Approximately 15% of incarcerated men and women experience severe acute and chronic mental illness (Sigurdson, 2000). According to Roskes, Feldman, Arrington, and Leisher (1999) this is an “abuse of jails as mental hospitals” (p.462). A quarter of inmates report prior treatment for mental illness, and in 1998 an estimated 238,800 mentally ill people were incarcerated throughout the U.S. (McEvoy, 2003). Today, largely due to a failure to provide adequate resources and treatment models, many chronically mentally ill demonstrate high levels of recidivism into the criminal justice system.

This study analyzed the relationship between mental illness, self-concept, and interpersonal relationships to explain variance in recidivism. The primary hypothesis was that those with mental illness, an inadequate self-concept, and poor interpersonal relationships would be more likely to have higher levels of recidivism. The secondary hypothesis examined differences using these same variables on recidivism by type of offender. This study contributes to the knowledge of social work and criminal justice research by further establishing that there may be a correlation between individual psychological dynamics and recidivism.

This research is a secondary analysis of data using the National Longitudinal Youth Survey beginning in 1997 (NLSY97), which consists of a sample of approximately 9,000 youths who were 12 to 16 years old as of December 31, 1996. The sample population for this analysis includes 2,883 participants. An individual had to have at least one arrest to be included in this study.
Findings partially support both hypotheses and give merit for the need for further research in this area. The findings show a paradoxical relationship between mental health scores; this indicates that while the results may not have been as predicted, it reveals that mental illness is related to recidivism. The findings support the pivotal role that interpersonal relationships play in recidivism. This study revealed that one aspect of self-concept, negative perceptions of the future in 2000, was a predictor of recidivism. There was a difference among the different groups, as classified by according to their crime/arrest history, indicating that the impact of these variables was varied among the groups.
This dissertation by Michelle R Cook fulfills the dissertation requirement for the
doctoral degree in Social Work approved by Karlynn BrintzenhofeSzoc, PhD, as Director
and by Lynn Milgram Mayer, PhD, and Joseph Shields, PhD as readers.

_____________________________________________________________________
Karlynn BrintzenhofeSzoc, PhD, Director

_____________________________________________________________________
Lynn Milgram Mayer, PhD, Reader

_____________________________________________________________________
Joseph Shields, PhD, Reader
Dedication

This dissertation is dedicated to Dr. Martha Christine Taylor

January 5, 1965 – October 10, 2010

And to the truest blessing of all my son, Elan Benjamin Haileab, January 18, 2014. This year,

2014 is a good year, dreams really do come true
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Chapter 1

Introduction to the Study

The social worker becomes the advocate in facilitating effective change through exploring phenomenon and best practices to alleviate pain both physical and emotional. The role of advocate includes conducting evidence-based research that is aimed at developing improved treatments and policies to assist people. Deinstitutionalization, community-based treatment, legal civil commitment changes, and shorter inpatient time has led to more people with a serious, chronic mental illness in the criminal justice system (Lamb & Weinberger, 1998, Engel & Silver, 2001). In the criminal justice setting, recidivism suggests failure resulting from the cycle of a person being arrested; adjudicated, made reparations, and then a reverting back to illegal/criminal behavior that results in re-arrest (Maltz, 2001). This study contributes to the fields of mental health and criminal justice through a secondary analysis of data from a longitudinal study that addresses recidivism and the phenomenon of correctional adaptation.

The overall purpose of this study will be to examine the influence of individual psychological dynamics, such as the presence or absence of mental illness, self-concept, and interpersonal relationships, in explaining the variance in recidivism. These variables have not been given sufficient treatment in the research literature and therefore, this study will contribute to the development of knowledge bridging a gap in the fields of social work and mental health and social work and criminal justice.

One of the goals of this study is to better understand the process of correctional adaptation, a process in which one becomes institutionalized and dependent on the criminal justice system. Understanding the process of correctional adaptation may assist in formulating a foundation of future research into arrests and repeated incarceration. Correctional adaptation
may prove to be a constructive form of resiliency as a means of survival for some with a history of mental illness, an inadequate self-concept and poor interpersonal relationships and contribute to a cycle of recidivism. Recidivism may prove to demonstrate strength in an individual in terms of resiliency in the ability to adapt to an environment and secure emotional as well as physical needs.

This research is a secondary analysis of data from the National Longitudinal Youth Survey for the period 1997 through 2009. The National Longitudinal Surveys (NLS) are a set of surveys developed by the United States Department of Labor, Bureau of Labor Statistics. The purpose of the surveys is to gather data yearly on significant life events of a nationally representative cohort of men and women. The NLS data have served as an important tool for economists, sociologists, and other researchers (United States Department of Labor, Bureau of Statistics, 2011). The NLSY97 consists of a nationally representative sample of approximately 9,000 youths who were 12 to 16 years old as of December 31, 1996. The initial interview of the surveys took place in 1997, and is identified as Round 1. These individuals were followed up yearly and re-interviewed. In this study data from 1997 through 2009 are used to explore the research question. In Round 1 both the eligible youth and one of that youth’s parents participated in an hour-long personal interview.

This chapter provides an introduction to the study and is organized to review the problem that this research is designed to investigate, its relevance to social work, to identify the primary research questions of this study, to introduce the research design, theoretical framework, and discuss the intended purpose of this study including implications for future research and practice in the field of social work.
Statement of the Problem

The number of chronically mentally ill people continues to increase in the United States and is a modern epidemic (Lamb & Weinberger, 1998, Whitaker, 2010). Despite greater understanding, advanced research and more effective treatment the number of people who have become disabled due to a chronic mental illness within the last five decades continues to grow in staggering rates with 850 adults and 250 children identified as disabled daily (Whitaker, 2011). In 2007 the United States spent 25 billion on antidepressants and antipsychotic medications (Whitaker, 2011). Furthermore, the fact that a large number of those with mental illness tend to be involved in the criminal justice system needs to be examined (Lamb & Weinberger, 1998).

The rates of those involved with the criminal justice system have increased 4% between 1995 and 2001 (McEvoy, 2003). According to Hiday and Burns (2009) in a study which followed those with mental illness one year after a hospital discharge found that 20% had been arrested. Although the need for more or improved services and community programs are important elements in treatment, the larger question is, “Why do those with mental illness continue to be arrested despite an availability of treatment and policy development to address chronic mental illness?”

Jails and prisons are not well-suited to meet the treatment needs of the chronically mentally ill (Walsh & Bricout, 1997). The mentally ill cycle in and out of jail with additional arrests and further incarceration, increasing rates of recidivism which is costly for the both the individual and society. There is little debate and dispute among mental health professionals, law enforcement, and the judicial system that this is becoming a disastrous problem, but what is not understood is how to resolve, decrease recidivism and provide effective services.
Recidivism is defined as a process in which an individual continues an arrest cycle leading to repeated incarceration in the criminal justice system. It is traditionally viewed as a failure on the part of the individual and the systems in place to serve that individual (Maltz, 2001; Wenrich, 2007). The numbers of people that are under some type of supervision (e.g. probation, parole, drug courts, mental health courts, etc.) has reached unparalleled levels (Prins & Draper, 2009).

Several factors that lead to this cycle of arrests and recidivism including historical deinstitutionalization, changes in civil commitment laws requiring stricter evidence for placing those with a mental illness, accessing appropriate community-based treatment, lack of adequate support system and responses from the community and police (Lamb & Weinberger, 1989; Soderstrom, 2007). Research is scarce on the relationship between recidivism and those with mental illness who are on some type of probation. Castillo and Alarid (2011) reported that 20% to 40% of those with mental illness will have at least one contact with the criminal justice system in their lifetime. Such high levels of continued police contact support the need for further research.

Several prevailing beliefs contribute to the current understanding of recidivism; the criminalization of those with mental illness, the socio-economic status, and treatment issues. The impact of those with mental illness in the criminal justice system was first studied by Abramson in 1972 resulted in the coining of the phrase, “the criminalization of the mentally ill” (as cited in Lamb & Weinberger, 1998, p. 3). The criminalization argument suggests that those with mental illness are arrested and processed through the criminal justice system different than those without mental illness (Hiday, 1999).
There is a trend to treat those with mental illness differently. They are processed through the criminal justice system for minor or petty crimes such as shoplifting or public intoxication, incarcerated by law enforcement in hopes of removing them from the public’s attention (Hiday, 1999). Prior to deinstitutionalization this was not a concern as those with mental illness were housed in long-term institutions. In addition, literature supports that the socioeconomic status of an individual is correlated with higher rates of arrest of those with less financial resources, those who are less likely to seek treatment, have fewer choices in treatments, and have a limited social support system to provide assistance (Teplin, 1990).

According to Farrington (2003), treatment and policy development in the field of mental health/illness and the criminal justice system have been rudimentary with minimal outcome measures and deficient literature reviews. Bettelheim (1974) adds “Our mental institutions are shameful, festering sores of society which break shockingly into public awareness, only to be quickly forgotten before they disturb our consciences” (p. 6). It appears that since the deinstitutionalization of those with mental illness and their introduction into the community setting, the criminal justice system has become the new haven which to stow this segment of society and remove their plight from the publics’ consciousness.

**Historical Background and Context: Evolution in the Treatment of the Mentally Ill, Incidence of Incarceration**

The process of transitioning the large population of formerly institutionalized patients into mainstream community based settings was an avant-garde approach of intervention and treatment known as deinstitutionalization (Wright, Gronfein, & Owens, 2000). The ramifications of deinstitutionalization have had a paradoxically negative effect on those who suffer with
mental illness, largely due to a failure to provide adequate resources and treatment models. The result is that many of those with chronic mental illness are arrested, released, and arrested again, effectively caught in a cycle of recidivism.

Prior to the 1960’s, those with a serious and chronic mental illness were treated in “total institutions” and had little exposure to society or the community which they lived (Goffman, 1961). The penal system has become the haven to harbor the least desirable in our communities due to lack of a clear understanding of who they are and what they need. The views of mental illness created values and policies of the late 1960’s which were a harbinger to a downward cycle for the mentally ill population, leaving them without a “safety-net” as they began to “slip through the cracks” characterized by problems such as homelessness, substance abuse, decreased levels of functioning, unemployment, and isolation too often resulting in incarceration.

Several large scale social policy changes in the aftermath of the 1960s had a dramatic impact on those with mental illness. These changes included deinstitutionalization which removed those with mental illness from the “total institution,” or state and county hospitals, and placed them in the community. Legal criteria also changed to support more conservative authority to civilly commit and psychiatric treatment in the community (Engel & Silver, 2001; Walsh & Bricout, 1997).

As early as 1939, Penrose (1939) theorized that an inverse relationship existed between incarceration and hospitalization; that when one decreases the other will increase (as cited in Lamb, & Weinberger, 1998). Penrose’s theory gained momentum in the aftermath of deinstitutionalization with noted increases in the populations of those with mentally illness in county jails and state prisons. Between 1985 and 1995, the census of those with mental illness
fell in the hospitals while it increased in the local jails from 185,780 to 481,393 (Walsh & Bricout, 1997).

The effects of the policy of deinstitutionalization are manifested today in increased homelessness and the inappropriate incarceration of those with a mental illness (Ditton, 1999; French, 1987; Lamb & Weinberger, 1998). Prior to their most recent arrest 30% in local jails and 20% in federal facilities, of those with mental illness stated that they had been homeless living on the streets or in some type of shelter (Ditton, 1999). According to French (1987), one third of three million mentally ill persons are homeless, and are reported to be in need of some type of mental health services, and have become known as the “lost legion,” a group of people with little priority. Bettelheim (1974) shows that those with mental illness are a segment of our society that many prefer to merely forget or remain unconscious to their plight.

Those with mental illness in the criminal justice system face a social inequality and injustice that contribute to unnecessary suffering and avoidable punishment (Wachtel, 2002). A study by Walsh and Bricout (1997) found that treatment for those with a mental illness while in jail was limited, with only 59% respondent’s reporting any type of treatment and 39% lacking any type of specialized, acute psychiatric care. Maintaining Sullivan’s view, “…we are all much more simply human than otherwise” (as cited in Wachtel, 2002, p. 209), can be operationalized in conjunction with empirical analysis in order to promote a shift in this popular societal thinking and begin to treat those with mental illness more humanly. With little treatment inside the criminal justice causes an even greater need for treatment in the community in order to prevent further decompensation leading to continued recidivism.
The Role of Mental Illness, Self-Concept and Interpersonal Relationships in Predicting Recidivism

Solomon and Draine (1995) found a paucity of research other than incidental findings about mental illness in the criminal justice system. Many of the published studies have focused on outcome measures and program efficacy. Minimal emphasis has been placed on the mental health and social psychological factors that contribute to recidivism. For example, the traditional psychiatric model of rehabilitation, which consists of increasing functional abilities, through the development of social and vocational skills, has demonstrated only limited success (Starkey, 1999). Starkey (1997) asserts that there are several reasons which contribute to the poor outcomes of individuals treated in many community based programs. Generally, the higher functioning mentally ill are those who will receive the majority of treatment and services (Kessler et al., 2007), and those most in need are neglected leading to decompensation and either hospitalization or more likely with today’s policies incarceration (Soderstrom, 2007).

Mental Illness

Recidivism is externally impacted by unstable or disadvantaged living, co-morbidities, and inadequate services leading to re-arrest and re-incarceration by 24% to 56% (Bieber, et al. 1988; Corrado et al. 1989; Draine et al. 1994, Hartwell 2004, Solomon et al. 2002). Legally it has also become more difficult to hospitalize or restrict a person with mental illness due to procedural and substantive changes in the civil commitment laws (Appelbaum, 1994, Bloom et al, 1986; Hiday 1988; LaFond & Durham 1992) resulting in more people with chronic mental illness living in communities where they are at risk for arrest.
Large numbers of those with mental illness are arrested multiple times and housed in jails and prisons rather than being appropriately treated for their mental illness, as federal prisons and locals jails house more people with mental illness than mental health hospitals (Sigurdson, 2000). According to research, approximately 15% of incarcerated men and women suffer from chronic mental illness (Sigurdson, 2000; Carr et. al., 2006; Ditton, 1999; Lamb, H. R., Weinberger, L. E., & Gross, B. H. 2004). The Gains Center estimates approximately 800,000 persons with serious mental illness are admitted annually to U.S. jails (Gains, 2009). According to Roskes, Feldman, Arrington, and Leisher (1999) this is an “abuse of jails as mental hospitals” (p. 462). A quarter of inmates report prior treatment for mental illness (Ditton, 1999; McEvoy, 2003). Comparatively, those with mental illness have higher arrests and incarceration rates than those without mental illness (Hiday & Burns, 2009), 67% of those with a mental illness are more likely to be arrested (Soderstrom, 2007). According to Ditton (1999) 49% of those with mental illness in the federal prisons had a history of three or more probations, arrests/incarcerations compared to 28% of those without mental illness. The fact that one has a mental illness does not necessarily mean that he/she has a propensity for criminal activity. The mental illness plays a role, but the environmental factors such as those early attachments influencing the development of self-concept and ability to maintain interpersonal relationships are contributing factors as well.

