cardiovascular diseases, mental disorders, substance use disorders, neurological disorders, injuries, endocrinological disorders, cancers and respiratory diseases. Factors contributing to the development of NCD in prison are: Physical inactivity, idleness, boredom and poor motivation to do work; Being overweight and obese; Unstructured daily activity; Stressful environment; Unhealthy food; Physical violence, intimidation and bullying; Sexual violence; Mental health
problems such as depression, anxiety, adjustment problems and psychosis; Tobacco, cannabis, opioids, cocaine and other use and Deliberate self-harm and suicide.

MENTAL HEALTH PROBLEMS IN PRISONS

Incarceration provides favorable conditions for psychological ill-being of the prisoners. Any sort of confinement is unnatural for human beings. That too, if it is imposed up on the person, it will result in many adverse effects on health, especially mental health.

Correctional institutions are stressful environments. Offenders must deal with existential issues, including loss of freedom and finding meaning in one’s life as well as with other issues resulting from incarceration such as family separation/disruption; unresolved financial difficulties; imposition of structure in one’s life; and loss of previous coping strategies and fear of the prison environment itself due to physical and sexual violence (Fagan, & Ax, 2003).

Certainly, some offenders will thrive under the prison environments. And many will adapt and blend into it. But there are some who experience adjustment difficulties and emotional distress. Newly incarcerated offenders may experience anxiety, depression, and/or other psychological disturbances. Basic mental health services are necessary to assist these offenders in their adjustment to their new-found lives as inmates.

The penal milieu in relation to an extensive variety of issues impacts mental health in prison, points out a study conducted by Jordan (2012) in the U.K. it upholds the vision that context is crucial. The factors range from the overarching ethos of
imprisonment to individual interactions in the setting. It is pointed out that factors associated with imprisonment itself predispose prisoners to mental health problems. Moreover, prison culture can affect prisoners’ mental health.

A report on National Evaluation of Prison Mental Health In-Reach Services in U.K. (2009) states that the high prevalence of mental disorder in prisons is not confined to the U.K. One in seven prisoners had either a psychotic illness or major depression with approximately half of male prisoners and a fifth of female prisoners positive for anti-social personality disorder in western countries. The report also draws attention to the fact that prison populations also have high levels of suicidal and deliberate self-harming behaviors, and prisoners are at far greater risk of suicide than the general population.

Generally, prison entrants with mental health issues have relatively poor socio-economic and health characteristics and are more likely to engage in risky health behaviors, says Australian Institute of Health and Welfare (2010). It reiterates that prisoners are more likely to have complex health needs and poor mental health, as well as higher use of illicit drug and alcohol consumption than the general population. In addition, the prison environment, including crowded conditions, may have a further detrimental effect on prisoners’ physical and mental health.

A USA study report states that there has been a 250% increase in the size of the US jail population since 1986. Epidemiological data suggests that prevalence rates of persons with mental illness in jail are 3-5 times higher than the general population.
Suicide rates among jail and prison populations are higher than among the general population (Steadman et al., 2009).

Offenders experiencing severe adjustment difficulties become a concern for the safety and operation of a correctional institution and must be addressed. Even offenders nearing their release dates experience feelings of anxiety and apprehension regarding their impending release. Issues such as reintegrating into the free world, being reacquainted with family members, finding a job and avoiding criminal behavior become areas of concern. Offenders in any stage of incarceration may be in need of mental health service. Basic mental health services consist of four broad areas: assessment, acute crisis intervention, brief therapeutic intervention and special mental health evaluations.

Prisoners have greater physical and mental health needs compared to the general population. Available data indicate that the prevalence of mental illness in prison settings is significantly higher than the prevalence in the general population and it is approximately 3-6 times higher than the general population (Anderson, 2004). Another important thing is that substance use disorders (alcohol, nicotine, cannabis, opioids, cocaine, benzodiazepines, and other drugs) are the most frequently diagnosed condition. Other commonly occurring mental disorders are depression, anxiety disorders, personality disorders and psychosis.

