Further Reading


Legal Case


Rehabilitation Theory

Rehabilitation has long been a contentious topic in the fields of both criminology and penology. The term “rehabilitation” itself simply means the process of helping a person to readapt to society or to restore someone to a former position or rank. However, this concept has taken on many different meanings over the years and waxed and waned in popularity as a principle of sentencing or justification for punishment. The means used to achieve reform in prisons have also varied over time, beginning with silence, isolation, labor, and punishment, then moving onto medically based interventions including drugs and psychosurgery. More recently, educational, vocational, and psychologically based programs, as well as specialized services for specific problems, have typically been put forward as means to reform prisoners during their sentence.

History

Ideas of rehabilitation through punishment were first embodied in the penitentiaries, built during the Jacksonian era of the late 19th century. Reformers hoped that felons would be “kept in solitude, reflecting penitently on their sins in order that they might cleanse and transform themselves” (Irwin, 1980, p. 2). Initially, under the Pennsylvania system, it was believed that solitary confinement, accompanied by silent contemplation and Bible study, was a means to redemption. This approach was later transformed in the Auburn system into one of discipline and labor, also performed in silence. Through hard work and a strict disciplinary regime, prisoners were meant to meditate over why they chose a criminal path in order to amend their ways. Disciplinary infractions were met with corporal punishments. At this time, prisoners were responsible for their own rehabilitation, since the causes of crime were thought to result from individuals’ inability to lead orderly and God-fearing lives.

In the latter part of the 19th century, the penitentiary gave way to the reformatory, which attempted to rehabilitate offenders through educational and vocational training, in conjunction with quasi-military regimes. Reformatories introduced a system of classification of prisoners that allowed for their individualized treatment. Prisoners progressed through graded stages contingent on their conduct and performance in programs. They could even work toward early release. Reformatories, although developed around the concept of rehabilitation, continued to advocate physical punishment for nonconformity and later regressed to more punitive regimens consistent with the reemergence of retribution at that time.

Medical Model

The medical model of intervention as a form of rehabilitation emerged at the turn of the century in response to the perceived ineffectiveness of early means of reform that used labor and physical punishments to change people’s behavior. New “scientific” disciplines like psychiatry, psychology, and criminology proposed that the causes of crime and deviance could be linked to biological, physiological, or psychological defects of the individual. Criminals were viewed as products of
socioeconomic or psychological forces beyond their control. In turn, crime was seen to be a “sickness,” and the object of corrections then was to “cure” the offender. The emergent Federal Bureau of Prisons in the 1930s endorsed the medical model in its approach to rehabilitation, thus legitimizing its use in corrections. It was during that time that the classification of prisoners became more refined, and the medical model provided what was then considered a “state of the art” clinical orientation to the diagnosis and treatment of offenders (Welch, 1996, p. 75).

The medical model led to the introduction of therapeutic personnel, such as psychiatrists, psychologists, and clinical social workers, into prison settings. While this model initially appeared to be more humane than previous penal practices, this was not always the case. Instead, extraordinarily invasive and even illegal procedures took place in many correctional institutions, including psychosurgery, electroconvulsive therapy, and surgical and chemical castration, all in the name of rehabilitation. Other forms of treatment included various “talk” therapies such as psychotherapy and psychoanalysis. Given that the nature of many of these interventions was open-ended, prisoners could be imprisoned indefinitely if it was determined that they had not been “rehabilitated.”

The medical model ultimately fell out of favor due to the convergence of a series of events. The inhumane nature of many of these practices, accompanied by an increasing concern with prisoners’ rights and a dearth of evidence on the effectiveness of interventions, led many experts to critique the rehabilitative ideal. At the same time, in response to an increase in crime across the country, opponents argued that the medical model was too soft and ineffective. For many, the death knell of the rehabilitative ideal finally came about from the publication of an article by Robert Martinson in 1974. In what turned out to be a politically important essay that had a swift and discernible effect on policy, Martinson concluded that “with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism” (1974, p. 25). As the title of his article suggested, he appeared to be arguing that “nothing works.”

Even though Martinson himself later retracted his earlier conclusions regarding rehabilitation programs, and his original essay was found to have serious methodological flaws, the academic community and both the political left and right embraced his message at that time. His message was attractive to liberals since it could be used to argue against the use of imprisonment and to abolish indeterminate sentencing. For conservatives, rehabilitation programs were thought to “coddle” criminals, since they allowed for early release. For them, Martinson’s argument permitted the introduction of harsher regimes of punishment. Finally, an emerging social science also played a large role in vilifying rehabilitation, since researchers found that prisoners who “participated in a wide range of rehabilitation programs were rearrested at the same rate as those who did not” (Irwin & Austin, 1997, p. 64).