Mental illness is conceptualized as a psychiatric (thought disorder) or emotional (mood disorder) disturbance of any etiology that is persistent and affects one’s level of functioning and coping (National Institute of Mental Health, 1990; Walsh & Bricout, 1997). It is considered a static dynamic which is either present or absent in the individual. Mental illness is any type of

---

1 Note that this is an approximation based on variation dependent on respective methodologies used.
persistent, chronic symptomology which manifests in emotions or behavior that causes an individual distress and suffering impacting their ability to function personally, socially or occupationally (Maxmen & Ward, 1995). Mental health, on the other hand, is not merely the absence of difficulties, but encompasses the capacity to develop other qualities such as: self-esteem, mastery, and an ability to maintain meaningful relationships (Scheid & Brown, 2009). Horwitz (2002) states that “mental diseases” consist of internal dysfunctions with a universal symptomology.

The major types of mental disorders that those in the criminal justice system experience are: schizophrenia (considered an Axis I thought disorder according to the DSM IV-TR which included psychotic features such as auditory and visual hallucinations, and delusions, paranoia and social dysfunction), bipolar disorder/depressive disorders (considered an Axis I mood disorder with decreased levels of functioning, mania and depression), substance abuse (Axis II chronic misuse of substances in an attempt to cope with stressors), and personality disorders (considered Axis II a persistent behavior pattern that is maladaptive impacting social functioning) (DSM IV-TR, 2000; Walsh & Bricout, 1997; Soderstrom, 2007).

In studies where the definition of mental illness focuses on only major mental illnesses such as; mood and thought disorders (Axis I in the DSM IV-TR) found lower rates for mental illness in the jail population, but remain higher than rates in the general population (as cited in Hiday, 2008). As stated by Teplin (1990), 18.5% of females and 6% of males in the incarcerated in a jail setting have some type of severe mental health disorder (Teplin, 1990).

**Self-Concept**
Perceptions and labels are difficult to overcome. Once a person is designated as a “forensic client,” a “mentally ill offender,” a “chronically mentally ill person,” a “schizophrenic,” etc., due to society’s and the community’s preconceived ideas those with mental illness are often blamed or determined to be guilty before justice can prevail. If a person internalizes that they are to be punished due to a label, they may unconsciously act to ensure some type of incarceration in order that their self-concept remain congruent, resulting in re-arrest and recidivism. In a study by Gendreau, Grant, & Leipciger (1979), they found that self-esteem was associated with post-prison adjustment and predictive of future recidivism.

Those with mental illness in the criminal justice system have a diminished self-concept; becoming institutionalized they no longer maintain individuality or autonomy. According to Goffman (1959), a person will become an actor and play accordingly to his/her specific role determined by how he/she defines his/her current situation, based on past interactions and the culture to which he/she was born into (as cited in Kraft, 2012).

Self-concept is conceptually defined as a sense of self, which commences in infancy and is influenced by the primary care-taker. Through continued relational experiences becomes a complex organization of one’s beliefs and values about themselves and the world (Sullivan, 1962). In other words, it is the internalized belief that one holds true about himself/herself. A negative self-concept can contribute to hindering the confidence and self-assurance one needs to build a supportive and positive social support system, which can provide structure and stability. Self-concept in this research is based on Sullivan’s theory of introjection (he termed it self-introject) which states that people come to view themselves as they have been treated by important people in their lives (Hillard, Henry & Strupp, 2000). Sullivan’s early usage of
“sediment of self” was referring to the feelings of worthlessness in the schizophrenic patient (Greenberg & Mitchell, 1983). While issues of self-worth, self-esteem, personality attributes, and temperament are important features of one’s self, they differ from self-concept. In this research, self-concept is understood as the person’s internalized view of which has been developed and molded through interpersonal relationships and environmental experiences.

Research shows that those with mental illness are aware of the need to improve their self-concept and self-esteem as it has been negatively impacted over years of experiencing stigma (Corrigan, 1999). In a study which asked those with mental illness what area of focus would they like to concentrate their treatment, 65% indicated “self-oriented concerns, such as gaining self-confidence” (as cited in Markowitz, 2001). In a study by Markowitz (2001), he found a positive correlation between positive self-esteem and life satisfaction and a negative effect on symptoms of mental illness. The higher the level of self-concept, the higher the level of motivation, which can lead to one’s ability to effect change and realize positive outcomes in many areas of their lives including decreasing contact with the criminal justice system.

**Interpersonal Relationships**

Too often, those with mental illness are being incarcerated rather than appropriately treated for their mental illness, which further perpetuates an already poor self-concept. Lack of social support and an unstable family environment are common occurrences among this population (Roskes, Feldman, Arrington, & Leisher, 1999). Because they have not received appropriate treatment for their mental illness and do not have a strong support system in the community upon release from prison, they often return to the streets increasing the likelihood recidivism (Soderstrom, 2007).
In studies that focus on the relationship between social support/interpersonal relationships, the quality of the relationships, and those who have psychiatric symptoms of mental illness have demonstrated negative correlations (Lin, Ensel, Simeone, & Kuo, 1979), thus interpersonal relationships are critical in maintaining psychiatric stability. However, too frequently the behavior and symptoms are difficult for the family and social support system to understand and manage leading to dysfunctional relationships. Interpersonal relationships are impacted my mental illness and put strain and emotional reactivity on interactions between people including family members (Markowitz, 2001; Pernice-Duca, 2010).

Interpersonal relationships are conceptually defined as a reciprocal interaction between individuals through attuned empathy, which is supportive, trusting, engaging, long-term, stable, meaningful, and provides a safe holding environment (Winnicott, 1960). According to Markowitz (2001), mentally ill offenders demonstrate difficulty maintaining positive interpersonal relationship due to a history of dysfunctional and often traumatizing relationships. The quality and quantity of relationships can affect many aspects of a person’s life and therefore becomes makes it an important variable to explore.

Experiences and perceptions of early relationships are uniquely individual and have great variation in influencing future behavior, interpersonal relationships, and psychopathology. In object relations theory, the early mother-infant experience is the primary focus, and Winnicott (1958) focused on this conceptually through what he termed “ego-relatedness.” Ego-relatedness is demonstrated through the relationship between two people who are able to maintain their own sense of individuality and autonomy, but still demonstrate a capacity to understand empathically the other person’s experience.
Unfortunately, the penal system is a harsh and punitive environment with little room for understanding or empathy; those who live in this environment will act according to their script and how they define the current situation (Goffman, 1959), which interferes with the development of skills that enhance relationships. In order to end the revolving door of recidivism some of the role development inside the criminal justice system needs to be irradiated in order to encourage the development of a positive self-concept and increased positive interpersonal relationships.

The Hiday Classification of Offenders

Hiday (1999), in pursuit of a better understanding of the person with mental illness in the criminal justice system, purports that there is a process of criminalization of the mentally ill. According to her review of the literature, there are distinct groups of mentally ill individuals who encounter the criminal justice system. Initially, Hiday (1999) proposed this three group typology based on the type of crimes committed. The first group commits misdemeanor offenses, which have to do with personal survival such as loitering, shoplifting, or failure to pay for meals; prior to the 1980’s this group would have been institutionalized in long-term psychiatric facilities (Hiday, 1999). The second group is those with a more profound Axis II personality disorder and/or substance abuse (Hiday, 1999). The third group is a smaller subgroup, the more stereotypical “madmen” because of their severe and acute psychotic symptoms, this group commits bizarre and/or violent crimes often in an effort to attract significant public attention that leads to long-term placement in either prison or psychiatric hospitals (Hiday, 1999).

The classification system presented in this chapter is based on three distinct categories, a typology, while it is has not been supported empirically it does provide a conceptual and
theoretical framework in which to explore the person with mental illness in the criminal justice system. The typology considers including early risk factors that may affect future incarceration. There is limited research on those with mental illness in the criminal justice based on classification or typology in general and specifically based on the types of crimes they are committing, and the nature of why they might be committing those crimes.

The classification of offenders incorporates Hiday’s (1999) perspective of dividing people with mental illness in criminal justice systems into three subgroups of typology: Group A, Group B, and Group C. Group A offenders are conceptually defined as an individual who commits crimes that have more to do with personal survival. Group B offenders are conceptually defined as an individual who is more likely to have substance abuse issues. Group C offenders are conceptually defined as those who commit the most violent crimes.

**Correctional Adaptation**

As stated by many theorists including Freud, Klein, Bion, Bowlby, and Winnicott the early relationship between mother and infant is critical (Winnicott, 1976). However, the individual is also exposed to other elements in the environment as he/she grows. An individual is part of a larger construct living in three dimensions “…the world of the intrapsychic, the world of the external reality, and the world of the cultural experience” (Applegate & Bonovitz, 1995, p. 235). The person with mental illness in the criminal justice system reality is quite unique, as he/she has developed a set of adaptations consistent with the incarceration culture (Carr, et al., 2006). This skill development and acquisition may be helpful, demonstrating a certain level of resiliency while incarcerated, but is not easily translated outside of the penal system and thus can be problematic in the community (Carr, et al., 2006).
Correctional adaptation is conceptually defined as a process in which one becomes institutionalized and dependent on the criminal justice system. Both theorists and clinicians have observed over time that those with mental illness within the criminal justice setting may develop behaviors or attitudes that are “adaptive in penal environments but are maladaptive in mental health” or community settings (Carr, et al., 2006, p. 570).

The notion of group identification and group membership can be a strong motivation in a person simply adhering to the attributes which he/she is assigned, even if pejorative (Hinshaw & Stier, 2006; Thompson, 1988). An individual acclimates to his/her role as a source of identity which gives agency to his/her life in the criminal justice system. They become committed to their belief system and self-concept that they are a mentally ill person rather than a person who has a disease or mental illness (Thompson, 1988).

Those with mental illness in the criminal justice system are no exception as they acquire the identity of a “mentally ill offender.” The saying “three hots and a cot”, referring to the room and board inside the jail/prison setting, is an example of how many people incarcerated in the criminal justice develop the belief that their true refuge is within the protective walls of the jail or cells (French, 1987). They are at a minimum provided with food, shelter, and clothing. It is difficult to know if this is an unconscious or conscious process, but does suggest that being arrested and detained may provide security. The security is both physical and emotional as they are in a familiar place that is congruent with their sense of self-concept.

**Theoretical Framework**

Psychodynamic theory, particularly the Interpersonal school of Sullivan and the Object Relations school of Winnicott, provide an explanation of how some people may utilize the penal
system as a type of adaptation fulfilling unmet emotional and social needs ultimately increasing recidivism rates. One contributing factor to the people with mental illness in criminal justice system’s continued recidivism is the development of a negative self-concept.

Object relations theory can further explain the utilization of the penal system to nurture the self. Duncan (1996) discusses “institutional transference” as an unconscious process in which the prison becomes the omnipotent imago representing all the good and nurturing that he/she is in desperate need of obtaining (p. 31). The symbiotic yearning for nurture and structure is facilitated by the authoritarian style of the criminal justice/correctional system and further perpetuated inside the jail environment where a hierarchy of roles is established. Winnicott’s (1976) definition of a holding environment can be quite useful in further understanding of the penal system as a safe refuge. This holding environment is referring to type of nurturing upbringing that an attuned mother would provide to an infant, an environment individualized to each particular infant and his/her needs (as cited in Goldstein, 2001). The penal system provides a type of holding environment, thus, eliminating fears of insecurity and isolation by providing a type of nurturing, caring, nonjudgmental environment with peers.

Sullivan argued that many people with schizophrenia suffered from an inadequate self-concept or low sense of self-worth, which he referred to as ‘sediment of self’ (as cited in Greenberg & Mitchell, 1983). A negative self-concept can contribute to hindering the confidence one needs to build a supportive and nurturing social support system. Lack of social support and an unstable family environment is a common factor among this population (Roskes et al., 1999). A person with mental illness in the criminal justice system relational experiences often consist of unhealthy, dysfunctional, and exploitive dynamics (Markowitz, 2001).
Winnicott concludes that the early relationship between mother-infant is salient as well as the environment in providing a significant contribution to development of the self. An individual is part of a larger construct which will include his/her experiences in the world providing a cultural frame of reference (Applegate & Bonovitz, 1995). The person with mental illness will, in fact, begin to internalize their environment as a frame of reference, including the criminal justice system.

Symbolic interaction, a social psychological perspective advanced by Mead and Goffman, assists in providing a framework for understanding offenders in terms of roles and role attributes. Beliefs and behaviors that contribute to one’s self-concept, while they may be appropriate and congruent inside the penal system, are maladaptive in society. Goffman (1961) argued that one develops a role or self that changes due to confinement in an institution. This is a systematic process in which an individual is stripped of membership rights within the civilian world, thereby creating a person without self-determination or autonomy.

**Research Questions**

Will those with mental illness, an inadequate self-concept, and poor interpersonal relationships be more likely to have higher levels of recidivism? When controlling for group classification of offender, will there be a significant difference in history of mental illness, self-concept, and interpersonal relationships on recidivism?

**Hypothesis**

Those offenders with a history of mental illness, a diminished or poor self-concept, and limited or dysfunctional interpersonal personal relationships will have higher levels of recidivism. They will utilize the criminal justice system as a nurturing, holding, family
environment contributing to the construct of correctional adaptation. This research explores how
the type of criminal may impact the level of recidivism. The three classifications of offender
incorporates Hiday’s (1999) classification of mentally ill offenders consisting of behaviors.
Group A offender is conceptually defined as an individual who commits lesser offenses that have
more to do with personal survival. Group B offender is conceptually defined as an individual
who commits offenses which are drug and/or alcohol related. Group C offender is conceptually
defined as those who commit the most violent crimes. The overarching multivariate hypotheses
for this research study are as follows:

H (1) Those with mental illness, an inadequate self-concept, and poor interpersonal
relationships will be more likely to have higher levels of recidivism.

H (2) Controlling for group classification of offender, there will be a significant
difference, in history of mental illness, self-concept, and interpersonal relationships on
recidivism.

