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Pedagogy of Individual Choice and Female Inmate Reentry in the U.S. Southwest

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Abstract

Much of the mental health, substance use, and educational programming within a particular women's prison in the southwestern United States promotes individual choice and agency. Incarcerated women from rural areas are told that their ability to succeed outside prison is primarily dependent upon their personal choices. Comparably little attention is given to preparing women for their upcoming release or to overcoming structural barriers that could undermine successful reentry within rural communities. As a result, these returning citizens, many of whom grapple with mental illness and alcohol or drug dependence, blame themselves for their inability to surmount these barriers. In this qualitative research, we draw upon the perspectives of 99 incarcerated women to clarify how ideologies of individual choice promulgated in reentry pedagogy clash with contextual factors within rural communities to derail the reentry process. We also consider community reentry from Amartya Sen's capabilities framework and discuss how this model could inform needed interventions.

INTRODUCTION

Federal, state, and local governments spend vast amounts of money to address barriers that prevent citizens returning from prison with mental health and substance use concerns from using community resources that can help them lead productive lives. Nevertheless, returning citizens represent an under-served population that continues to suffer from access problems. We conducted qualitative research with incarcerated women to shed light on challenges likely to impact their reentry experiences in rural areas of the southwestern United States. We found that incarcerated women largely attributed reentry problems to their failure to make positive choices, rather than to contextual factors in the broader environment. The women were given minimal guidance on how to prepare for the shock of reentry, navigate structural barriers, or access resources. Because of their internalization of a neoliberal ideology focused on individual choice, they often blamed themselves when they failed to successfully reintegrate into society, ultimately leading to re-incarceration (Friere, 1974). We analyze how a focus on individual attributes and personal decision-making, in concert with an absence of effective preparation for reentry, could contribute to recidivism within this population.

A focus on individual choice was evident in prison programming, which largely encouraged participation in classes and programs organized around principles associated with cognitive-

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behavioral therapy, such as Moral Reconciliation Therapy (MRT).¹ This type of therapy is premised on the assumption that criminal and delinquent behaviors are “defense mechanisms” that operate in response to tension from conflict between the personality and the inner self (Armstrong, 2003).² The primary goal is moral development of the returning citizen through the promotion of positive decision-making skills, thus making it possible for her to act in accordance with more sophisticated levels of moral reasoning (Armstrong, 2003). The enhancement of moral reasoning abilities will presumably decrease the returning citizen’s risk for recidivism (Allen, MacKenzie & Hickman 2001).

Given the considerable challenges facing returning citizens, including dysfunctional social support systems, histories of trauma, and insufficient access to treatment, individual thoughts and actions may be the only area that they can realistically control. In fact, incarcerated women who took part in MRT classes spoke highly of their experiences. However, while women appreciated this participation, they were provided little preparation for release, possessed minimal-to-no information on resources and services within rural communities, and typically grappled with unaddressed mental health and substance use issues. As a result, their high aspirations for making positive choices were thwarted by structural barriers that they did not know how to address. In effect, women were released from prison with an inflated sense of personal empowerment and few tools to actualize it.

Racked with guilt and frustration and facing multiple barriers in the community that made it practically impossible to access needed services in a timely manner, the women were vulnerable to drug and alcohol use in order to cope with the stresses of transition, and thus at risk for recidivism. While studies (Anderson, 2002) and meta-analyses (Little, 2001; Little, 2005; Lipsey, Chapman, & Landenberger, 2001) show that MRT reduces recidivism rates of criminal offenders, our research supports other work demonstrating that MRT programs lack portability, especially when implemented by corrections personnel. Our research suggests that the widespread adoption of MRT within the prison may need to be reevaluated (Armstrong, 2003).

The objective of this paper is to call attention to the limitations of a cognitive-behavioral approach with rural female inmates when it is not coupled with adequate preparation on how to navigate structural barriers within the larger environment. We also argue that the incorporation of a “capabilities approach” (CA) within community reentry programs may lead to greater success for rural women leaving prison. The CA helps reconcile the tension between individual- and community-level barriers by recognizing multiple factors that influence decision-making processes. In particular, this approach acknowledges that because of factors such as poverty, prejudice, disability, and stigma, individuals are not equally positioned to take advantage of their capabilities.