Victimization and coercion in prisons are under-reported. They affect psychological well-being of the prisoners. Violence and victimization in prison are clearly significant stressors or traumatic events that could affect prison mental health
The NIMHANS’ Bangalore Central Prison Study shows that a large part of the mental morbidity in prison is contributed by substance abuse and its consequences (Math et al., 2011). The study testifies to the fact that many kinds of mental problems are prevalent among prisoners. Their occurrence or incidence probability is explained as follows.

Factors in prison that may adversely affect mental health include overcrowding, dirty and depressing environments, poor food, inadequate health care, physical or verbal aggression, lack of purposeful activity, lack of privacy and lack of opportunities for quiet relaxation and reflection. The availability of illicit drugs can compound emotional and behavioral problems in prison. Reactions of guilt or shame, anxiety of being separated from family and friends and worries about the future also compound such mental distress. Timely identification, treatment and rehabilitation are almost nonexistent in many prisons, especially in the developing countries.

High-risk behaviors such as suicide, self-harm, homicidal behavior, sexual violence, substance abuse, bullying, intimidation and gang fights are very difficult to deal with. They need to be addressed by various behavioral techniques such as counseling, anger management, family therapy, de-addiction counseling, therapeutic community and life skills training.

The WHO has advocated life skills training for offenders so that possibility of re-offending, as also substance use decreases (Greenwood, 2008). Life skills are abilities that help a person to acquire adaptive and positive behaviors to deal effectively with the demands and challenges of everyday life (WHO, 1997).
Skills have been identified as generic life skills for psychosocial competence. They have successfully been implemented in sexually transmitted diseases, HIV prevention programs, rehabilitation of sexual offenders, prevention of mental illness, management of substance use, school mental health program and anger management.

**PRISON SYSTEM IN KERALA**

The history of Kerala prison system dates back to the year of 1861 when the first district jail was established in Kozhikode in the Malabar region of the state which was then under the direct rule of the British. It was in 1862 that three principal jails in the erstwhile Travancore, the southern part of the present Kerala, were put up. Another milestone occurred with the establishment of the first Central Prison of the Kerala in Kannur in the Malabar area in 1869. The second central prison started in Thiruvananthapuram in the then Travancore in 1873 and before long was transferred to its present premises at Poojappura. The then Kochin principality in the state had one central prison at Viyyur near Thrissur and seven sub jails. The Travancore had a practice of using police lock ups as sub jails housing convicts sentenced for up to one month.

As mentioned above, Kerala state has three central prisons: Poojappura, Viyyur and Kannur. Central prisons are the institutions intended for the imprisonment of the persons convicted for an incarceration for above six months. It also confines the detenues, court martialed prisoners, and civil prisoners. Remand/Under-Trial prisoners are also lodged here when the nearby sub jails are overcrowded. The number of open Prisons in the state is two. These are minimum security prisons without high walls around. One such prison is situated at Nettukaltheri in Thruvananthapuram district and
the other is at Cheemeni in Kasargod district. Self-disciplined and well-behaving prisoners are transferred to open prisons. The admission is as a token of recognition of their good manners in the prison. There are three district jails in the state: Thiruvananthapuram, Kollam and Kozhikkode. They confine persons sentenced for an imprisonment up to six months. They also house remand/ Under trial prisoners. Women’s prisons are two in number; one at Neyyattinkara in Thiruvananthapuram and the other at Kannur. All women prisoners are housed in these institutions regardless their tenure of imprisonment. Remand/Under trial female prisoners are also confined here. Borstal school is another correctional institute in the state. Only one such institution functions in the state at Thrikkakkara in Ernakulam district. It is meant for confining young offenders aged 18 to 21. There has been no prisoner there since July 2002 as no such committal by courts. Apart from these, there are seven special sub jails and 29 sub jails set up in different parts of the state. Another salient component of the system is the State Institute of Correctional Administration (SICA). It functions as a training institute for the personnel of the department, imbibing modern correctional perspectives. As a whole, the prison department works with the objectives of correction, reformation and ultimate social reclamation of offenders by preventing them from further crimes. It avows its indebtedness to state prison reforms committees such as the Travancore-Cochin Jail Reforms Committee (1953-1954) headed by Justice R.Sankaranarayananlyer and the Kerala Jail Reforms Committee headed by Sri. A.P. Udayabhanu in addition to many all India jail Reforms Committee like the Mulla Committee and international Covenants initiated by the UNO.
CENTRAL PRISON, THIRUVANANTHAPURAM