**Purpose of the Study**

Social workers have a responsibility to advocate for those who cannot advocate for
themselves. The social worker becomes the advocate in facilitating effective change through
exploring the phenomenon and applying actions to elevate pain. Advocacy includes research in
order to develop the best treatments possible to assist people. Further understanding of the
complex phenomenon of recidivism as suggested in this study allows the social worker to be
empowered, not only with information and understanding grounded in research, but to begin to
create policies, programs, and techniques to decrease recidivism.
This study explores the relationship between mental illness, interpersonal relationships, self-concept, on recidivism and potential correctional adaptation within the context of Hiday’s (1999; 2004) conceptual framework. The findings support an empirical foundation for the development of more clinically relevant treatment models and further research in this area by analyzing the relationship(s) among the variables and their influence on correctional adaptation in order to effect and inform best practices for social work and other disciplines.

This research addresses this broader question by providing a deeper analysis of how beliefs impact society’s definition of mental illness by specifically exploring the role that self-concept and interpersonal relationships play on a psychiatric diagnosis/mental illness and the extent to which these factors may vary or change over time. Mental illness in this study is viewed as a static variable, a constant constitution of symptoms that an individual must manage; it is chronic and enduring causing a disability (Hollinghead & Redlich, 1958). It is a clinically significant behavior or psychological pattern that causes distress and impairment (Diagnostic and Statistical Manual IV-TR, 1994). Self-concept and interpersonal relationships in this study are viewed as dynamic variables; while the patterns are established in infancy, there is the possibility of change and variability. The impact or role of these variables on mental illness has scarcely been studied in the literature and requires further investigation to understand their potential influence on recidivism and correctional adaptation.

This study analyzes the early risk factors contributing to adult recidivism in the criminal justice system. An analysis of the offender’s with and without mental illness and early contributing risk factors is a complex and daunting task, but is critical in order to develop effective models for treatment to decrease recidivism. With a better understanding of the
precursors to recidivism, a foundation for the development of more clinically relevant treatment models, conceptualization of further research, and best practices may be enhanced.

Interest in the Study and its Conceptualization

Johnny’s Story

At one point in my social work career, I had the unique opportunity to work in the criminal justice system inside a correctional institution. That experience changed and shaped my thinking, evoking a resolve that “more had to be done.” The question for me, and as I have now discovered for many professionals working within this maladaptive system, is the ambiguous “more.” What can and should be done is unknown largely because there have been limited resources allotted to fully examine the complex population of the “mentally ill offender” or those with mental illness in the criminal justice system.

Along my travels interviewing and counseling inmates in the Tulare County jail, I met Johnny, a bright, loveable, affable, middle-aged man suffering with a long history of schizophrenia, paranoid type. The correctional staff requested that he be seen because he seemed “different.” He had been arrested for a petty crime. Upon our first meeting, he was sincere, polite, engaging, and quite mentally ill, but he was intelligent which often masked the delusional system that composed his thinking process.

When I asked him about treatment in the past, he reported being forced to take Haldol when he was younger and that the side effects prevented him from moving. He felt that he was incapacitated and had been fearful of medication ever since. Johnny was starving for attention and understanding and help. I gave him resources and for a brief time, at that moment without realizing it, I had become a cornerstone as this man had been abandoned by his family.
I heard from Johnny again, this time at his request as he had relentlessly been demanding to have assistance from “psych” or in other words social services. He had been arrested again. When I approached Johnny, he was distraught and despondent, not at being arrested but because he was not able to keep a promise to his son. Johnny had promised his only son, who he adored and was currently placed in foster-care, a cell phone so that the two of them would be able to stay in contact.

Johnny, who faithfully visited his son every weekend, was walking to his mail box at the post office to pick up the cell phone, but he was late. As this was a rural community, public transportation was limited. Johnny was becoming concerned about the time as he did not want to miss seeing his son. Then as Johnny describes it, “divine intervention” occurred and God had given him a message. He found car keys in his path. He found the corresponding car and proceeded to drive it to the post office to retrieve the phone. Once he completed his task, he returned the car, and the owner of the car was now in the driveway. As Johnny was a polite and caring man, he noticed that there were bags of groceries in the back seat of the car, and he asked the women if she needed help in carrying in her groceries.

Johnny could not understand why God would do this him, and more importantly keep him from his son. The larger problem that Johnny was facing was because of the three strike law in California, he was looking at spending up to ten years in prison. Luckily, Johnny had a public defender who was passionately determined not to allow such an injustice of incarcerating this man, who clearly needed help. Through hours of diligent work, we were able to get Johnny into an out-patient program, for which he was technically not qualified due to the type of crime he had committed. Johnny, upon my leaving the position at Tulare County, was not only surviving
but thriving in the community, but he required and needed the constant support and relationships with staff and professionals that he trusted.

A unique aspect of social work which sets it apart from other professions is the emphasis placed on principles and values that focus on the oppressed and vulnerable and the incorporation of these values into everyday practice. Treatment of persons with mental illness in the criminal justice systems requires incorporation of several of these traditional social work values. As stated in the social work code of ethics, social workers have a responsibility to “challenge social injustice” and “respect the inherent dignity and worth of the person” (National Institute of Social Workers Code of Ethics, 2012, p. 2). Johnny’s story ended well, but there are many others who do not do as well. There is a social injustice in our society when we treat “sick” people by placing them behind bars versus treating mental illness as an illness such as cancer or AIDS but yet approached differently.

Working with this population, due to the complexity and multi-faceted issues, can be extremely challenging professionally and challenged me to advocate against the status quo in terms of social justice, policy issues, and environmental constraints and personal bias. In addition to the macro level challenges, professionals must contend with personal bias and feelings that may be evoked by this population and the demanding negotiation between many systems. These types of challenges require utilization of a value system framework, one which is fully embodied in social work and that provides the framework to assist with these demands. Thus, social work is an appropriate profession to intervene in the treatment, advocacy, and linkage of people with mental illness in criminal justice systems.
Social workers have a responsibility to advocate for those who cannot advocate for themselves. This is particularly true when working with people with mental illness in criminal justice systems, a marginalized population that is often misunderstood and stigmatized. The social worker becomes the advocate in facilitating effective change through assisting the client in the development in areas that are deficient so that daily functioning can be increased, which is a critical element in lowering recidivism. Since my time in Tulare County in order to further advocate for people similar to Johnny, I have dedicated myself to increasing the understanding of this population through this research to increase knowledge so that we might be able to know what more might be done.

Significance of the Research

Implications for Social Work Practice

Social work is a field dedicated to advocating for those who are not able to advocate for themselves. This is particularly true with people with mental illness in criminal justice systems, a marginalized population who is often misunderstood and stigmatized. Social work practice is based on a determined set of values, one of which is the value to “Challenge Social Injustice”, which states:

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed
information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. (National Association of Social Workers, 2012, ¶ 15)

It is a duty and incumbent upon every social worker to attempt to challenge social injustice when they are exposed to an underserved and oppressed group such as those with mental illness and particularly those who are unjustly treated in the criminal justice system. This requires not excepting that jail and prison are ideal settings for best practice and questioning not only policies but society and its willingness to make changes.

This study contributes to the knowledge of mental health and criminal justice research by studying a new and not well-understood phenomenon of correctional adaptation. It further establishes that there may be a relationship between more individual psychological dynamics and recidivism than mere external and controllable factors. With a deeper understanding, best practices may be implemented in further fulfillment of the social work mission to advocate for those who cannot advocate for themselves while providing dignity and respect.

Implications for Social Work Research

For social work to be effective, more attention and analysis must be given to understanding the person with mental illness in the criminal justice system including developmental histories that identify contributing to risk factors. Soloman and Draine (1995) found a paucity in research other than incidental findings about the relationship of chronic mental illness and the criminal justice system, therefore it is critical to expand the knowledge and research in this area.
Research in mental illness has been heavily focused on the objectifiable, biological components of the disease process with little emphasis on the subjective experiences or with limited focus on dynamic, individual, or subjective measures (Marley, 1998; Liberman, 1989; Blackburn, 2004). This limits the full range of understanding and a meaningful depiction those with a mental illness. As research drives policy and practice, it is critical to have complete and comprehensive data in which to inform decisions so that programs and treatment are effective.

A study such as this one would give clinicians and policy makers a better conceptual understanding of those with mental illness in the criminal justice system in order to enhance treatment thus reduce recidivism. While it is important to have knowledge and a significant understanding of the bio-psychosocial aspects, the end goal is effective best practices as wisdom is not sufficient when justice is not served. Ultimately the goal is for effective treatment models in which mentally ill offenders are not merely surviving but thriving in the community.

**Summary**

This chapter one has provided an overview of the research area, the background of the research problem, the author’s personal interest in the research area, the purpose of the study, and the significance to social work practice and research. The current chapter presented the conceptual framework and theories used to define, explain, and understand the area of research. The psychodynamic theories, specifically object relations according to Winnicott and interpersonal relationships according to Sullivan, and symbolic interaction were highlighted to provide the theoretical orientation and conceptual lens for the current the research.

The proceeding discussion presented the independent and dependent variables for the study: mental health issues, self-concept, and interpersonal relationships and the correlations
with recidivism into the criminal justice system. The phenomenon of correctional adaptation was introduced as an area of consideration impacting recidivism. Correctional adaptation has limited exploration in the literature or substantiated in research. This construct begins to explore recidivism as an adaptive process that demonstrates resilience, rather than the current trend in thinking of it as a deficiency in the individual or the mere outcome of criminal behavior.

In addition with the utilization of Hiday’s classification of criminals, the specific type of behavior is placed in a typology, allowing for a more complete exploration and understanding of the underlying process and nature of the crimes. Recidivism has been explored in the literature, but with all the offenses and crimes being treated equally causing ambiguity in assessment and decreasing the effectiveness of treatment, as a “one size fits all model.” Expanding the field of knowledge from a different approach with the utilization of several innovative constructs will increase the knowledge base and understanding of those with mental illness in the criminal justice system. Knowledge will ultimately impact the development of more effective social work practice and treatment establishing best practices. The next chapter will provide a theoretical framework and explore the conceptual lens guiding this study, including the literature supporting the dependent variable and the independent variables.
Chapter II

Literature Review

Research and analysis is necessary to support the development of better policies and policy outcomes to enhance the greater good of society (or social welfare), and reduce the effect of unintended consequences that result in human suffering or harm. The placement of those with a mental illness in the criminal justice system is a case in point. These individuals lack the capacity to function effectively in society and are faced with society’s limited understanding of their plight coupled with ineffective public policies. Wachtel (2002) supports this observation in stating, “The social inequality and injustice that some populations face contribute to suffering and punishment that is unnecessary, avoidable and must be rectified and eliminated” (p. 23) Those with mental illness in the criminal justice system are often not merely overlooked and marginalized but also avoided and punished.

This chapter provides an overview of the theoretical framework that supports and informs this research by providing a better understanding of the social problem, the individual psychological dynamics, and the potential to affect the change process. The development of theory and practice in the area of mental illness and the criminal justice system is also examined. This review of the literature informs the research which analyzes the influence of the factors of mental illness, self-concept and interpersonal relationships on recidivism into the criminal justice system, as well as the phenomenon of correctional adaptation. This chapter will use the literature to explore how stigma further influences the variables and policies. This chapter begins with an introduction to the relevant historical background used throughout this study and based on a review of the literature. Included in this chapter is an introduction to a typology of offenders used to develop a classification system based on the type of crime(s) the individual has
committed. This classification system will assist in controlling comorbidities of antisocial personality disorder and chronic substance abuse. This typology furthers our understanding of the problem and helps to address the research question of the influences impacting recidivism and assess potential outcomes based on the findings.

**History of Deinstitutionalization and Treatment**

Beginning in the early 1960’s and throughout the 1970’s, many people who were chronically mentally ill were residing in some type of state/county institution or hospital. During the late 1960’s and through the 1970’s, fiscal constraints mandated the reduction of these large-scale exclusionary institutions. The process of transitioning the large population of formerly institutionalized patients into mainstream community based settings was an avant-garde approach of intervention and treatment is known as deinstitutionalization (Wright, Gronfein, & Owens, 2000).

In 1981, under the Reagan Administration, Congress passed the Omnibus Budget and Reconciliation Act of 1982 (Sigurdson, 2000). This Act contained a provision which realigned all mental health funding into a block grant through which states were eligible for funding with responsibility for providing services to this population (Longman, 1994). In addition to this change in funding, several key judicial decisions impacted the chronically mentally ill. In the first decision, Halderman v. Pennhurst, the Third District Court held that institutionalized people should receive treatment in the “least restrictive alternative” (Longman, p. 317). The process of this aspect of the decision consists of a movement out of the traditional mental health, into long term hospitals. This process, called “transinstitutionalization,” was the expansion of specific
mental health beds reserved in community hospitals and community based mental health
treatment centers or clinics (Sealy & Whitehead, 2004).

These changes may have appeared to be consistent with Dorothea Dix’s, a social
reformer and mental health advocate (Gollaher, 1995), original movement for the humane
treatment of those with mental illness. The advocated best treatment approach for those with
mental illness was in the “least restrictive environment” allowing for people to have the
opportunity to live and develop in the community (Longman, 1994). However, many people
have failed to develop or thrive in the community setting (Wenrich, 2007). The ramifications of
deinstitutionalization have had a paradoxically negative effect on the mental health system and
those with a chronic mental illness. According to Burt and Pittman (1987), many changes for the
mentally ill under the Reagan Administration impacted this group more in terms of procedural
and regulatory changes rather than fiscal and budgetary. Burt and Pittman (1987) conclude the
results of the procedural and regulatory change; nonetheless, have been “devastating to the well-
being of these recipients” (p. 113), particularly due to the loss of social security benefits.

The movement of deinstitutionalization was not intended to have disastrous consequences
to those with mental illness, as the hope was to remove them from deplorable conditions. Today,
largely due to a failure to provide adequate resources and treatment models which include
addressing the individual’s history of deprivation and continued maladaptive behaviors, many
with mental illness continue to live a deplorable life (Lamb, 1989). French (1987) attributes part
of the failure on the community mental health systems and the ineffective case management
provided. Failure is further evidenced by the high rate of mentally ill being incarcerated.
Estimates state the rate of mental illness is two to three times higher among those in jails than the
general population, and that the mentally ill are disproportionately arrested compared to the
general population (Roskes, Feldman, Arrington, & Leisher, 1999; Lamb & Weinberger, 1998;
Hiday & Burns, 2009). In terms of the chronically mentally ill currently residing in the penal
system, a conservative estimate is that 15% of incarcerated men and women suffer from severe
acute and chronic mental illness (Lamb & Weinberger, 1998; Sigurdson, 2000).

The Substance Abuse and Mental Health Services Administration (SAMHSA) conducted
a three-year Knowledge and Development Application research initiative assessing jail diversion
programs. The research found that while significant support and encouragement for jail
diversion programs have been realized over the last 30 years, few systematic, empirically based
outcome measures of efficacy and recommendations have been completed. After the evaluation
of the three studies was completed the findings indicated that a clearly defined model of
effective treatment with the person with mental illness in the criminal justice system does not
exist (as cited in Steadman et al., 1999).