Overview of Women in Prison

The United States has the highest incarceration rate in the developed world with more than 2 million Americans serving time in jail or prison (Freudenberg, Daniels, Crum, Perkins, &

¹Prototypical cognitive-behavioral treatments for offenders include the Reasoning and Rehabilitation Program (Ross and Fabiano 1985), Aggression Replacement Training (Goldstein and Glick 1987), and Moral Reconciliation Therapy (MRT) (Little and Robinson 1986). A comprehensive study of non-pharmacological psychiatric interventions provided to prison inmates found that available therapies were most often of a supportive or cognitive-behavioral nature (Kjelsberg et al. 2006). Research has shown that severe and chronic personality and substance use disorders among prison inmates (Anderson 2004; Fazel and Danesh 2002; Kjelsberg et al. 2006) do not lend themselves easily to such therapeutic interventions (Morris 2002).

²MRT, as implemented in the prison we studied, uses a series of workbook exercises, lectures, discussions, and manuals that combine elements of Erikson and Loevinger’s ego development, Maslow’s hierarchy of needs, Kohlberg and Piaget’s moral development theories, and the work of Carl Jung (Little & Robinson, 1988). MRT, employed in prisons since 1985, is one of the more widely researched treatments for offenders (Little, 2001).

Richie, 2005). The number of women in jails and prisons has more than doubled since the 1990s, increasing at a much higher rate than that of men (Rowan-Szal, Joe, Simpson, Greener, & Vance, 2009). Most of these women have been convicted of drug-related crimes (Richie, 2001).

The rate of mental illness in the nation's prison population is 3 to 5 times higher than that of the general population (Feliner & Abramsky, 2003). Incarcerated women are more likely than their male counterparts to have multiple mental health disorders and higher rates of suicidality (Blaauw, Arensman, Kraaij, Winkel, & Bout, 2002; Greenfield et al., 2007; Langan & Pelissier, 2001; McLean, Robarge, & Sherman, 2006; Messina & Prendergast, 2001), and are more often the victims of physical and sexual trauma (Warren et al., 2002). The co-occurrence of mental health and substance use disorders is also more common among incarcerated women (Vik, 2007) and contributes to recidivism after release (Grella & Greenwell, 2007; Veysey, Steadman, Morrissey, & Johnsen, 1997; Vik, 2007).

The social responsibilities of incarcerated women and men also differ. For example, studies show that between half and two-thirds of mothers were the primary caretakers of children, age 18 and under, prior to incarceration (Mumola, 2000). The majority of these women and 75% of these children had criminally involved fathers (Phillips, Erkanli, Keeler, Costello, & Angold, 2006) who were not actively involved with parenting. Such factors make custody and child care primary concerns for incarcerated women (Freudenberg, 2002; Richie, 2001).

Once released, these women represent a population in jeopardy, yet few rehabilitative resources are available for ex-prisoners, much less those with treatment needs related to mental health or drug and alcohol use (Draine, Salzer, Culhane, & Hadley, 2002). While research suggests that they may have avoided prison had they participated in treatment (Blitz, Wolff, & Paap, 2006), the majority of incarcerated women in the U.S. receive very little, if any, mental healthcare in the community prior to their terms in prison (Curry, 2001). After release, drug problems remain (Greenfield et al., 2007; Oser, Knudsen, Staton-Tindall, & Leukefeld, 2009).

The majority of women leaving correctional facilities return to communities with inadequate housing, educational, and employment opportunities for returning citizens (Hagan & Coleman, 2001; Richie, 2001). These communities also lack wraparound services in which various forms of assistance are coordinated (Oser et al., 2009). Federal and state policies that deem returning citizens ineligible for public entitlement programs that could otherwise assist with housing, education and employment further complicate the reentry experience for women (Freudenberg et al., 2005; Pogorzelski, Wolff, Pan, & Blitz, 2005; Richie, 2001).

These barriers to successful reentry are compounded for women returning to impoverished rural and frontier communities where treatment and social service resources are in especially short supply (Cellucci, Vik, & Nirenberg, 2003; Hauenstein & Peddada, 2007; Willging, Waitzkin, & Wagner, 2005). Geographic isolation, transportation problems, stigma, and fears about confidentiality breaches discourage women from seeking help (Kenkel, 2003; Mulder & Lambert, 2006; Vondracek, Coward, Davis, & Gold, 2006). Regardless of whether they have been in prison or not, rural women in general tend to be poorer and less educated than men or urban women, and thus are at increased risk for depression and related disorders, such as substance abuse and dependence, and suicide (Hauenstein & Peddada, 2007; Mulder & Lambert, 2006; Nelson, 2006; Vondracek et al., 2006).