It will never be out of place to say a few words to describe the Thiruvananthapuram Central Prison where the present study took place. It is one of the oldest prisons in Kerala. It is a historical monument when it comes to the history of criminal justice system of Kerala. The prison came into existence in 1873 in the erstwhile Travancore State, one of the princely states which later constituted the present political entity called Kerala. It was initially situated at West Fort, Thiruvananthapuram City. In September 1886, it was shifted to the present location, Poojappura. The area within the walls is 9 acres with 12 blocks built in pan optical shape and a tower in the centre. The tower is a three storied building which is popular facet of the prison as it is shown by the media as reference picture. Outside the walls, there is 60.41 acres of arable land which comprises paddy field, agricultural farm, residential quarters of the staff, manufactory, press, Prison Headquarters, motor workshop, laundry shed, State Institute of Correctional Administration and its barracks, Ganapathy temple, two water ponds, staff rest room etc. the authorized capacity of the prison is 900 males and 35 females. But the prison population during the present intervention was more than 1400 males and 30 females. Despite the fact that the central prison is meant exclusively for convict prisoners, there were around 400 under trials.

Many prominent figures have been among the captives of the prison since the distant past. Ettuveettill Pillamar, Dutch Captain Delanoy and his soldiers, Diwan Jayanthan Namboothiri, Raja Kesava Dasan, Thachil Mathoor Tharakan; freedom struggle leaders like Akkamma Cherian, Rosamma Punnoose and their five women comrades were kept in this prison. In addition, some reputed persons in the literary
field like Vaikkam Muhammed Basheer and Ponkunnam Varkey were also inmates here. Prominent political leaders of yester years like A.K.G were imprisoned here. The famous novel, Mathilukal (meaning Walls in English) penned by Vaikkam Muhammed Basheer has this prison as its setting.

NEED AND SIGNIFICANCE OF THE STUDY

The preceding discussion under various topics is testimonial to the dire need of psychological interventions in prisons for the effective execution of correctional practices. Re-socialization, rehabilitation and re-induction into society, of the incarcerated offenders are in essence a process of bringing them back to their psychological homeostasis and the resultant mental health. Mental health is here both means and aim of corrections. W.H.O. has reiterated the inevitability of maintaining and promoting mental health in correctional institutions. It has also suggested several measures for this purpose.

Estimates present that there are around 9 million people in prisons in all over the world. India has a 3.5 lakh people as prisoners. The ever increasing prison population reminds us of the lurid truth of ever deepening and ever widening criminality in our society. Yet, the advocacy service for mental health promotion in prisons in a large majority of countries like India is too feeble to attract the attention of policy makers, administrators and the general public.

The neglect of the prison population is precarious as far as a democratic nation like India is concerned. Let-them-suffer attitude is by all means a self-defeating one, capable of bringing tragic consequences. Criminality can be cured to a great extent
through meaningful interventions focusing the individual disposition. Change of milieu is very important, but a changed consciousness is a prerequisite of it. So, a positive and qualitative dispositional change offers two things: a positive change in the individual and provision of a subjective factor which is a prerequisite of the potential change in the situations.

Integrative psycho-education designed to suit a correctional purpose can do much in the process of positively transforming the offenders by way of mental health promotion. That will also be supportive for other correctional practices such as skill training, vocational activities and socialization practices already scheduled.

It is pointed out that there is paucity of data regarding the mental morbidity in prisons from Indian subcontinent. This is no doubt a very serious issue when India, the largest democracy in the world, is considered. Health related interventions in prisons here have not been scrutinized or evaluated. Challenges like prison security, ethical and legal considerations in studying prison populations, non-availability of trained man power and lack of funding are critical challenges in conducting research in prisons. Another important issue is that the public health system accords low priority for prisons and prison policies have focused little on improving health services within the prison (Math et al, 2011).

Same is the case with rehabilitation programs. Intervention based studies are minimal. Research on efficacy and cost effectiveness of rehabilitation programs is hardly possible in the absence of any worthwhile rehabilitation programs in prison settings. In India, there has been little systematic assessment of the prevalence and
patterns of mental morbidity among prisoners. Research in prison is a need to be encouraged so that effective interventions can be planned. The context of the present day correctional practices in India necessitates studies with a view to identifying the potential of mental health promotion strategies like psycho-education.