**Conceptual Framework**

**A Review of the Psychoanalytic Literature**

Classical Freudian theory is the grandfather of all psychoanalytic theories. Freud
maintained a biological, scientific, and empiricist perspective in his theories of psychology for
all individuals. In the late 1800’s when Freud began to write and research, medicine was
beginning to be viewed as science, i.e., that which can be rational, measured, and mechanical and
he continued to use an empirical philosophy in his theory of psychoanalysis (Goldstein, 2001).
Psychoanalytic theory provides the premise for both the practice of psychotherapy and a method
of research (Strean, 1996).
Accordingly, Freud’s psychoanalytic theory has formed the framework for the orientation and practice of several disciplines including social work (Goldstein, 2001). Psychoanalytic theory has also formed the basis of many theoretical frameworks such as object relations, attachment theory, and interpersonal relations theory. This section reviews these respective theories and leverages these constructs to enhance an understanding of those with mental illness in the criminal justice system.

The basic tenets of psychoanalytic theory have its roots in Freud’s earliest premise of the drive theory. Freud’s drive theory argued that humans were motivated by biologically driven impulses, which were instinctual and unconscious to the individual. These impulsive drives were later identified as libidinal drives that consisted of sexual or aggressive impulses (Berzoff, Flanagan, & Hertz, 2011). The libidinal impulses led Freud to his epigenetic theory of the psychosexual developmental stages (Berzoff et al., 2011). This dynamic approach of the interaction of libidinal drives, the psychic structures, and the manifestation of those attributes in the individual is the crux of the split between Freud and many other theorists, i.e., Fairbarin, Klein, Bion, and Balint (as cited in Scharff, 1995). The expansion to different theories and schools of thought was a basic movement away from impulses and drives as the only influence of behavior (Arros, 2005). This study is interested in exploring both the individual’s psychology and the environment in which the individual functions and how the two influence each other. Using Freud’s more expansive and holistic theory allows for both analysis of the individual and the influence of the environment.

Freud’s structural model assists in providing insight into those in the criminal justice setting and how the individual integrates and synthesizes external forces into their psyches. Freud
discusses the three distinct structures of the brain: 1) the id, the child-like impulses without consideration of consequences, 2) the super ego, which is the punitive, authority figure and encompasses morality and values, and 3) the ego which regulates and modulates between the two extremes. In *Civilization and Its Discontents* (1930), Freud also introduces the notion of the collective super ego consisting of the development of community super ego in terms of the thoughts and mores valued in that society (as cited in Arros, 2005).

In utilizing this structural model in a broader prospective, application to the criminal justice system in relationship to the individual is better understood. The person with mental illness in the criminal justice system represents the id, the personification of pure impulse without any means of personal responsibility or self-control. The person becomes dependent on outside forces such as police or probation officers to intervene for basic needs and safety. The criminal justice system and authority figures represent the harsh and punitive super ego operating primarily on the basis of control. The super-ego’s main goal is to regulate the id; empathy, understanding, and flexibility are not a priority of this system only control. The values of the community are represented by the ego and attempts to regulate between the needs of the community and the needs of the individual. In the case of those with mental illness in the criminal justice system, the values may not be clearly defined. This is a process that is largely unconscious with each entity attempting to satisfy its own needs: the individual (id) concerned with primitive urges, society (ego) providing community safety, and the criminal justice setting (super-ego) providing control.

The need for the control and structure by the super-ego may fulfill another psychological need of emotional nurturing for the individual. This symbiotic yearning for nurture, in the form
of structure, is facilitated by the authoritarian style of the criminal justice system, and further perpetuated inside the jail environment where a hierarchy of roles is established. The criminal justice system serves as the parental figure setting the necessary limits providing structure, and thus, a sense of nurturing. The need for external control indicates some deficiencies in an internalized super-ego, the regulator of right and wrong. The super-ego is the moral agent of relationships and behavior, which stems from the integration and internalization of the values obtained from one’s parents and used as a guide (Tyson & Tyson, 1990). This suggests that in the case of recidivism, the individual continues the offending behavior because they are seeking a nurturing which is represented through outside interventions, such as the criminal justice system. This continues until he/she is able to develop or strengthen his/her super-ego and provide a sense of self-nurturing.

Psychoanalytic theory can further explain how an individual may become dependent on the criminal justice setting, not only to regulate self-control, but also to provide a sense of belonging and nurturing. In Romantic Outlaws, Beloved Prisons, Martha Duncan, a psychoanalyst and attorney, suggests the offender develops an “institutional transference” or an unconscious process in which the prison becomes the omnipotent imago representing all the good and nurturing that he/she is in desperate need of (1996, p. 31). The penal system (jail/prison) is a harbor or safe refuge and thus is associated with fulfillment of the offender’s symbiotic yearning which he/she is not able to obtain in the community.

Psychoanalytic theory assists in understanding the dynamics of an individual that contribute to the maladaptive behaviors which result in incarceration. One basic assumption in this study is those with mental illness in criminal justice systems have developed an inadequate
self-concept. In addition, after increased arrests, they begin to internalize and identify with the “criminal lifestyle” as part of their self-concept. Their self-concept is influenced and formed under these conditions in the criminal justice setting impacting emotional functions, motivation, behavior, and relationships. With more exposure and placement in this system, their self-concept and acceptance of this identity is reinforced.

Through the lens of psychoanalytic theory, we can examine how those with a mental illness may continue to utilize the penal system as an unconscious process due to early unresolved intrapsychic conflicts, history, and experiences with interpersonal relationships (i.e. they are compulsive in their repetition of behavior, either consciously or unconsciously). Repetition compulsion is an explanatory construct used in the psychoanalytic literature to describe a clinical process. It is the response of an individual to situations in a similar manner as in his/her past with little to no change in results; it is a re-enactment from their past (Bowins, 2010; Frank, 1997). Recidivism and interpersonal relationships can be influenced by continued patterns based on experiences from the individual’s past which are explained as a demonstration of repetition compulsion. These patterns can consist of continued arrests, incarcerations, and interactions with the criminal justice system. In terms of interpersonal relationships, if a person has experienced difficulty in relation to others he/she continues to have limited, poor, or even chaotic interpersonal experiences. The individual, despite intervention, continues with similar behavior/s that results in the same consequence/s.

The etiology and understanding of repetition compulsion, including behaviors that are maladaptive, varies among theorists. Freud first recognized this process as a response to the principle of the death instinct in which a person unconsciously has a violent need to fight against
life and all that it represents (Steiner, 2008). In this sense, the person is resistant and reluctant to make any changes that may prove beneficial, even if that change would prevent future arrests, improved mental health, an adequate self-concept, or positive interpersonal relationships. However, other theorists are more positive in their interpretation and maintain that one repeats in order to learn and grow and will eventually change behavior through developing insight and gaining the necessary sense of mastery (Bowins, 2010; Levy, M. S. 1999).

**Object Relations Theory**

The movement away from the libido and the impulse-based drive theory of Freud was the cornerstone for the object relations theorists (Arros, 2005). Object relations theory maintains the relationship between the object (imago, mother) and the infant, and the process of unconscious internalization of that experience (Berzoff et al., 2011) is of central importance in forming the foundation for the development of the ability to relate. Relating to objects is best characterized by Klein as “there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object relations are at the center of emotional life” (as cited in Berzoff et al., 2011, p. 118).

Object relations theory has many concepts and perspectives that address a vast spectrum of problems and provides a deep understanding of the etiology of individual’s interpsychic and intrapsychic conflicts. According to Goldstein (2001), object relations theory incorporates and recognizes the client’s strengths, resilience, and willingness to grow. This type of strength-based paradigm makes object relations theory a viable option to guide treatments of crises, trauma, addictions, mental illness, loss, violence, family, and parenting issues (Goldstein, 2001).
This theory assists in explaining how a person develops from an infant, influenced by environment and early relationships which will impact them throughout life. A person coping with mental illness will have to navigate through many systems which will challenge his/her level of resiliency. This strength and resiliency according to object relations theory is centrally based on their foundational experiences with their care-taker and their internalized view of themselves.

Other aspects of object relations theory emphasize that individuals learn to relate to others as a function of how they feel about themselves, which is shaped in infancy by their interactions with their primary caretakers. Object relations theory further states several manifestations that may transpire in order for the individual to cope with intrapsychic conflicts. The individual may utilize ego defense mechanisms to protect the psyche from further damage or prevent necessary insight that might make change/s and personal growth possible.

When individuals challenge these defenses, it creates an opportunity for self-awareness and insight into feelings and behaviors. Only then can they begin to recognize how some of their behaviors result from unresolved conflicts which contributed to a continued need for security and structure, which is then externalized onto the environment. This type of insight and self-awareness is not a luxury afforded a person suffering with a severe, chronic mental illness who is merely attempting to maintain a sense of reality and perform daily tasks and functions. If a person is unable to make the necessary changes to improve his/her level of functioning, then they begin to adapt to what is presented to them. As a consequence of a lack of awareness, the inability to change and the conscious or unconscious need for structure, a person with a chronic mental illness may have outside authorities manage their lives even if that requires incarceration.
Object Relations School of Winnicott. Donald Winnicott, a pediatrician by training, developed a primary interest in the relationship between mother and infant when he first began providing medical care. He never became a formal member of the British school of Object Relations, but he was involved and active particularly during the Controversial Discussions in the 1940’s (Scharff, 1995). Winnicott (1965) had a primary focus on the adequacy and quality of the maternal care-taking and its influence on the development of the child. As demonstrated in the following statement “there is no such thing as an infant, whenever one finds an infant one finds maternal care, and without maternal care there would be no infant” (Winnicott as cited in Applegate & Bonovitz, 1995, p. 124).

Winnicott (1965) emphasized the mother-child relationship since the infant is totally dependent on the mother. The goal of the infant is to begin to integrate this maternal object into his/her sense of self. The notion of the holding environment (Winnicott, 1965), the primary maternal preoccupation, and the good enough environment (Winnicott, 1956) are concepts that Winnicott spent considerable time developing which have application to some social work practice today. In 1958, Winnicott’s article on The Psychology of Separation reads as if it was specifically written to appeal to social workers.

The early relationship with the mother sets the stage for further influence from the environment. Winnicott was guided ontologically by a paradigm of constructivism, considering that the truth can never truly be known. The constructivist perspective places emphasis on the interpretation of the individual, epistemologically. Winnicott worked by allowing for the client’s subjectivity. Hence, the interaction between the perceptions of the individual and their interpersonal relationships can be utilized to transform the mind, not merely, the environment
In this interactional process the person is changed based on his/her subjective experience. It is critical to understand how one with mental illness views their subjective experience and not assume that the experience is the same for all based on a similar diagnosis. Winnicott was one of the first to understand the importance of the person in his/her environment and the effect that the environment has on the development and psyche of the individual. The larger, contextual, and holistic dynamic of a person and his/her relationship with their environment, including individuals, family, groups, agencies, and communities, has been fundamental to Winnicott’s theoretical development (Applegate & Bonavitz, 1995).

Winnicott maintained that there is a type of a supporting environment which allows for the affective feeling state of the individual and while creating a nurturing space or the “holding environment” reminiscent of infancy (Chescheir, 1996). This theory emphasizes early mother-infant attachment as the foundation for the individual meeting many milestones. Winnicott added that the environment and mother needed to be attuned to the infant’s needs and demands, which is individualized to each particular infant (as cited in Goldstein, 2001). In doing so, the mother is maintaining a safe holding environment so that the infant develops normally and is the “good-enough” mother responding and adapting to her child’s needs (Goldstein, 2001).

Winnicott’s notion of the “holding environment” can be useful in understanding the penal system as a safe refuge. The holding environment of the jail/prison setting provides a safe refuge, particularly for those who are shunned by society and/or lack basic needs for survival. The criminal justice system acts as the attuned mother. It provides a nurturing, caring, communal environment which reduces fears of insecurity and isolation. The caring and nurturing may not be in the typical form of love and affection, but rather food, shelter, and
clothing which is sufficient if experiencing levels of deprivation in the community. This holding environment, however, can have a paradoxically negative consequence in reinforcing a poor self-concept and the internalization that “I am a bad person who needs to be punished.” The more often a person is incarcerated the stronger this belief can become, until one consciously or unconsciously seeks refuge in the place that they believe they belong.

In contrast, if an individual is not provided with basic positive interactions and a safe holding environment in infancy, he/she may experience maladjustment behavior/s with negative consequences, leading to arrests, incarcerations, and involvement with the criminal justice system. One of Winnicott’s (1960), most important constructs with regard to future psychopathology is that of the true and false self. According to Winnicott (1960), if one develops a “false sense of self” they are at higher risk to experience mental illness; “the diagnosis of the false personality is here more important than the diagnosis of the patient according to accepted psychiatric classifications” (p. 141).

The etiology of the true/false self develops in the unintegrated phase of infancy, when the infant is dependent on the mother for gratification of his/her omnipotent needs. If the mother is not attuned or fails to meet the needs the infant, the infant must comply with the mother (as the infant is weak and dependent). In this process of compliance, the true self must be protected and thus the false self, an aspect of the self that “acts as if,” becomes prominent (Winnicott, 1960).

Winnicott (1960) emphasized that the quality of a person’s relationships is a determinant of behavior and a healthy or unhealthy sense of self. He further maintained that depending on the quality of attachment, an individual personality would develop a true self or a false self (Winnicott, 1960). Many people with mental illness in criminal justice systems tend to utilize a
false self as they have become the “identified patient” or “identified criminal” without a true identity. They do not feel safe and secure enough in their interpersonal relationships and attachments to fully expose themselves; therefore, in protection of the vulnerable self, they merely accept the identity that been ascribed to them.

As Winnicott (1960) stated, the environment significantly contributes to development of the self as an individual is part of a larger construct living in three dimensions, including the external reality. The person involved in the criminal justice system will live in an external reality, which is defined for him/her by authority figures. The person with mental illness in the criminal justice system develops a unique sense of reality that is based on living behind bars. He/she develops a set of adaptations consistent with an “incarceration culture” (Carr et al., 2006). These adaptations will influence and develop into beliefs and behaviors that contribute to one’s self-concept. While some of these changes and adaptations are appropriate and congruent inside the penal system, they are maladaptive in society. In essence, one’s personality can be shaped by the environment while associated with the criminal justice setting one may “act as if” a criminal in order to be protective of the “true self” and to prevent real or perceived harm.