Capabilities Approach

Amartya Sen (1979), who posited that "basic capabilities" enable a person to do certain things, i.e., freely move about, satisfy nutritional needs, access clothing and shelter, and take

part in community social life, first theorized the CA. This focus on basic capabilities extends John Rawl's interest in primary goods, "shifting attention from goods to what goods do to human beings" (Sen, 1979). Sen argues that if humans were all alike, a focus on goods would be sufficient in a quest for health equity; however, the conversion of goods to capabilities varies widely among individuals. The CA thus recognizes that individuals are not equally situated to realize their human capabilities, given structural inequalities implicating class, ethnicity, race, disability, gender, and sexual oppression (Carpenter, 2009).

Martha Nussbaum (2000) builds upon Sen's notion of basic capabilities by proposing 10 cross-cultural "central human functional capabilities:" life; bodily health; bodily integrity; senses, imagination, and thoughts; emotions; practical reasoning; affiliation with others; other species; play; and, control over one's environment. Nussbaum also defines three types of capabilities: basic, internal, and combined, which in sum encompass fundamental needs (physical health, love, care); individual abilities or attributes (competencies, confidence, knowledge); and a healthy, supportive environment.

The CA moves beyond a focus on the allocation of resources and the conception of individual human rights. For instance, the CA asserts that providing resources to individuals does not necessarily bring differently situated individuals up to an equal level of capability to function (Nussbaum, 2000). The CA also examines the larger context in which individual rights can be realized. For example, the law may protect women's individual rights, but practices within their community and family may inhibit their ability to act upon them (Harcourt, 2001).

The CA has been used to study social problems affecting women (Harcourt 2001), and now serves as a valuable tool to analyze social integration of persons with psychiatric disabilities (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2008). The CA has provided the groundwork for new paradigms to assess, promote, and measure recovery (Davidson, Ridgway, Wieland, & O'Connell, 2009; Davidson, Rakfeldt, & Strauss, 2010; Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007), particularly in research related to schizophrenia (Hopper, 2007). The CA considers factors at the individual level, while also examining the realities of the wider social environment with its assessment of community-based barriers. We believe that the CA provides an appropriate alternative to a limited focus on individual decision-making with rural women leaving prison.

Capabilities Approach and Returning Citizens

We must consider certain factors when applying the CA within the contexts of either prison life or community reentry. For instance, once a woman is incarcerated, her capabilities become notably diminished. Some capabilities are structurally terminated by laws, rules, and regulations. For example, incarcerated women are not allowed bodily integrity as expressed through freely moving from place to place or having opportunities for sexual satisfaction (Nussbaum, 2000). They are not allowed to live in relation to the world of nature. How corrective action plays out within prison restricts other capabilities, as women may be mistreated by corrections personnel (Amnesty International, 1999), who do not view them "as a dignified being whose worth is equal to that of others" (Nussbaum, 2000).

Once inmates are released from prison, their ability to realize a capability, including "the right to seek employment on an equal basis with others" (Nussbaum, 2000) may be legally limited as a result of their felony status (Uggen, Manza, & Thompson, 2006). Lack of education, insufficient access to health care, social networks in which drug and alcohol use is rampant, and ongoing threats of violent assault hinder other capabilities. Due to extensive histories of emotional, physical, and sexual violence, incarcerated women must typically

contend with mental health problems that make reintegration into their communities particularly difficult.

The ability of women to function requires not only individual freedom to act, but also a supportive social, cultural, and political environment that affects the capacity to act (Harcourt, 2001). We argue that a narrow focus on individual agency fails to acknowledge or address how returning citizens “are actually enabled to live” (Nussbaum, 2000). Consequently, returning citizens tend to internalize the dominant ideology of personal responsibility, and when they experience reentry failures beyond the limits of individual choice, they blame themselves. Such blame may contribute to the use of coping strategies involving drugs and alcohol and a return to patterns of behavior that increase their risk for further incarceration.

RESEARCH DESIGN

As part of a broader study, we conducted semi-structured interviews with a purposive sample of 99 incarcerated women in a woman’s prison within a predominantly rural southwestern state between April and August 2009. The sample comprised self-identified Hispanic (n=33), Native American (n=33), White (n=32), and Black (n=1) women scheduled to return to “micropolitan” (< than 50,000 persons) or “non-core” (< 10,000 persons) areas within 6 months. All inmates in the general population who met the selection criteria (pending release in a rural community) were eligible to participate with the exception of those judged by the prison’s mental health staff to be in immediate crisis, (e.g., women on suicide watch, those who were chronically mentally ill with functional impairment, and those with a recent [within past 6 months] history of self-injury). Any inmate determined to be a security risk was not approached for an interview. Study staff invited all eligible women to participate. Only one individual declined.