STATEMENT OF THE PROBLEM

The problem for the present study is stated as, “Efficacy of integrative correctional psycho-education in enhancing mental health among convicts-an experimental study”.

DEFINITIONS OF KEY WORDS

Psycho-education: Psycho education is a psychotherapeutic measure that uses mainly a didactic mode aiming at heightened consciousness in the client to achieve resilience to facilitate restoration or promotion of his or her psychological well-being. The psycho educational programs normally incorporate strategies like information giving, counseling, training etc.

Integrative Approach: Integrative approach in psychotherapy implies a harmonious, judicious blend of different theoretical stances for the benefit of the client. It refers to a trans-theoretical base of psychotherapeutic application bringing together the psycho-dynamic, behaviorist, gestalt, cognitivist, cognitive-behaviorist, humanistic and existentialist frame works.
**Positive Mental Health:** The concept of positive mental health has derived from the possibility that psychological well-being can be achieved by mobilizing internal and external resources of a person, not by remedying the mental morbidity factors alone. Positive mental health can be evaluated through its various attribute or aspects. The present study uses six aspects of positive mental health such as attitudes towards the self, self-actualization, integration, autonomy, perception of reality and environmental mastery.

**Corrections:** The term corrections signifies the refinement, re-socialization and rehabilitation process of the offender incarcerated in any correctional institutions like prisons, borstal schools, juvenile homes etc. It is in effect an antithesis of the retributive mode of imprisonment.

**OBJECTIVES OF THE STUDY**

The objectives of the present study are stated below.

1. To formulate an integrative psycho-educational package specially-suited to the correctional purposes;
2. To measure the effectiveness of integrative correctional psycho-education to enhance the mental health status of the convicts in a prison setting; and
3. To develop a convicts’ prison adjustment inventory to assess the impacts of imprisonment on the psychological well-being of convicts.
4. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in attitude towards self among convicts;
5. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in self-actualization among convicts;
6. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in integration among convicts;

7. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in autonomy among convicts;

8. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in perception of reality among convicts;

9. To measure the effectiveness of integrative correctional psycho-education to bring about a significant rise in environmental mastery among convicts; and

10. To measure the effectiveness of integrative correctional psycho-education to bring about a significant positive change in prison life adjustment among convicts.

**HYPOTHESES**

The following hypotheses were formulated in order to be tested to assess the efficacy of the integrative correctional psycho-education.

1. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the main variable, mental health.

2. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, attitude towards self.

3. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on sub-variable, self-actualization.
4. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, integration.

5. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, autonomy.

6. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, perception of reality.

7. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, environmental mastery.

8. There will be significant difference between the pre-intervention and post-intervention assessments of the experimental group on the sub-variable, prison life adjustment.

9. There will be a significant positive correlation among the variables of the study in both pre-intervention assessment and post-intervention assessment.

10. There will be significant difference between pre-intervention assessment and post-intervention assessment of the control group on all study variables.

11. There will be significant difference between the experimental group and the control group in the post-intervention assessment on all study variables.

**METHOD IN BRIEF**

a. Sample: The sample of the study was selected through purposive-random sampling technique. It comprised 50 convicts of the Central Prison,
Thiruvananthapuram, Kerala, who were randomized either into an experimental group or control group.

b. Tools: The tools used in this study were Structured Psychological Interview Schedule for Convicts (Mohan & Raju, 2011), Socio-Demographic Data Sheet, MHS Scale (Gireesan & Sanandaraj, 1988), CPLAI (Mohan & Raju, 2011), Convicts’ Psychological Profiles (Mohan & Raju, 2011) and ICPE Package (Mohan & Raju, 2011).

c. Statistical Methods: The statistical methods applied to the analysis of the data in the study were Mean; Percentage; Frequency; Sample t-test; Paired Sample t-test; and Pearson Product Moment Correlation Coefficient.

d. Organization of the report: The research report has been organized into five chapters, viz. Introduction; Review of related literature; Method; Data analysis, Results and Interpretation; and Summary, Findings and Conclusion.