Winnicott (1984) initially purported that character disorders were manifestations of an antisocial personality. However, his experience working with evacuated children during War World II was instrumental in changing this viewpoint; he realized that the any maladaptive behaviors were due to deprivation (Winnicott, 1984). Winnicott shifted away from the classical psychoanalytic perspective that behavior is only a result of internalized conflict/s. He understood that the environment is critical in influencing behavior and that oppression due to
deprivation of nurturing and the child’s premature separation from the mother could result in maladaptive behavior (Winnicott, 1984).

Winnicott (1984) proposed that he did not believe that abnormal development or morality was biologically based, “...we do need to abandon absolutely the theory that children can be born innately amoral” (p. 111). He further maintained an existential view of morality and mental health:

Schizoid patients teach us, or require us to know. These patients are in some ways more moral than we, but they are terribly uncomfortable. They perhaps prefer to remain uncomfortable and not to be 'cured'. Sanity spells compromise.

That is what they feel to be wicked. (1984, p. 111)

Winnicott stated that the period of development in which the infant begins to develop the ability to be alone and tolerate his/her own ambivalence is a transitional process. At this juncture, it is the developmental task of the infant to integrate both the “good” and “bad” aspects of the mother by means of creating a “good” internal image of his/her mother (Applegate & Bonovitz, 1995). This process is further facilitated by the use of a symbolic representative or substitute for the mother, a term coined by Winnicott as a “transitional object.” Through the use of this substitute, which might consist of a blanket, stuffed animal etc., the infant learns to self-soothe by providing the illusion of “gratifying nurturer” (Applegate & Bonovitz, 1995, p.46). The criminal justice system for people with a mental illness and lack of community resources may serve as a transitional space providing basic needs. A type of acceptance and adaptation to this space is developed, and what is meant to be punishment or a “bad” place is integrated into the “good” internal image of a type of nurturing mother.
During the transitional period, the infant advances from object relating to object use which is a developmental milestone creating the infant’s ability to distinguish self from other. This process moves the infant from an omnipotent projection to the mother as an subjective object to a more realistic objective acceptance of the mother as separate with both “good” and “bad” aspects (Edward & Sanville, 1996). It should be understood that the term “use” does not represent an exploitive process on the infant’s part, but rather a mature relating to the mother as “other” as an individual with her own needs (Applegate & Bonovitz, 1995). The infant is demonstrating a form of empathy, no longer narcissistically preoccupied (Applegate & Bonovitz, 1995).

A negative symptom of mental illness (particularly thought disorders/psychotic disorders) is the inability for abstract reasoning and a consequent view of the world only in concrete terms. Therefore, the person with mental illness in the criminal justice system will struggle to move to object use where they can understand that the criminal justice system is both good and bad with a purpose to rehabilitate, but rather they may internalize it as all good or all bad. Those who develop a belief system that it is a helpful “all good” environment will come to rely on the system to continue to fulfill all their needs as the externalized mother.

**Interpersonal School of Sullivan**

The early development and understanding of relationships through the psychoanalytic perspective states that how one relates and socializes with other people is based on his/her individual developmental history and how important family members responded to him/her (Edward & Sanville, 1993). The individual’s interpretation of self, personality, and growth is dependent on how one experiences himself or herself through the early vicissitudes of
relationships with intimate family members (Edward & Sanville, 1993; Scharff, 1995). This process of internalization of interactions and feedback with others continues into adulthood.

Harry Stack Sullivan, while remaining in the psychoanalytic school, shifted slightly from the object relations school, believing that the central feature of development of the individual is that which transpires in the interpersonal field between two people (Sullivan, 1956). It is a dynamic and active process which changed the focus from a person psychology to a two person psychology (Berzoff, Melano, Flanagan, & Hertz, 2011). Sullivan’s (1956) concepts of interrelatedness and inter-subjectivity can be applied to those who have consistent involvement with the criminal justice system.

Interpersonal relationships can be strained due to the impact of constant involvement with police, incarceration and the criminal justice system, limiting the ability for interrelatedness and the building of a positive social support system. Lacking interpersonal relationships and social support impacts one’s quality of life, causing feelings of loneliness and helplessness (Copel, 1988). Sullivan postulated that humans are social needing contact with others and deficits in relationships are unpleasant, due to loneliness and can negatively impact self-esteem (Sullivan, 1953). He believed that social connections were so salient that one is motivated to initiate these relationships despite the associated anxiety (Sullivan, 1953).

According to Sullivan the fundamental ties which bind people together are best described as “communal existence,” which is a two-way, reciprocal relationship with others and is the basic to being human (Sullivan, 1953). In other words, he believed people have the ability to influence one another emotionally; for example, anxiety can spread like the common cold in what he called “contagion” (Sullivan, 1956). In the criminal justice system, the type of feelings
which are spread may be negative, which contributes to further isolation, development and/or reinforcement of an inadequate self-concept, and limited interpersonal relationships.

Sullivan proposed stages of development for an individual which continue throughout the life cycle. The earliest stages of development would set the stage for future relationships and are the most basic part of a person’s self-concept. A sense of a self or self-system would develop from these relationships and become the basic internalized beliefs that one holds true about himself/herself (Sullivan, 1956).

Sullivan’s early work (1956) was with people suffering from schizophrenia, which he did not believe was a biologically based disease, but a severe disturbance in the ability and capacity to relate to others and form meaningful social bonds. Sullivan’s (1956) usage of “sediment of self” was referring to the feelings of worthlessness in the schizophrenic patient (as cited in Greenberg & Mitchell, 1983, p.96). He further explained that personality traits would develop and be reinforced by positive or negative affirmations from others.

The main motivation or “needs” for interaction and relations with others is to provide for the individual’s security operations and to avoid threats to the self-system. Sullivan (1956) addressed two primary needs of an individual: the need for satisfaction and the need for security. The need for satisfaction begins in infancy with the mother and is a reciprocal experience. For example, a baby is hungry and cries, causing anxiety in the moment, the mother feeds the baby and the anxiety subsides for both mother and baby. In addition, tender feelings would begin to emerge as an integrated response to the infant’s needs, which Sullivan described as the “tenderness theorem” (Sullivan, 1956 as cited in Greenberg and Mitchell, 1983, p. 92).
In addition to a sense of satisfaction the infant seeks security. Early in Sullivan’s theory he stated security as a sense of power as a response to feeling helpless and dependent on the mother. The later development of Sullivan’s theory stated satisfaction was gained by avoiding anxiety. This avoidance of anxiety is a developmental process in which the infant learns the clues from the mother and responds accordingly in order to control the mother’s anxiety and gain a positive response (Greenberg & Mitchell, 1983). The security operations established in infancy and childhood remain with the individual to provide coping mechanisms for the stress and anxiety experienced in adulthood (Greenberg & Mitchell, 1983).

A similar process to security operations, where an individual learns to respond according to another’s reaction is what Sullivan explains as a process known as parataxic distortion. The process of parataxic distortion occurs in adulthood and mirrors Freud’s concept of transference, whereby a person creates patterns of interactions constructed on how one perceives a current relationship based on past experiences and interpersonal relationships, which may not be the reality as it is a matter of subjective interpretation (Evans, 2006). Human interactions and relationships are complex and subjective to interpersonal attribution (Evans, 2006). The process of parataxic distortion may prevent those with a mental illness from obtaining or maintaining positive interpersonal relationships due to having a frame of reference that is distorted. The distortion is because of past relationships or a psychotic/delusional system (if experiencing acute symptoms of mental illness).

Subjective interpretation and perceptions based on developmental history play an important role in the ability to form positive, healthy interpersonal relationships. Interpersonal relationships may be interpreted as a bad part-object, which is controlling, authoritarian, or even
harmful, preventing further development of healthy relationships. The infant will move through a developmental process in which he/she derives gratification of needs through interactions with the mother. The first developmental milestone is to merely view the mother in relation to satisfaction of his/her needs, as a part object. The infant developmentally grows recognizing that the mother is in fact a separate person, a whole object. These early mother-infant dynamics are critical in development of empathy, and failure may result in psychopathology later in life (Tyson & Tyson, 1990). Fear of interpersonal relationships can cause isolation and further decompensation for those with mental illness, impacting treatment obtainment and compliance as well.

**Attachment Theory.** Early attachment can be an important aspect for understanding not only those with mental illness and how they develop future relationships, including relationships with the criminal justice system. Attachment and bonding are critical in forming one’s self-concept, as well as one’s ability to relate, and to prepare for future interpersonal relationships. According to the literature, there is a correlation between attachment style (insecure) and mental illness (McEvoy, 2003). John Bowlby argued that individuals who have developed a negative representation of self may have psychopathy or maladjustment later in life (Bowlby, 1973).

The following statement epitomizes Bowlby’s (1973) early theories regarding human bonds and the important of early attachment. “Parental love and their loss have important implications permeating throughout both personality and the entire social system…” (Rohner as cited in Hurley, 1997, p.87). A person with mental illness in criminal justice systems often have a history of few, chaotic, traumatizing, exploitative, or unhealthy interpersonal relationships (Markowitz, 2001). More recent researchers Mickelson, Kressler, and Shaver (1997) have also
shown empirical support for the correlation between early attachment and mental illness. Assessing adult attachment with Hazan and Shaver’s measure the finding indicated that with the exception of alcohol/drug abuse and schizophrenia, all psychiatric diagnosis (based on DSM-IV) are correlated with insecure attachment (as cited in McEvoy, 2003, p. 41). The quality and quantity of one’s relationships can affect many aspects of a person’s life. In order for a person with mental illness in criminal justice systems to avoid further incarceration and decrease recidivism, he/her must be able to build and maintain positive interpersonal relationships.

The development of the self-concept begins in infancy and is a dynamic and evolutionary process. The literature on attachment theory (Bowlby, 1988, McEncoy, 2003; Sable, 2000; Tyson, 2000) is an extension of object relations theory that emphasizes that the need to attach is a biological process inherent in human nature for the neonate (Bowlby, 1988). This process of attachment is a key element in the formation of the self. Bowlby (1988) suggests that attachment or bonding is critical for future psychological health, and problematic early attachment may promote future pathology, such as continuing attachment difficulties, for the individual’s life span.

Bowlby argued that this bond would become internalized in the individual based on the response of the care giver to the child, which is carried into adulthood, and becomes the “internal working models.” This is how the person views himself/herself (Sable, 2000; Tyson, 2000) either with loving acceptance or hostile rejection and the variations in between. This need for attachment continues throughout one’s life span, as does the wish to remain attached or close in times of need, crisis, anxiety, or fear (Sable, 2000).
A Review of Symbolic Interaction Literature

Symbolic interactionism is a social psychological perspective, developed by Herbert Mead and facilitated in his book *Mind, Self, and Society* (1934) at the University of Chicago during the early the 1930’s and further elaborated by Irving Goffman. Meade’s philosophical approach, known as a pragmatic approach, was heavily influenced by Darwin. Mead became interested in behavior, the environment, and the complex relationship between the two (Mead, 1934 as cited in Charon, 2004).

Symbolic interactionism maintains five central tenants: the role of thinking, of social interaction, of the present, of definition, and of the active human being (Charon, 2004). The role of social interaction describes the social process between two or more people and the individual’s relationship with the environment. The focus is not the individual but the dynamic process which is created by the interactions of all the “actors.” In this process, the individual is able to define “self” which is fluid, changing, and dynamic. This dynamic process of change is furthered by the role of thinking. As humans, we have the capacity to think, which allows us to gather, process, and accept or reject information from the environment. When a person communicates with his/herself, he/she is thinking, “I think therefore I am”. Through this process, a person formulates a self-definition.

An individual thinks about a given situation and acts according to what is transpiring in the moment, the here and now. The individual is actively engaged with and involved towards his/her environment, and it is the role of the active human being that creates the “actors actions” which creates a final outcome (Charon, 2004). In other words, the individual plays an active role, not a passive role, in creating his/her outcome. In addition, interactions are based on the
images of how they appear to others. In this reflection, which is described as being a uniquely human experience, a type of sympathetic introspection occurs allowing an individual to become more self-fulfilled (Lane, 1984). Mead (1934) described a similar process which he referred to as the “generalized other.”

Those who have a mental illness and have a relationship with the criminal justice system have a complex array of interactions that may impact their lives in extreme manners. It is essential to understand how these interactions and roles may impact one’s behavior, psychology, and ultimately future incarcerations. People with mental illness in criminal justice systems develop roles. According to symbolic interactionism role development is an important and necessary process for all individuals. However, the mentally ill person after arrest or incarceration now has a role that may prove to be less than ideal, the role of the “offender” or “criminal,” and they begin to adhere to and function according to the attributes of this role.

Berlin (2002) also theorizes that resistance to change, changing one’s mind, or circumstances may have psychological benefits. Maintaining status quo or the acquired role assists in the individual preserving the integrity of a continuous identity and a coherent life story, which ultimately provides a sense of security free of anxiety (Berlin, 2002). A life story that consists of history in the criminal justice system will inform one’s belief about him/her. Changing behaviors requires restructuring an individual’s thinking and beliefs about himself/herself and the world, a difficult and frightening process for some, making change problematic (Berlin, 2002). This is especially true if one is concurrently battling a frightening mental illness. Once a mentally ill person has been arrested or involved with the penal justice
system, it is a difficult pattern to break as this becomes part of the personal narrative defining the individual.

Belief systems, attitudes, and current perspectives further developed among the symbolic interactionism perspectives maintains that reality is based on a set of abstractions, that reality is only known through the mind’s ability to develop a representation, but that representation is limited (as cited in Hughes, et al., 2003). As is true with the notion of mental illness, which is difficult to describe, Weber states; “We could never exhaustively describe any one such thing” (as cited in Hughes et al., 2003, p. 121). Mental illness is no exception, the concept in and of itself is often difficult to describe even among professionals working closely in the field often there is debates and inconsistencies in meanings. In the general public accurate information about mental illness is often times limited or obscure (Wenrich, 2007) which enhances societies fear, beliefs and consequently policies.

As Weber (as cited in Hughes et al., 2003) proposed the status difference among people is not due to economics, but a term he coined “status groups” which is based upon the equality in which the members of that society regard one another, based in “subjectivity” rather than “objectivity” (Hughes et al., 2003, p. 109). The status difference, and ultimately power, often influences the power of a group of people. Today in our society, those who are chronically mentally ill have limited power. In a study by Rosenhan (1973), he found that “powerlessness [among psychiatric patients] was evident everywhere…” including legally (p. 17). Powerlessness has many negative ramifications including depersonalization. Rosenhan (1973) found that the mentally ill patient had a sense of “being invisible” and being “unworthy” (p. 17).
Goffman (1961) notes that imprisonment and confinement to a mental institution are quite alike in that both take the forms of acting as “social control,” but have limited benefit to the community or the individual. Symbolic interactionism can assist in understanding recidivism among the mentally ill in terms of how their own perspectives about a given situation become their truth or reality which may be different than the general public. For example, jail/prison confinement is meant as a punishment, but perhaps for the mentally ill person the jail bars provide a sense of security, particularly if he/she has been exposed to any type of victimization. This perspective is then shared with their peers, which forms a shared interaction and results in a common and shared reality.