The sample ranged in age from 20 to 56 years old ($M = 35.2$, median = 34, $SD = 8.4$) and education from 4 to 16 years ($M = 11.0$, median = 11, $SD = 1.9$). Eighty-nine percent were mothers. Thirty-three percent derived their income from a job six months prior to their incarceration; 45% reported economic hardship during this period. The inmates in our purposive sample had been incarcerated from approximately 9 months to 3 years. Almost half (47%) had been incarcerated in the state prison more than once.

The interview guide included 46 open-ended questions that assessed the participants’ general views of and personal experiences with incarceration and reentry. More specifically, the guide covered the following domains: background, previous home experiences, and personal relationships; social support after release from prison; physical and mental health and substance use; prior incarceration experience(s); preparation for reentry into rural communities; and perception of community resources. The interview took approximately 2 hours to complete.

The digitally recorded interviews were transcribed into an electronic database immediately upon collection and analyzed through a series of iterative readings. A systematic line-by-line categorization of data into codes using the qualitative software N Vivo (version 8) allowed us to determine prominent issues in the data. We first pursued coding through development of a descriptive coding scheme from transcripts based on the specific questions and broader domains that made up the interviews. Second, we engaged in “open coding” of all transcripts to determine new themes. Third, we used “focused coding” to determine which themes were repeated often and which represented unusual or particular concerns (Emerson, Fretz, & Shaw, 1995). The results below represent the main themes generated by this process.

FINDINGS

In describing factors that can derail successful reentry, incarcerated women serving their first sentence and those subject to the “revolving door” of the prison discussed several barriers, including inadequate access to resources, policies limiting eligibility for public entitlement programs, insufficient education and employment opportunities, substance-using family members, and social stigma against returning felons. The women also discussed how they were given little-to-no information on community resources, were not linked to services prior to their release, and received minimal-to-zero guidance on how to navigate barriers and lead productive lives following incarceration. Nevertheless, they also argued that it was ultimately up to them to overcome these barriers by making positive choices. Women who had experienced re-incarceration described how their resolutions to make positive choices diminished quickly once they were released from prison. These findings illustrate the profound influence of a cognitive-behavioral approach focused on individual decision-making processes and the limitations of such an approach when not combined with knowledge and skill-development and broader interventions to overcome barriers related to community reentry.

Individual Choice

A number of study participants had taken part in the in-house drug and alcohol rehabilitation program, and in classes concerning domestic violence, parenting, and decision-making that fell under the umbrella of MRT. All of these programs employed a cognitive-behavioral approach. In examining the materials used in these courses, it was soon apparent from where the women had ascribed a focus on individual choice and decision-making.

The in-house drug and alcohol rehabilitation program was designed around a series of workbooks created by The Change Companies[®], which relied on the “Transtheoretical Model of Behavior Change, cognitive-behavioral techniques and motivational enhancement research” to bring “cost-effectiveness, organization, and structure to criminal justice programs” (The Change Companies, 2004). Encouraging statements such as, “I am the one who will need to make the decision to change” and “I have the power to do the right thing, right now. It’s my choice,” abound throughout the workbooks.

The curriculum emphasized that the women are “trapped in a box.” The walls of the box are made up of their past poor decisions and the challenges they now face because of their substance use and bad decision-making. The women were asked, “How are you responsible for putting yourself in your box?” and told that “You have the power to remove the walls of your box and step out into a more rewarding and responsible life” (The Change Companies, 2004). The curriculum centered on the concept of responsible living and encouraged women to cultivate the necessary attributes, including gratitude, objectivity, caring, humility, open-mindedness, willingness, responsibility, and honesty. The women were also instructed to do an “attitude check” periodically in relation to the character attributes.

While such exercises could be empowering, the women were not ideally-positioned to make certain choices. A number of statements in the workbooks were also shaming. For example, women were led to respond to questions such as, “What are some of the choices you made that brought you to prison?” and “Will you make positive and healthy changes in your life or will you continue to play destructive, manipulative games with yourself and others?” (The Change Companies, 2004). They were also instructed to “Look at your behavior in the recent past and decide if you dedicated yourself to living a life free of drugs and crime or if you decided to live a life that will bring you back to addiction and prison” (The Change Companies, 2004).

The workbooks for the MRT courses were less blaming in their approach than those used in the drug-and-alcohol rehabilitation program, but also focused on personal attributes and choices. For example, a course on corrective thinking used a workbook specifically designed for responsible decision-making. Throughout the workbook a thought journal prompted students to consider different situations and their own thoughts, attitudes, beliefs, and feelings to identify responsible and irresponsible thinking. At the bottom of each page were thoughts for the day, including statements such as, “If you want to change your life, change your mind,” and “We are the sum of what we think” (Truthought, 1999).