POST-MARTINSON ERA

Penal policy in the United States, following Martinson, no longer sought to rehabilitate prisoners. Thus, the U.S. Supreme Court, in Misretta v. U.S. in 1989, upheld federal sentencing guidelines that removed the goal of rehabilitation from serious consideration when sentencing offenders. Future sentencing practices would only have to consider the crime, with little concern for factors such as amenability to treatment or social and familial history. However, in spite of this political climate, some people continue to believe in the importance and possibility of rehabilitation in incarceration policy and practice. For example, the language of the mission statement of the Federal Bureau of Prisons reflects a strong emphasis on societal protection and safe and humane confinement, while still promoting “work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens” (Federal Bureau of Prisons, 2002). Although not couched in medical or rehabilitative terminology, the federal prison system continues to offer a variety of programs directed toward this end, including work, occupational and vocational training, parenting classes, recreation and wellness activities, and substance abuse treatment.
Current efforts in some states also indicate that the tide may be turning once again toward rehabilitation as renewed efforts are being seen through revamped educational and vocational training. This type of programming differs greatly from that seen in earlier periods and is now much more closely linked to training for specific types of employment, as evidenced by existing programs in Oregon, Pennsylvania, Ohio, and Washington State. For example, the Oregon State Correctional Institution in Salem teaches advanced computer training, through which prisoners build customized computers for state agencies. A central notion behind this form of rehabilitation is that prisoners will be equipped with skills upon release that will allow them to earn competitive salaries and avoid criminal activity in the future. Officials declare that these efforts have had a positive impact on recidivism, as the percentage of admissions who were returning parolees in 2000 was 25%, down from 47% in 1995. Nonetheless, the critiques of such programs echo earlier ones, with some expressing concern that such efforts are wasting money and that such training may infringe on the labor market.

Recent research has also indicated that some rehabilitative efforts do in fact have some effect on recidivism. A series of meta-analyses of the outcomes of correctional rehabilitation programs on recidivism has revealed that those that achieve the greatest reductions use “cognitive behavioral treatments, target known predictors of crime for change, and intervene mainly with high-risk offenders” (Cullen & Gendreau, 2000, p. 110). However, it must be noted that using recidivism as a means of assessing the effectiveness of rehabilitative programs may be somewhat misleading. Rates of reoffending tell very little about the efficacy of rehabilitation programs, per se, as they could well ignore improvements that may have occurred in other areas, because much crime remains undetected, and because reoffending behavior may have little to do with areas targeted by initial programming efforts.

**INCENTIVES**

Prisoners are, in essence, involuntary clients of intervention efforts. They have not freely chosen to participate in rehabilitation programs, and they are unlikely to do so without the benefit of incentives that the prison administration offers them in exchange for participation. These include such considerations as early parole, better living conditions, and increased inmate pay. While prisoners have the right to refuse to participate in intervention programs, the idea of early release is so appealing that many cooperate simply as a means to an end. For the prison administration, the implicit coercion involved in this process is outweighed by the fact that the prisoner attains a benefit in exchange for cooperation. However, this thinking ignores the fact that rehabilitation cannot take place by force, and in the long run, “sham” cooperation will not result in any lasting change.

**CRITICAL PERSPECTIVE**

Abolitionist literature notes that prisons at best do nothing to reform offenders and at worst play a central role in reproducing crime. From a radical point of view, rehabilitation is seen as an attempt by those in power to impose a repressive system of social control over vulnerable individuals. Such a critical perspective rejects the positivistic view of crime that focuses on individuals while ignoring greater social conditions of disadvantage. What is challenged is the notion that the offending behavior stems from a defect in the personality of the prisoner, who is considered amenable to change or rehabilitation within the prison environment.

Correctional institutions strip inmates of all of their familiar social and cultural supports around which their personal identity had previously been centered. Any program of rehabilitation within prison must first overcome these devastating processes. Some, like David Rothman (1973), reject the possibility of rehabilitation outright, due in part to the relative powerlessness of the prisoner to give or withhold consent to such efforts and because of the incongruous nature of the environment within which it is offered.

**WOMEN AND MINORITIES**

Historically, the special needs of women and minority groups in prisons have been largely ignored. For
women, rehabilitative programming, in the form of educational and vocational opportunities, has rarely taken into account gender differences and in most cases paralleled that of men’s programming. While women are offered similar educational opportunities as men, many of the vocational programs for women prisoners offer training in areas such as cosmetology and hairdressing, reflecting gender-role stereotypes. Given the relatively small numbers of women’s prisons, women are frequently sent far from their homes and families, which can increase the strain of imprisonment. While each state is different in terms of population and services, the smaller numbers of women prisoners result in fewer overall rehabilitative services being offered to them.

Generally, no specific rehabilitation programs are geared toward Hispanic (or Latino/a), African American, and American Indian prisoners. However, formal and informal support groups based on ethnicity often develop, are largely composed of volunteers, and serve to provide a strong means of support for prisoners who may feel culturally and spiritually isolated.

In Canada, the federal correctional service has attempted to meet the needs of Native Canadian Indians or Aboriginal offenders, who are largely overrepresented in their federal institutions. As part of correctional programming, Aboriginal offenders are offered a variety of spiritual and healing initiatives while incarcerated. For example, this includes access to spiritual Elders who offer ritual ceremonies such as smudging and sweat lodges inside the institution. Nonetheless, critics of these efforts indicate that the prison administration offers them only sporadically, makes little separation between distinct tribal customs, and does not accord them the same respect as other religious practices.

CONCLUSION

The concept and practice of rehabilitation continues to evolve and change in correctional institutions. While the state and the public have a vested interest in prisoners leaving prison as no more of a social burden than when they went in, if rehabilitative efforts are to have any real impact, they must take into account the lessons of the past. These include considerations of individual needs, sensitivity to race, gender, and culture, and an awareness of the many limitations the prison environment imposes in offering opportunities for change.

—Kathryn M. Campbell

See also Auburn System; Deterrence Theory; Incapacitation Theory; Just-Deserts Theory; Medical Model; Pennsylvania System; Prerelease Programs; Prisoner Reentry; Psychological Services; Recidivism; Women’s Prisons

Further Reading


Legal Case


RELIGION IN PRISON

Religious people and institutions have greatly influenced the treatment of offenders in correctional