The notion of treatment compliance, the idea that a mentally ill person seeks, receives, and continues with an appropriate treatment plan often fails (Lamb & Weinberger, 1998) Health care providers identify this behavior as noncompliance, treatment resistance, or denial, but according to symbolic interactionism, this behavior should be understood from the mentally ill person’s perspective (Hughes et al., 2003). What is his/her reality and how does he/she perceive the current placement? In their reality he/she does not believe that treatment is helpful, therefore, not refusing treatment, but making a choice. In symbolic interactionism, the role of definition is an important element (Hughes et al., 2003). If their reality or definition of treatment providers or authority figures is that they are attempting to control, mandate, or even hurt them, then it makes sense that they would avoid what they do not perceive as help.

**Stigma.** The general public perceives an even more heinous view of the person with mental illness in criminal justice systems due in part to over sensationalized figures such as Ted Bundy and popular culture, sensationalizing and portraying erroneously portraying those with
mental illness in movies such as Silence of the Lambs. This type of imagery only perpetuates misunderstanding, fear, and beliefs and consequently policies that are not in the best interests of those with mental illness in the criminal justice system. Moreover, society, because of a lack of knowledge and education regarding mental illness, develop a common belief in society that any type of protective legal defense for those with mentally illness in the criminal justice system (forensic client) is merely an attempt to avoid responsibility and consequences for deliberate behavior (Lamb & Weinberger, 1998).

The public’s negative responses, stereotyping, and stigma of this population often perpetuates further victimization (Hiday et al., 2002). Funding and resources often go to “worthy” causes or populations, “not mentally ill offenders” as people tend to fear and lack tolerance for this group rather than demonstrate empathy and understanding. The chronically mentally ill population is underserved with only 20% receiving adequate treatment (Walsh & Bricout, 1997). Interventions occur on community streets with involuntary hospitalizations which serve as a stop-gap measure without any meaningful treatment (French, 1987) leading to further episodes of increased mental health symptoms and a decompensation in mental status and level of functioning.

The negative public perceptions of the chronically mentally ill have increased over the last fifty years with an increase in stigma and the belief that dangerousness is associated with mental illness (Angermeyer, Cooper, & Link 1998; Hartwell, 2004; Wenrich, 2007). Rosenhan states that the current state of labeling and categorization of mental illness “is useless at best and downright harmful, misleading and pejorative at worst” (1973, p. 7). Many times, what is
viewed in one society and culture as normal may be viewed as aberrant in another culture (Rosenhan, 1973).

For those with mental illness in the criminal justice system, suffering is not the traditional psycho-social stressors due to conflicts in life or neurotic misery, but a more extensive suffering as they face further persecution from a rejecting society, which becomes internalized in the individual (Wright, Gronfein, & Owens, 2000). Stigma of this marginalized population has further dire consequences in reinforcing a negative self-concept due to the rejection and persecution. This stigma further hinders the confidence one needs in order to build and maintain a supportive and nurturing social support system or interpersonal relationships. In addition, lacking social support has a negative impact in other aspects of those with mental illness in the criminal justice systems life in terms of their ability to obtain services, victimization, labeling, independence, continued damage to their self-concept, and ability to form relationships (Solomon, Cavanaugh, & Gelles, 2005).

What is the impact on the individual suffering from a major mental illness who has been label and stigmatized as a “forensic client”? Having a debilitating disease is problematic in the best case possible, but with limited resources and support increases the burden. Those with mental illness in the criminal justice system face a double burden from the disease and the negative self-concept. Scheff (1966) developed labeling theory to support the correlation of stigma to self-esteem for those with a psychiatric diagnosis (as cited in Wright, Gronfein, & Owens, 2000). The theory is based on four basic tenets: 1) an internalized cultural conception of the meaning of mental illness, 2) part of the cultural conception is that people with mental illness are thought of poorly and discriminated against, 3) once “officially labeled” the thoughts of low
status become personally relevant, and 4) patients who believe and accept the discriminatory opinions of others suffer deficits in employment opportunities, income, and self-concept (Scheff as cited in Wright et al., 2000).

French (1987) noted that people suffering from any type of mental illness have a lower tolerance and more difficult time coping with stress and that the result of increased stress is an exacerbation of symptoms. Being exposed to chronic stigma, prejudice, and the resulting low self-esteem can be stressful, which increases a never-ending cycle of poor treatment outcome and high recidivism in those with mental illness in the criminal justice system.

Many Americans deny the very existence of social class in our society as a means to protect themselves against the realization that the “American dream” may be a mere myth (Hollingshead & Relic, 1958). When social class is then combined with the concept and reality of chronic mental illness, many move beyond denial into blame and fear (Hollingshead & Relic, 1958). Several significant long-term problems result from this defense system, including: the labeling of the negative stigma of a vulnerable group of people, depersonalization and powerlessness of a segment of humanity, limited economic support/financial resources, and incarceration of this population.

Perceptions and labels are difficult to overcome particularly for the person with mental illness in criminal justice system. This labeling not only influences the community’s perspective, but also that of the individual. According to Rosenhan (1973), diagnosis and labels act as a self-fulfilling prophecy and the individual continues to behave in the expected manner which is most often as a powerless and marginalized victim or heinous perpetrator creating further alienation and isolation.
Labeling theory is a useful lens for understanding the impact of social rejection and stigma as a realistic and debilitating issue for those diagnosed with mental illness and how it impacts the individual’s sense of self-concept (Wright, Gronfein, & Owens, 2000). Those with a mental illness often face prejudice and stigma but also the person with mental illness in criminal justice system is also faced with a dual stigmatization as being a con or criminal as well (Roskes, Feldman, Arrington, & Leisher, 1999). Furthermore, receiving appropriate treatment and promoting treatment compliance is a key element in decreasing recidivism. Non-compliance with treatment can be a concern as some with mental illness may be arrested and booked as a ‘mercy booking’ in an effort by police to facilitate treatment in jail, consequently creating a criminal label furthering a negative label. (Lamb & Weinberger, 1998). Label theory supports the conclusion that low compliance may be a result of how the person is viewed, if the person with mental illness in criminal justice system is labeled “deviant” rather than “sick,” he/she may not have an opportunity for treatment. He/she is thought of merely in criminal terms with the end goal of retribution rather than treatment. Further complicating the lack of treatment due to stigma, according to Thoits (2005), socially marginalized individuals seek treatment less, view mental illness as more stigmatizing, and are generally more distrustful of the treatment staff.

Recidivism and the Study Variables

The next section in this chapter provides a discussion of the variables included in this study: self-concept, interpersonal relationships, and recidivism. Included in this section is a historical over-view of the history of mental illness, deinstitutionalization, and the criminalization of those with mental illness. A brief discussion on the construct under
consideration in this study correctional adaptation will be explored. The final section will
discuss the classification of offenders.

Defining Terms

Chronic Mental Illness

Society historically has responded either consciously or unconsciously by choosing to
ignore or deny the existence of mental illness as evidenced by the lack of resources to this
population (Hollingshead & Redlich, 1958). The more common responses to those with mental
illness include denial, blame, fear, and intolerance leading to arrests or charges, which begins the
involvement of the criminal justice system (Hiday, 2008) Several significant long-term
problems result from this type of societal view; the labeling and consequential negative stigma of
a vulnerable group of people, the depersonalization and powerlessness of a segment of humanity,
a significant decrease in financial resources and economic support, and the incarceration of this
population in the criminal justice system (Wenrich, 2007; Wright, Gronfein, Owens, 2000).

Those with mental illness in the criminal justice system face certain challenges and
barriers to adjust to living in the community setting. A diagnosis of mental illness is often
associated with prejudice and stigma and the forensic client further characterized as a “con”
(Roskes, Feldman, Arrington, & Leisher, 1999) leading to further alienation based on criminal
history. Stigmatization of an already marginalized population who lack social support often
leads to difficulties in obtaining services, victimization, labeling, and damaging the self-concept.

As stated in Angermeyer, Cooper, and Link (1998), negative public perceptions of the
chronically mentally ill (forensic clients) have grown stronger over the last fifty years,
particularly in the belief that these individuals are dangerous, although this conclusion is not
empirically supported in the literature. In fact, research suggests a risk of violence by those with a major mental illness is less than 5% (Hiday, 2006, Monahan, 1992). However, the stigma associated with this belief has far reaching negative consequences for a person’s long term ability to function productively and successfully in the community.

Who are we the chronically mentally ill? According to Burt and Pittman (1987), “at any given time, approximately 1.7 million adults in the United States suffer from debilitating chronic mental illness” (p. 222). Further, a 2013 report by the National Institute of Mental Health (NIMH) reports that approximately 26.2% of all Americans suffer from some type of mental illness; the more debilitating and chronic types of illnesses effect smaller numbers, i.e., 6% or 1/17 of people. The NIMH further concludes that mental illness is of serious concern from human and fiscal stand points as it the leading cause of disability in the United States (2013).

Despite the large numbers of adults and children with a mental illness, only less than one third will receive treatment (Wenrich, 2007). Those with a chronic mental illness will experience varying degrees of disability over periods of one year or more (NIMH, 2013). Many have lifetime histories of impairment and the limited functioning of daily living (NIMH, 2013).

While as many as 57.7 million, or one in four, Americans are diagnosed with a mental illness, many people are not familiar with what a disease of mental illness means. For example, there are many people who mistakenly think that Schizophrenia is split personality (Wenrich, 2007). Mental health and mental illness are difficult constructs to define as they do not have any clear or consistent meaning (Mechanic, 2006). Over the years, there have been several schools of thought that have contributed to the definition of mental illness, the influence and consequences of mental illness, and the approach to treatment. The traditional medical model is
disease-based and asserts that mental illness is a disease of the brain with a genetic basis (McEvoy, 2003). Further research suggests that mental illness may be caused by an imbalance of neurotransmitters in the brain (McEvoy, 2003), causing faulty functioning of the brain and supports the biochemical theory of mental illness. The fact that such illnesses as schizophrenia and bipolar disorder have a medical, biological basis is further strengthened by the elevation of symptoms with use of psychotropic medication (McEvoy, 2003).

Some symptoms of mental illness are related to social stressors and viewed by cultural perspectives and mores. Illnesses such as depression and anxiety are examples of two illnesses which may be classified as normal reactions to stressors based on severity, duration, and the contextual setting. Horwitz (2002) used the terminology of “mental illness” to refer to those conditions that mental health authorities and experts have merely defined as a mental illness and includes behaviors that are deemed deviant. This prospective asserts that while symptoms may be present, these may not be treated as mental illness until the symptoms appear to be aberrant and negatively affect level of functioning. Szasz (1960) expounded his belief system to another dimension in asking the salient question “Is there such thing as mental illness?” (p. 47). Szasz (1960) states that mental illness is not based on a disease process, but rather on behavior and, therefore, can be a form of social control threatening freedom and dignity by mental health authorities.

Mental illness is a nebulous construct allowing for a vast array of theories and philosophical beliefs (Horwitz, 2002; Harding et al., 1987a, 1987b; Link, 1982; Link & Cullen, 1990; Rosenfield, 1992; Szasz, 1960). Several studies suggest that the symptoms of one’s mental illness may be less severe and controlled over time with interventions (Harding et al.,
1987a, 1987b). Despite occasional remission of symptoms, the impact and effects of coping with a mental illness is a constant and omnipresent struggle influencing a person’s quality of life, self-concept, and interpersonal relationships.

Individuals with mental illness demonstrate more social isolation, are more likely to be unemployed with a lower socioeconomic status (SES), and live in more dangerous, undesirable communities (Link, 1982; Link & Cullen 1990, Rosenfield, 1992). Faris and Dunham (1939) supported this claim with research that demonstrated that the highest rates of first hospital admissions for schizophrenia were in the areas of the city with the lowest social economic status (SES). Economics have an impact on the disease and treatment of those with mental illness, as socially marginalized individuals are less prone to seek treatment, are more likely to view mental illness as stigmatizing, and are generally more distrustful of treatment staff (Rosenhan, 1973). In Social Class and Mental Illness (1958), Hollingshead and Redlick showed an inverse relationship between psychosis and neurosis (“worried-well”), in that neurosis declined from higher to lower class, while psychosis increased. This represents a direct correlation with mental illness and social class (Burt & Pittman, 1987).

Historically, the community-based model developed to treat those with mental illness has focused on treating the illness or diagnosis based on a medical model rather than on the individual psychological needs (Starkey & Flannery, 1997). The medical model conceptualizes that emotional and behavior problems are caused due to an internal condition affecting one’s mind with several causative factors such as; genetic predisposition or metabolic disorders (Zastrow, 1995). Traditional community based treatment programs may be inadequate and inappropriate for treating those with mental illness who have had involvement criminal justice
system (Lamb & Weinberger, 1998). The focus of treatment has traditionally been on skills of daily living and providing community linkages, case management, and community assistance/resources such as housing with limited specific treatment developed for those who have experienced confinement and adapted their behavior while in confinement (Rotter, McQuistion, Broner, & Steinbacher, 2005).

Furthermore, with the recent emphasis on the medical model and the biological aspect of mental illness including research has not included factors such as the environment or quality of life (Caron, Lecomte, Stip, & Renaud, 2005; Marley, 1998). Although skill acquisition, community linkages, and housing are important goals, these models have failed to include a focus on therapeutically targeting individual psychodynamics, internalized conflicts, dynamic and malleable variables of those with mental illness, which ultimately will influence those with a chronic mental illness ability to maintain success.

The fact that one has a mental illness does not necessarily mean that he/she has experienced early childhood deprivation or that he/she has a propensity for criminal activity. The mental illness is simply a variable among other contributors and environmental factors, such as early attachment influencing the development of self-concept and ability to form interpersonal relationships or a social support network. These factors will determine the behavioral manifestations in terms of the level of functioning, including one’s ability to navigate through the criminal justice system in the event of arrest.

In this study, mental illness is based on the National Institute of Mental Health (1990) definition and conceptualized as a psychiatric (thought disorder) or emotional (mood disorder) disturbance of any etiology that is persistent and affects one’s level of functioning and coping.
Therefore, this research is designed to focus on the major types of mental disorders experienced by those in the criminal justice system, using Axis I of the Diagnostic and Statistical Manual on Mental Disorders by the American Psychiatric Association (DSM IV-TR, 1994), and thought and mood disorders, such as schizophrenia and bipolar disorder. Schizophrenia includes psychotic features such as auditory and visual hallucinations, delusions, paranoia and social dysfunction, whereas bipolar disorder includes decreased levels of functioning, mania, and depression.