Many women made a direct link between a focus on individual choices and the classes and programs in which they took part during their incarceration. One participant in the in-house drug and alcohol rehabilitation program within the prison stated:

When I got here, I had a chance to go into the therapeutic community in prison. I thought, “Well, I’ll do it, but I’m sure I’m not gonna get that much out of it.” I was wrong. I got out of it stuff I had never gotten before – thinking errors and that everything I do is a choice. It’s my choice, and depending on the choices I make, it will determine the consequences, whether good or bad, and it’s all my choice, and the whole thinking area thing just really hit home (01.01.01).

Whereas not all women made a direct link between the classes and programs and their views on reentry, the ways in which they internalized messages of personal responsibility were apparent throughout the interviews. One woman stated, “I’ll be the only one that could prevent me [from succeeding]” (02.01.01). Another woman echoed this sentiment, “If you want to get help and you want to make the probation easy for you, you’ll make it easy for yourself” (03.02.02).

Even women with recidivism histories cited individual choice as a determining factor in the ability of returning citizens to reintegrate into “life on the outside.” One such woman stated, “I don’t have no fear [about my release]. I’ve already experienced it. I guess it’s just that you got to be yourself and make the best for yourself” (02.01.06). A second woman remarked:

It’s always going to be difficult.... But that’s why I have to try hard.... That’s what it’s going to be. Yeah. And I’ve never made it. I’ve never succeeded in my parole or nothing, but I guarantee you, I’m probably going to do it this year.... If you really want to, I think you will; you can.... And it’s up to me (01.01.06).

Yet another woman observed, “You better make your choice and it better be a good one. We don’t make good choices.... Either you do it or you don’t” (05.02.02). In describing their inability to succeed during their prior reentry experiences, the women focused almost exclusively on their own desire and free will, ultimately blaming themselves for their re-incarceration.

Because they believed that they were responsible for their own success, some incarcerated women experienced “guilt” when they did not meet their expectations once released from prison. When asked if she could rewrite the story of her previous release, one woman replied, “I’d probably just have been more stronger in myself, and I would’ve been okay” (02.01.09). Women also attributed recidivism to poor choices and commonly blamed their fellow inmates when they returned to prison. One woman explained, “I’ve seen people come in and out, and it’s just because they don’t want to change” (02.01.16).

Overwhelming Transition/Lack of Preparation

Although programs and individuals within the prison stressed the importance of making positive choices, little concrete preparation was offered to help women navigate their

newfound freedom. The difficult transition awaiting women moving from an environment in which basic subsistence needs were met and the ability to make choices was constrained, to one in which they were pressured to exercise their individual agency in several life domains, was extremely stressful. Many women believed that they were ready to make the right choices when they left prison, but soon became overwhelmed by the need to negotiate multiple responsibilities. One woman described the struggle transitioning out of prison:

They send you to prison and it's cake. You probably haven't ever heard anybody say that, but it is. You don't have no responsibilities. You don't got to pay rent. You don't got to worry about feeding yourself. You don't have to worry about feeding your kids.... You go from prison to where you have no responsibility whatsoever and all of a sudden you have your kids, you have your families, and you have no job. What are you supposed to do? You are sitting there and you are stressing. So a lot of them [women] turn to selling drugs or whatever it is to make quick money so they can support their families and they end up getting back in trouble (03.02.01).

Many had used alcohol or drugs since an early age, ultimately hustling for their survival, and therefore had very little formal employment experience or knowledge of how to legitimately meet their financial needs. A second woman underscored this point:

They [prison officials] give absolutely no resources. A lot of us don't know how to live a life out there. We don't know where to go to get job training. We don't know where to go to get financial support.... We don't know how to live a life on life's terms like people that get jobs and have kids and have houses and cars and garages and stuff. So, this place doesn't make it easier because they don't give us direction. But when we get out, the world becomes huge, and it becomes almost unmanageable and overwhelming. So, instead of them expecting us to automatically walk out and do what we're supposed to do and be able to maintain our sanity, I think that they need to provide some type of better reintegration other than just counseling (02.01.03).

Women who had experienced reentry commonly discussed anxiety because of their parole obligations; returning citizens were typically required to get a job, find housing, and participate in counseling and possibly treatment. Scheduling conflicts often forced returning citizens to prioritize one area of their life over another with either choice putting them at risk of violating the conditions of their parole. To keep up with such demanding responsibilities, the women commonly described how they used illicit substances. One woman explained:

It was just overwhelming.... They [my employers] were calling me. Like if I was the only one that could work over time and do this and that, and it was like I was putting in too many hours. Yes. I was like barely getting home and getting a little bit of sleep in, you know? So I'd say, "I'll stop at the connections, get me whatever I need [methamphetamine], and I'll have energy," you know?(01.01.06)

The majority of women interviewed had not participated in professional treatment prior to their incarceration and had not received mental health treatment in prison. Because of a history of trauma and abuse, as well as chronic substance use, most women interviewed desired such support. For the few who received "help," the assistance typically entailed participation in Alcoholics or Narcotics Anonymous or a few private sessions with a professional counselor, as mandated by the courts. Very few women reported prior experience with intensive outpatient treatment, inpatient treatment, or involvement with drug court.

In the rare cases when treatment referrals had been made or appointments set up in advance of their release dates, the women said they had a sense of direction. One woman said she

was better prepared for her pending release this time because, “[The prison’s] mental health [unit] gave me that [referral], and as soon as I get released I’ll already have an appointment” (02.01.06). Conversely, a second woman who had been re-incarcerated explained the reality of the majority of returning citizens with treatment concerns:

And the prison gave [me] 50 bucks when [I] left. What the hell are you supposed to do with 50 bucks? What the hell’s that gonna do?... So you’re out the door, no insurance, no way of paying for more medication to stay stable. You know, these women are screwed. They’re screwed and they wonder why most of these women here are returns. They set it up that way, because they have no options (01.01.27).

Social Support Systems

Much of the programming within the prison stressed the danger of returning to old social networks in which drug and alcohol misuse was common, yet rural women often had few alternatives upon their release from prison. For example, the workbooks used in the prison drug-rehabilitation program focused on creating new networks of support or a “safety net,” which consisted of four categories: mentors/role models; healthy peers; supportive family members; and skilled help, none of whom the majority of the women we interviewed had. Not only did women tend not to have a “safety net,” more often than not relationships with family members were strained, and it was common for family and friends to be deeply involved in illicit behavior.

For many women, family members represented the greatest liability to successful reentry because of their ongoing drug and alcohol use. One woman described a long history of incarceration and drug use in her family, which was not unusual among the women interviewed:

One of them [brother] passed away in the riot in prison, and the other one they sent to my parents about 6 months before passing away. He had cancer. He was in prison too. And one of my brothers that wasn’t supposed to have OD’d [overdosed] of heroin, had just gotten paid about \$600.00, and he was out drinking and they gave him a hot shot. They gave him some heroin and he overdosed. And my sister passed away of alcohol (01.01.06).

She explained how her one surviving sister, the sole member of her social support system, still smoked crack regularly. A second woman elaborated on such problems in her family, “We all use. All of us. My mom, my dad were both heroin addicts all my life. My mom drinks” (01.01.16). When asked about issues that negatively impacted her recent reentry experience, she stated, “What made it difficult was my family using.” She said that if she could do things differently she would break from her family. However, because of cultural and personal beliefs that stressed family responsibility, the likelihood of cutting problematic family ties was nil.

Without transportation or housing options in rural communities, the women were often forced to depend on family members who would contribute to their own substance use relapse. One woman serving her second sentence described her previous reentry experience:

I was going to live good and live right. Everything was going to be okay. It’s hard coming out of prison. I didn’t have no family support, so I didn’t have a vehicle. I had to depend on my sister. She was a drug addict, so you know what I mean? You finally give in. You’ve got to look for a job. How are you going to go look for a job if you don’t have a vehicle? It’s hard.... You’ve got to start somewhere. But when you don’t have nobody or nothing, it makes it even harder (01.02.02).

Another woman described the predicament of so many of her fellow inmates, “What the hell good is it if you’re gonna take a girl out of a drug-infested environment and put her right back there when she gets out, because that’s the only place she goes, that she can go” (01.01.27)?

Numerous other women discussed how they had been emotionally, physically, and sexually victimized by their relatives and therefore severed all family ties. One woman described her lack of family support:

I still won’t have contact with them. For me, I feel like I’ve never had family support. When I was little, yeah, but now I’m not a part of my family’s life. I don’t talk to them, and it’s very rare that I do. I’ve just grown to living that way, and to know that’s the way it’s just going to be. I’ve accepted it (02.01.16).

The majority of women in our study disclosed that all of their friends misused drugs and alcohol and described the difficulty of creating new support networks with positive individuals owing to the fear of not being accepted by “normal” people. The woman above cited her felony status and tattoos as barriers to forming personal relationships with others.