**Self-Concept**

Large numbers of people with mental illness in criminal justice systems continue to be re-arrested and housed in jails and prisons rather than being appropriately treated for their chronic mental illness (Lamb & Weinberger, 1998). This population suffers from a plethora of current and past deprivation; emotional, social, financial, and spiritual (Wenrich, 2007). This deprivation leads to a poor self-concept further contributing to existing intrapsychic conflicts around security and structure and decreased levels of functioning (Lamb & Weinberger, 1998).

While the literature has addressed constructs related to self-concept, including self-worth, self-esteem, personality attributes, and temperament, this study is taking a different approach to the definition of self-concept. In this research, the understanding of self-concept is the person’s internalized view of him/herself which has been developed and molded through interpersonal relationships and environmental experiences.

Many theorists and theories have discussed different aspects of self and the construct of self. For example, Jacobson and Hartmann describe “self” as that which is a distinction between ego and mental systems (as cited Greenberg & Mitchell, 1983). Sullivan (1953) uses his interpersonal theory referring to the construct of self as “sediment of self” referring to the quality
and quantity of self-worth. Object relations refers to the notion of self as “self-object” which includes the internal representations of objects as part of the self (Greenberg & Mitchell, 1983).

The use of the construct self-concept for purposes of this study is a combination and blending of several notions of self currently recognized in the literature and practice with a primary focus on Sullivan’s (1953) theory of introjection. He postulated that people internalize a basic belief about themselves based on the history of treatment by salient people in their lives (as cited in Hillard, Henry & Strupp, 2000). This “self-introject” is the primary sense of self in the individual which all psychological transgressions manifest and are then projected in thoughts, feelings and behaviors (as cited in Hillard, Henry & Strupp, 2000).

The notion of self is further illustrated by Sullivan with his concept of negative introject, which assumes that people will view themselves in a manner similar to how important people in their lives have treated them (as cited in Hillard, Henry & Strupp, 2000). As stated earlier, unfortunately, many of these individuals face intense stigma and rejection, particularly from family members who lack resources to cope with the illness or blame the individual.

Development of self-concept begins in infancy as one receives verbal and nonverbal cues from the primary care taker and is further solidified as he/she ventures into the world and experiences significant relationships with others. Through relational experiences, self-concept becomes a complex organization of beliefs and values. Those with mental illness and particularly people with mental illness in criminal justice systems often manifest poor self-concepts. In a study by Pelham et al. (1989), they analyzed the constructs of self-esteem and self-concept and found that depressed individuals evoke interpersonal rejection because they tend to associate and gravitate toward those who reinforce their sense of negativity. Further
research suggests that 82% of clinically depressed adults chose unfavorable over favorable feedback compared to 64% of nondepressed, individuals manifesting a secure self-concept people (as cited in Joiner, Katz, & Lew, 1997). The research indicates people with a major mental illness are more susceptible to the feedback and beliefs of others, often due to an already fragile self-concept leaving them more vulnerable than individuals without a mental illness.

Further evidence suggests that people will either accept or reject feedback from people that is most congruent with their self-concept and that the impact of the negative belief varies depending on how the feedback is interpreted and understood (Wright, Gronfein, & Owens, 2000). Most likely, if the person with mental illness in criminal justice system has experienced continuous injuries to his/her sense of self or self-concept, the interpretation will be understood in a manner to reinforce an already negative belief in self.

As stated earlier, unfortunately, many persons with mental illness face intense stigma and rejection, particularly from family members who lack resources to cope with the illness or blame the individual. If a person suffering with mental illness in the criminal justice system were to reflect and demonstrate a secure self-concept, he/she would make statements such as: “I have a mental illness that can be treated, but I am not that illness- ‘a schizophrenic.’, and my mental illness has been a cause in some of my behaviors, but I am not- ‘a criminal.’”

**Interpersonal Relationships**

Interpersonal relationships and interpersonal relations have a long history as valuable and meaningful constructs in psychology, social psychology, and social work. As the majority of those with mental illness currently reside in the community, their families are assuming more responsibility for their care (Solomon, Cavanaugh, & Gelles, 2005). Family members are faced
with managing behavioral manifestations of the mental illness including aggression and violence (Solomon, Cavanaugh, & Gelless, 2005). Managing this type of behavior can be stressful to the family and the support system (Solomon et al., 2005) leading to a withdrawal of care or support. Many families are unable or unwilling to maintain this type of responsibility. A lack of social support and a positive family environment are common factors among this population (Roskes, Feldman, Arrington, & Leisher, 1999).

Interpersonal relationships of those with a chronic mental illness appear to diminish over the years (Heinssen & Cuthbert, 2001). The research does not have a clear understanding of what contributes to this outcome despite the fact that many with mental illness are isolated and have demonstrated feelings of loneliness, which can have decreased feelings of personal worth and impact trust in future relationships as well as the cognitive thought process (Heinssen & Cuthbert, 2001, Copel, 1988). Heinssen and Cuthbert (2001) suggest that openly discussing one’s mental illness, experiences with symptoms, and traumatic events may hinder the development of interpersonal relationships as people are repelled by such information.

The inability to develop and maintain interpersonal relationships is problematic for those with mental illness with a criminal history face a different set of problems and rejection which places them apart from other psychiatric patients. They tend to “meet with rejection from both conventional health services and the criminal justice system” (McInery & Minne, 2004, p. 94), not to mention often a long history of rejection and alienation from friends and family. The long term alienation, stigma, and rejection can cause intense intrapsychic turmoil in those with mental illness in the criminal justice system.
A study by Thompson (1988) found that those psychiatric patients who demonstrated a better self-concept, acknowledged their mental illness, and had membership in the mainstream community, ultimately had a more positive outlook on their prognosis. The study further found that those who identified with more community membership and less psychiatric membership demonstrated more interpersonal relationships (Thompson, 1988). In addition, they maintained an array of social networks with less dependency on professional caregivers in the mental health system (Thompson, 1988).

The need for supportive and positive interpersonal relationships is critical for those with mental illness as negative relationships can exacerbates psychiatric symptoms. Increased symptoms, decreased coping skills, and lower levels of functioning have been correlated in cases where social the interactions were perceived as stressful (Marley, 1998). This study leverages Winnicott (1960) to define interpersonal relationships as a reciprocal interaction between individuals through attuned empathy, which is supportive, trusting, engaging, long-term, stable, meaningful, and provides a safe holding environment.

**Correctional Adaptation**

**Prisonization**

The person with mental illness in criminal justice system’s reality is unique, as he/she has developed a set of adaptations consistent with an “incarceration culture;” this phenomenon is similar to what Clemmer (1940) termed as prisonization. Clemmer’s original assertion was that while individuals may adapt to the penal system, the environment can cause psychological harm. There has been a variety of research on the psychological harm caused by the criminal justice environment on those with a chronic mental illness, but limited research on the aspect of
prisonization. One study addressed the correlation between prisonization and those with mental illness (Carr et al., 2006). One of the studies demonstrated meaningful results suggesting that in fact, individuals may adopt behaviors and attitudes consistent with the correctional setting (Carr et al, 2006) an adaptation.

The revolving door of incarceration of those who are chronically mentally ill will continue if the underlying deficits of these individuals fail to be addressed, or worse, get perpetuated and reinforced by an ineffective system. According to Rotter, McQuistion, Broner, and Steinbacher (2005), this population needs to be addressed and evaluated with cultural competency. An understanding based on the unique beliefs, values, and backgrounds which the chronically mentally ill share, “the incarceration culture.” As with any organization or group; norms, standards, and customs develop as the group forms - this is true in the criminal justice setting as well. Those with mental illness in jails and prisons while adhering to these standards acceptable within the criminal justice system becoming a specific and select group unique unto themselves, in other words, they undergo what Winnicott (1953) called a “cultural experience“ (as cited in Applegate & Bonovitz, 1995, p. 235).

The research indicates that people with a major mental illness are more susceptible to the feedback and beliefs of others, often due to a fragile self-concept. Lacking a secure self-concept often hinders a person’s ability to form relationships and function independently with confidence. One who is unable to function independently may turn to an environment which feels safe, comfortable, providing a necessary structure and facilitating dependency such as the criminal justice system/penal system. This idea is exemplified by James Blake, a prisoner of thirteen years, who wrote that, “another kind of nostalgia I’ve been fighting is the Brotherhood-
Of-The-Doomed feeling I had in the penitentiary and no longer have, with nothing to put in its place” (as cited in Duncan, 1996, p. 10).

In order for those with mental illness in the criminal justice system to remain in what has come to feel like a safe place they must believe that they belong in this community. A similar process, such as when a psychological dependency is formed and an individual accepts an identity based on this dependency, is described by Thompson (1988). In his study of sixty-five psychiatric patients described how they begin to ascribe, accept, and commit themselves to validate their identity as full-time patients. Thompson’s (1988) study further supports that those whose self-concept is defined both perceptually and emotionally as a chronic patient adapted themselves to conform to their patient status despite the poor prognosis and continued disability.

This study defines correctional adaptation as a process in which one becomes institutionalized and dependent on the criminal justice system. Correctional adaptation is a process of adaption, identification, and internalizing of a role. This study postulates that this may be an adaptive and thus healthy response to being a part of the criminal justice system - a form of resiliency. Paradoxically, this adaptation may prove maladaptive once back in the community and contribute to re-arrest and recidivism. Those with mental illness in the criminal justice system have limited power (Rosenhan 1973) and are forced to adapt. One area that they are able to demonstrate power and control is in their acceptance and reliance on the penal system in providing for their needs.

**Criminalization, Violence, and Substance Abuse**

Although research and clinical expertise have demonstrated concerns regarding the relationship between mental illness and the high risk for serious violence, the fear is
disproportionate with reality (Angermeyer, Cooper, & Link, 1998). In this study by Angermeyer et al. (1998), the findings suggest that the propensity and potential danger due to mental illness is less than what is feared in the general public. However, research indicates that the risk of a person with mental illness being violent or demonstrating violent behavior is less than 5% (Link & Stueve, 1994, 1995; Monahan, 1992, Swanson, 1994). Another similar study, the General Social Survey in the United States, found that when given vignettes with descriptions of schizophrenia and major depression evoked negative responses in participants (Angermeyer, Matschinger, & Corrigan, 2004).

Hiday (1999) argues that the high arrests rates or criminality of the mentally ill are due to the public belief that those with a mental illness are dangerous. Based on erroneous assumptions, the public places costly demands on public officials to detain those with mental illness. Teplin (1984) found that police arrested mentally ill individual even when treatment was preferable in cases which the deviant behavior was public and visible. Paradoxically, often those with mental illness are more likely to be victims of violence. Without needed resources, the potential for more victimization is inevitable (Hiday et al., 2002). The person with mental illness is often without financial resources or family support and forced to reside in homeless shelters in the most dangerous areas prone to violence and drugs. Victimization occurs sometimes from community members themselves acting as vigilantes, taking the law into their own hands. For example, John Stanley Crawford, a deinstitutionalized man in New Hampshire, was beaten to death while he was out in the community on bail for a charge (not yet tried) of sexual assault (French, 1987).
Hiday (2003) further asserts that violence among those with mental illness may increase when substance abuse is involved. Broner, Mayrl, and Landsberg (2005) found in their research that large numbers of those who are arrested are likely to be using some type of substance at the time of arrest, approximately 60% to 70%. Hartwell (2004) found that 80% of state inmates and 70% of federal inmates have reported a history of alcohol or drug abuse.

The last several years have garnered an increase in the research on mental illness and violence and increased the knowledge base including risk factors, but the research is inconclusive regarding the nature of the relationship between mental illness and violence (Sirotich, 2008). The variables of psychopathy and substance abuse are not frequently controlled for in studies (Hartwell, 2004), however, have been found to have a significant relationship between violence and delinquent behavior (Sirotich, 2008).

Psychopathy is not a criterion in the DSM-IV-TR, but rather an extreme version of a DSM-IV-TR AXIS II, antisocial personality disorder, demonstrating a superficially charming personality convincing in his/her behavior but also unreliable and callous personality characteristics that he/she may be prone to deceive and manipulate others (Cleckly, 1941). Psychopathy was further elaborated on and measured by the Psychopathy Checklist-Revised (PCL-R) (Hare, 1991). In addition, delinquency prior to adulthood has been found to have a significant relationship with violence (Sirotich, 2008). According to Hiday and Burns (2009), jail and prison surveys have demonstrated consistently high rates of mental illness among the inmates, but psychopathy (antisocial personality disorder) and substance abuse may explain some of these statistics. As psychopathy and substance abuse have been correlated with high
rates of arrests and violence, it is suggested that more attention be paid to this subgroup (Hartwell, 2004).

**Classification of Offenders**

A commonly used definition of the “criminalization” of those with mental illness is a person who is “…may be arrested for minor acts that are, in fact, manifestations of their illness, their lack of treatment, and the lack of structure in their lives” (Lamb & Weinberger, 1998, p. 485). The individual is arrested for the manifestations of the illness, not necessarily the crime. The symptoms of the mental illness may consist of behaviors that are socially, inappropriate, bizarre or even at times illegal. The larger problem becomes when they are forced in to the criminal justice system without treatment, released into the community still with their illness, with the potential that the symptoms will cause the same behavior resulting in re-arrest. To distinguish from those that are merely acting as a result of their illness versus those that have a true underlying criminal intentions or attributes, the groups must be analyzed differently, which can be done based on their criminal history and type of crimes.

Furthering our understanding of those with mental illness in criminal justice system, Hiday (1999) purports that there is a process of criminalization of the mentally ill. Based on her review of the literature, Hiday (1999) concludes there are distinct groups of mentally ill individuals who encounter the criminal justice system. Initially, Hiday (1999) proposed a three group typology. The first group commits misdemeanor offenses, which have to do with personal survival such as, loitering, shoplifting, or failure to pay for meals; prior to the 1980’s this group would have been institutionalized. The second group is those with a more profound personality disorder and/or substance abuse. The third group is a smaller subgroup, the more stereotypical...
“madman.” This group, due to severe and acute psychotic symptoms, commits bizarre and/or violent crimes. Often their crimes garner significant public attention resulting in long-term placement in either prison or psychiatric hospitals.