For women desiring a break from substance-using family members and those without any social support, the need and desire for transitional housing options, such as halfway houses, was great, yet few existed within rural communities. One woman explained: “It’s just if I could get into some kind of halfway house to help me get back on my feet.... I’m basically walking out to nothing. I don’t have the family support and the support system that I need” (02.01.16).

Women with little-to-no social support system often relied on men, or sexual partners, to meet their basic needs. These relationships were commonly plagued with drug and alcohol use, violence, infidelity, codependence, and general insecurity. One woman serving her third sentence described how her fellow inmate was in such a predicament as she was to be discharged within the month and had no place to live except with an ex-partner.³

There’s this girl in my pod who finals next month [discharged]. She’s out the door, and she’s been begging them to help her get into a program or something, because she tells them, “I don’t want to go back to what I’ve done before, because I’ll be right back,” and they’re not helping her. This place is doing nothing for her, and she’s really starting to panic. So what does she do? Last month, she started contacting her ex-husband who ain’t no damn good for her. So now she’s gonna leave, because she has nowhere else to go, to her ex-husband, and it’s gonna start it all over again...She cries at night. I hear her. She’s upset. She’s scared. She wants something different...She wants somewhere to go, like a halfway house. She really wants help, and they’re not doing nothing (01.01.27).

Although women were encouraged to make the “right” choice by avoiding such situations, many did know how to effectively engage with pro-social supports and felt they had little alternative but to reconnect with individuals likely to put them at risk for serious reentry problems.

Misguided Expectations

Women who had recidivated from rural communities described how having high hopes upon leaving prison made the reality of life after incarceration that much more tumultuous. Such

³When inmates are discharged from prison, they completed their parole or probation obligations “in house” (while in prison). When they leave prison, they are not under any form of supervision and are less likely to be eligible for certain services (services not court ordered or part of the conditions of probation or parole).

individuals discussed how their optimism was quickly diminished by the harsh reality of reintegration. One incarcerated woman described her most recent release episode:

Seems like things didn't work out the way I wanted them to.... It's like nothing was waiting for me. Then I had this really good attitude, like, "Man, I am gonna do it this time. I'm gonna finish my parole," because I never finish it. You know, I had a really good confidence in myself that "I'm gonna get a job, I'm gonna do this and I'm gonna do that," and I was so confident to actually do something with myself. "Forget it," I said. Somebody slapped me in the face (02.01.12).

Much like the woman quoted above, numerous returning citizens told us that having such high expectations of what life would be like after prison led to great disappointment once they faced the real-life difficulties of reentry.

One woman accused prison personnel of not being honest about the reality of reentry. When asked how the prison could better prepare inmates for their release, she stated:

How could they have helped me better? Just being straight-up instead of making it seem like society is going to be better, this and that. It's not. It's worse, especially because you ain't got a lot of people, especially in the little town you ain't got all these organizations that you can call or ask for help from. You barely even have jobs here. ... They're not telling you the straight-up point that, "Oh, you guys are going to have trouble because you guys are convicts, felons or whatever." They're not giving you the main point of it. They're trying to make everything look pretty and it's not, 'cause once you're out of prison it's really hard for you (03.02.03).

Another incarcerated woman reiterated this desire for honesty about the difficulties likely encountered upon their release. When asked how the prison could help her and other women prepare for life outside of prison she responded:

I guess for like the classes that they provide, like pre-release or the reentry class, to just keep telling us, "It's going to be hard," but keep encouraging us to just, no matter how hard it gets, you know, just keep trying. Or something like that, like more encouragement, but still telling us that it's going to be hard or something. And you're going to want to give up, or your PO [parole officer] is going to make you feel like [crap].... Just to let us know that just because we're out, everything isn't going to be all hunky dory (02.01.09).

One woman serving a subsequent sentence described the hazard of having misguided expectations of post-prison life, "So, when I went out I put too many high expectations on myself, and I believe that that was a big part of my downfall" (02.01.03).

DISCUSSION

This paper does not analyze the effectiveness of MRT or cognitive-behavioral approaches to reentry among rural women in prison. Rather, this paper represents a call to evaluate the utility of employing such approaches when women are only superficially prepared to tackle reintegration barriers in the broader environment.

Through prison programming, incarcerated women were encouraged to believe that they ended up in their present situation due primarily to their own poor decisions and that they were in complete control of changing their circumstances by making positive choices. Although an examination of thought processes, behaviors, and resulting outcomes could be beneficial, the way women were led through such exercises and activities positioned them as fully at fault for their current predicament and entirely responsible for changing it, without assessing the larger context of their lives. A focus on internal character attributes and

decision-making processes is perhaps more applicable to individuals whose basic needs are met, which supports the CA in that all individuals are not equally positioned to realize their capabilities. In fact, incarcerated women gained great confidence in their ability to actively make positive changes in their lives while their basic needs were covered in prison, but when they left prison, they encountered obstacles beyond character attributes.

Few women had substantial educational or vocational experience, and the majority had incurred past emotional, mental, and physical trauma and suffered from substance use problems. Women were rarely, if ever, given even a list of names and numbers to call for help when released from prison. According to the women (and substantiated through interviews with community treatment providers; data available upon request), linkages to mental health and substance use services within and outside of prison were lacking. Returning citizens were largely unaware of the limited services within rural communities and were released with no health coverage. While the need for treatment immediately upon release was paramount, this need typically remained unmet. Many women left prison with the clothes on their backs and whatever money they had in their prison accounts, which in some cases was barely enough to reach home on the bus. As a result of a nearly exclusive focus on individual agency and choice, returning citizens often blamed themselves when faced with mounting unresolved obstacles.

Women returning to rural communities generally had to rely on their family members to meet their basic needs, particularly with regard to housing and transportation. Because of long-standing substance use and prior abuse or neglect within the family, such ties were not always positive. Women without family support were left to fend for themselves and commonly returned to abusive partners. They were not empowered to make positive choices; rather, they were positioned to depend on others for their survival. Women without any form of support sometimes resided in a transitional housing facility or treatment center after their release from prison (if they could get admitted). Such places tended to be located in urban centers unfamiliar to women from rural areas and merely provided a short-term option: typically 1 to 3 months.

Lastly, the women revealed the risk of having misguided expectations of life after prison fueled by prioritizing individual decision-making in the reentry experience. When women were told that success was attainable with hard work and positive decision-making, they left prison with perhaps an overly optimistic perspective. Then when faced with the responsibilities of providing for themselves, staying clean and sober, caring for children, and following parole plans, the women became anxious and blamed themselves for their own personal failures.

The CA provides an appropriate framework in resolving the conflict between individual attributes and community-level barriers in prison reentry. The CA begins inquiring into a person's capabilities. Barriers rooted in poverty, racial prejudice, stigma, and disability, which are widely distributed among returning citizens, are acknowledged. In contrast to MRT or other cognitive behavioral approaches, the CA does not focus solely on internal states of being. Rather, the CA brings attention to the fact that due to unequal distribution of barriers and attributes, different individuals do not possess equal capabilities for health, happiness, and the achievement of life goals.

According to the CA, individual capacities are most likely to prosper when coupled with societal resources, such as mental health treatment (Ware et al., 2008). Yet, as demonstrated throughout this paper, returning citizens were seldom linked to such resources or guided on how to access services in rural communities. The CA also acknowledges multiple levels of influence on one's decision. Contrary to the messages extolled in the prison workbooks, the

women were not “deciding to live a life that will bring them back to addiction and prison” (The Change Companies, 2004). They were women struggling with mental health and substance use disorders, lack of education and social support, limited resources, and minimal professional skills that deeply affected their personal choices. The ecological framework of the CA that considers individual and social domains, and capitalizes on the need to assure that individuals are prepared to navigate community-level barriers thereby serves as a promising model for female inmate reentry.

CONCLUSION

The type of programming women were exposed to in a southwestern prison, the discourse of corrections professionals, and the orientation of rural women leaving prison focused primarily on individual choices and personal agency. Cognitive-behavioral approaches embodied in MRT and other prison programs heavily promoted this focus (Little & Robinson, 1986). The emphasis on personal choices without adequate attention to overall capabilities sets women up to fail. Women in our study suggested they were led to believe that they would succeed outside of prison if they merely made the right choices and honestly desired a change, yet the surroundings in which they returned and the structural barriers that prevented them from accessing resources were ostensibly neglected. When women found themselves back behind prison walls, they, along with much of society, pointed the finger at poor decision-making. The solution offered was more cognitive-behavioral intervention centered almost entirely on personal choices versus the social, cultural, and political milieu underpinning women’s capabilities. As Nussbaum (2000) argues, for these women to secure capabilities “it is not sufficient to produce good internal states of readiness to act. It is also necessary to prepare the material and institutional environment so that people are actually able to function.” In summary, reentry programs and policies must consider all areas of women’s capabilities to effectively promote positive reintegration into society after prison and a reduction in recidivism rates.

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