In order to control for what is known and understood in in the literature to have high correlations; mental illness to substance abuse and psychopathy, this study in using Hiday’s perspective of a typology of offenders separates out his category. The focus and interest is primarily on those with mental illness who are reoffending with minor crimes and those crimes which demonstrate the lack of resources either in terms of economics or in social support, those types of crimes which fall under nuisance and survival. This study segregates the groups based on offense in order to create a better understanding. As in cancer research, it would not make sense to treat all forms of cancer with the same medical protocol or prescriptions; it is a similar case with those with mental illness in the criminal justice setting. In this study, the classification of offenders will be defined by analyzing three subgroups of those with mental illness who have committed at least one crime into a typology: Group A, Group B, and Group C. Group A offender is defined as an individual who commits crimes that have more to do with personal survival. Group B offender is defined as an individual who is more likely to have substance abuse issues. Group C offender is defined as those who commit the most violent crimes.

Recidivism

In our society, the persistent and chronically mentally ill have little power. A study by Rosenhan found that “powerless [among psychiatric patients] was evident everywhere…” including legally (1973, p. 17). The process of deinstitutionalization has expanded into a phenomenon of “transinstituionalization” symbolic of the “revolving door” where those with
persistent and chronic mental illnesses are merely reinstitutionalized to other custodial institutions (Prins, 2011), such as, jails and prisons. Debates continue over the process and validity and legitimacy of both deinstitutionalization and transinstitutionalization; however, a full analysis of policies and resulting phenomenon are beyond the scope of this project.

The salient argument is that approximately 15,000 to 20,000 people with mental illness cycle through the criminal justice system annually (Broner, Mayrl, & Landsberg, 2005) returning to the community with limited support or resources, which increases the likelihood of a return to the same behavior that resulted in arrest the first time. The competing interests continue to perpetuate the powerlessness of those with mental illness. The criminal justice system seeks public safety, however, the mental health system has the priority of treatment and rehabilitation (Linhorst & Dirks-Linhorst, 1999) which causes conflicting missions.

Prins and Draper (2009) found several risk factors contributing to recidivism. These risk factors are ascribed to the general public and are not exclusive to those with a mental illness. These risk factors include: a history of criminal behavior (prior interactions with the criminal justice system); anti-social personality pattern (e.g., antagonism, impulsivity, and risk-taking, pro-criminal attitudes such as negative expressions about the law, conventional institutions, values, procedures, etc.); anti-social associates; poor use of leisure/recreational time; substance abuse; problematic circumstance at home (e.g., low caring or supervision, high neglect or abuse, homelessness); and problematic circumstances at school or work (e.g., limited education, unstable employment history (Prins & Draper, 2009). According to Hiday and Burns (2009), due to the limits of community-based treatment and resources to provide for basic needs those
with a severe mental illness, they may eventually will become homeless or involved in the drug culture which creates a greater risk for arrests and re-arrests.

Some diversion programs mandated through the courts and supported in the community mental health system have been effective in trying to reduce recidivism, limit the length of incarceration, increase treatment access, and improve life satisfaction (Broner, Mayrl, & Landsberg, 2005). Research has shown modest benefits for jail diversion programs with additional effectiveness when mandated, court-involved, and structured (Broner, Maryl, & Landberg, 2005) and that case management and discharge planning has effectively reduced recidivism (Carr et al., 2006). However, Broner, Maryl, and Landsberg (2005) found that the traditional type of diversion consistent with the psychiatric hospital disposition planning (e.g., providing referrals, linkages, and information without specificity in dealing with the challenges of those with mental illness, those with co-occurring disorder, and criminal justice involvement) has limited empirical evidence and may not prove effective.

Recidivism is an individual process and research shows that individual characteristics of those under probation or parole supervision in the general population are responsiveness to different types of interventions, suggesting that targeted conditions of this type of supervision work best (Prins & Draper, 2009). Therefore, it is critical to take a more individualized, specific approach with this population both in clinically and in research to understand the characteristics based on psychology, types of crimes, and the historical fact and identification with the criminal justice system. The trajectory of community-based treatment programs have evolved over time with the administration of the medically-oriented treatment, then a psychologically-rehabilitative model to the current paradigm that supports and encourages independent living (Guy, 1985).
This study defines recidivism as a process in which an individual continues an arrest cycle leading to repeated incarceration in the criminal justice system. Recidivism is explored through the construct of correctional adaptation, which explores a more resilient aspect of the individual using the systems available to them to meet their safety and security needs.

**Conclusion**

Historically, treatment serving those with chronic and persistent mental illness has focused on treating all individuals and diagnoses in a similar manner based on the paradigm of the time, a medical model, a rehabilitation model, or a community-based model. An outcomes-based approach (or focus) does not take into consideration the interplay among variables such as their causal relationships and how an individual may be affected. Research has also narrowly focused on treating both the mentally ill and the mentally ill in the criminal justice system as a homogenous group. This limitation in research fails to focus on individual attributes, psychology, or on dynamic variables which could otherwise potentially contribute to a large variance in this population. This limited methodology hinders a deeper understanding of the population and, thus, impacts, the publics' opinion, which informs policy, which ultimately informs program development and treatment.

The analysis in this study will explore the relationship between these variables which are considered dynamic, allowing for potential manipulation with specific-focused treatment to affect a positive change, such as self-concept and interpersonal relationships. The change would produce a decrease in the dependent variable of recidivism increasing the quality of life for the individual and decrease of the cost to the community. In addition, through an analysis of the phenomenon of correctional adaptation as a beneficial demonstration of individual resiliency, a
more focused examination on specific interventions and new strategies introduced both in practice and research to better serve this population.

This chapter detailed psychoanalytic theory as an overarching theory with a specific focus on object relations theory according to Winnicott, interpersonal theory according to Sullivan, and attachment theory according to Bowlby and how key concepts and components serve as a lens to explain and understand the variables in the study. This theoretical framework suggests that the individual develops patterns based his/her ego development from infancy influencing the salient constructs of self-concept and interpersonal relationships with an emphasis on the ability to affect change. The theory further explored the phenomenon of correctional adaptation based on an internal drive either unconscious or conscious as a demonstration of resiliency which provides safety and security.

Symbolic interaction proposed by Mead and Weber is presented to provide a theoretical understanding of the individual and how the role and social environment is critical in influencing behavior. The chapter further explores how the environment influences policies, clinical programs and the individual and takes into consideration the impact of stigma and labeling.

The proceeding discussion presented a literature review on the independent variables for this study including the historical background and statement of the problem. The variable of mental illness was introduced, including a discussion on those with mental illness in the criminal justice system. The discussion included the historical context of deinstitutionalization. In addressing recidivism using a different approach to control for psychopathy and substance based on an understanding of the individual with mental illness and the manifestation of the symptoms
in behavior and the type of crime committed, a typology of offender based a classification system was presented.

This chapter finally purposed the dependent variable of recidivism within a historical context in terms of past treatment models and paradigms. Recidivism is discussed as a process in which one based on conscious and unconscious process fails to assimilate into the community, reoffends and then is re-arrested into the criminal justice setting, including the potential of correctional adaptation. The chapter presented an over-view of literature and research that is salient in understanding recidivism and the variables influencing this process. In concluding, there is a significant problem facing the United States- the incarceration of those with a mental illness in the criminal justice system with limited effective treatment or prevention. This is a complex social issue which may take a creative approach in order to remedy, but first a better understanding is critical.
Chapter III

Methodology

The current study is an exploratory study, using secondary data to explore how mental illness, self-concept, and interpersonal relationships relate to recidivism into the criminal justice system. It will examine the potential of correctional adaptation within the context of Hiday’s (1999) conceptual framework, classifying the subjects based on type of crime or purpose of crime. This study is aimed at providing more information and a deeper understanding in the development of best practices and clinically relevant treatment models for those with mental illness in the criminal justice setting. This research is a secondary analysis of data collected from the National Longitudinal Surveys (NLS), which is a set of surveys conducted by the US Department of Labor designed to gather information at multiple points in time on the labor market activities and other significant life events of several groups of men and women.

This chapter will present the purpose of the research, the research questions, and hypotheses, a description of the variables and the data analysis plan. The dataset used for this study will be described and how the variables are conceptualized and operational definitions will be presented. The original data for the study, including a description of the sample, demographics, and collection methods, will be discussed in this chapter.

Study, Design, Research Question(s), and Hypotheses

The current study is an exploratory study, using secondary data analysis which seeks to understand the relationships between a history of mental illness, self-concept, and interpersonal relationships on the likelihood that a person will re-offend be re-arrested and placed back into the criminal justice system via a prison or jail sentence. It is proposed in this study that the dependent variable of recidivism will be affected by the independent variables mental illness,
self-concept and interpersonal relationships. In addition, through an analysis of the phenomenon of correctional adaptation as a beneficial coping mechanism and a demonstration of a level of individual resiliency, a more focused examination on specific interventions and strategies will be developed for practice and future research. In addition, this study is interested in analyzing how the type of crime and thus the type of offender based on a type of typology and classification system will impact their recidivism rates. There are two major hypotheses in this study;

   Hypothesis: H (1) Those with mental illness, an inadequate self-concept, and poor interpersonal relationships will be more likely to have higher levels of recidivism.

   Hypothesis: H (2) Controlling for Hiday’s group classification of offender, there will be a significant difference in mental illness, self-concept, and interpersonal relationships on recidivism.

**The National Longitudinal Youth Survey 1997 (NLSY97) and Development**

The specific survey used in this study is the National Longitudinal Youth Survey beginning in 1997 (NLSY97) which is part of the United States Department of Labor series of studies conducted by the Bureau of Labor Statistics. The NLSY97 consists of a nationally representative sample of approximately 9,000 youths who were 12 to 16 (born between 1980 and 1984) years old as of December 31, 1996 during the first round of interviews. Round 1 of the survey took place in 1997. In that round, both the eligible youth and one of that youth's parents participated in an hour-long personal interview. The parent interview is a unique feature of these surveys. The youths continue to be interviewed on an annual basis through round 13 in 2009-2010. This study used rounds 1 through 12, 1997 to 2009.
The NLYS97 is designed to yield a wide variety of information in their “Created Variable Appendices” of which there were a total of eleven, such as: labor market behavior, educational experiences (high school, college, training), family background (including data collected from parent in round 1), armed Services Vocational Aptitude Battery (measures knowledge and skills including reading and mathematics), high school information received from respondents' schools and from respondents' school transcripts, government program participation, family life (marital status, fertility, and child care), health/mental issues, and assets and income. For the purposes of this study only select sections and questions were utilized. Questions and data were extracted from the various appendices that were most appropriate in relating to the variables of interest in this study.

**Study Population**

Of the total sample of 8,984 youths in the NLYS 97, the sample for this study is N=2,883 based on the inclusion criteria of at least one arrest at any point from Round 1 in 1997 through Round 2009 in year. The sample subjects’ age during Round 1 was between 12 and 18. In the last round of the survey, Round 13, the total sample due to attrition was 7,561 which is about 84% of the original 8,984 youths recruited. The survey consisted of several races; is Caucasian, N= 4,665 or 51%; Black, N= 2,335, 26%; Hispanic, N=1,901, 21% and Bi-racial, N=83, 0.9%. The study consisted of 4,599 or 51% male and 4,385 or 49% females.

**Conceptual and Operational Definition of Variables**

Utilizing data collected by the US Department of Labor, Bureau of Labor Statistics, this study begins to explore and study how several factors can influence recidivism into the criminal justice system. The current study is exploratory using secondary data. Of the data utilized in
this study two variables came from a portion of a standardized scale; i.e., the Achenbach Behavior Checklist. The questionnaire in the NLYS97 was not a standardized instrument with validity and reliability, therefore this information is not known. The other variables consisted of data extracted from questions based on the current literature resulting in a proxy measure of the variable of interest. The conceptual and operational definitions of the variables included in this study follow.

**Mental illness.** Mental illness is conceptualized as a psychiatric (thought disorder) or emotional (mood disorder) disturbance of any etiology that affects one’s level of functioning in daily life and coping skills (National Institute of Mental Health, 1990). This study will focus on major types of mental disorders, which are chronic and persistent based on Axis I of the Diagnostic and Statistical Manual on Mental Disorders by the American Psychiatric Association (DSM IV-TR, 1994), which includes all diagnostic categories except mental retardation and personality disorders. This study will focus on those with symptoms/and or history of symptoms of mental illness. The types of mental illness focused on in this study are primarily described as thought disorders such as: schizophrenia, which includes (but is not limited to), psychotic disorders which feature symptoms such as auditory and visual hallucinations, delusions, and paranoia. Mood disorders will be the other diagnostic category which will be the focus in this study, which includes (but is not limited to), bipolar disorder, mania, and depression. These illnesses in both categories consist of a significant decrease in level of functioning and symptoms that are serious enough to cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning" (DSM IV-TR, 1994, p. 221). These types of diagnoses where selected as they tend to be the most severe, requiring consistent treatment
and attention. As such, those with a mental illness may become more dependent on the supports and resources within their environment including interpersonal relationships and structural supports such as community treatment facilities or the criminal justice system.

Mental Illness will be operationally defined using questions from the NLYS 97; the boys and girl depression score consists of four questions for boys and four questions for girls regarding identified as being related to depressive symptomology in the Round 1 (1997) of the interviews. The higher the mental illness scores, the higher the level/symptoms of mental illness present. A total mental health score for every year available will be calculated using the respective questions identified as related to mental illness from years: 2000, 2002, 2004, 2006, 2007, 2008, and 2009. As noted previously the data in the Original NLYS97 study was not a standardized scale. In this study the data come from extracting like data and developing scales specifically for the variables of interest in this study. The following are the questions which were utilized to develop the scale for General Mental Health Score based on a 4-point Likert scale, 1- all of the time, 4-None of the time, (*items that were reversed coded); how often have you been a nervous person?*, how often have you felt calm/peaceful the last month?, how often have you felt down or blue?*, how often have you been a happy person?, how often have you felt depressed the last month?*, have you ever had a mental/emotional problem?/select [type] of mental/emotional problem, how old when condition was first noticed? The following are the questions which were utilized to develop the scale for Girls and Boys Depression Score: 1997, (Achenbach Child Behavior Checklist (3-point Liker scale, 0-not true, 2- often true); you lie or cheat, your school work is poor, you have trouble sleeping, you are unhappy sad or depressed, you have trouble concentrating or paying attention, you don’t get along with other kids.
**Self-concept.** The use of the construct self-concept for purposes of this model is a combination and blending of several notions of self currently recognized in the literature and practice with a primary focus on Sullivan’s theory of introjection. He postulated that people internalize a basic belief about themselves based on the history of treatment by salient people in their lives (Hillard, Henry & Strupp, 2000). This “self-introject” is the primary sense of self in the individual which all transgressions manifest and is projected in thoughts, feelings, and behaviors (Russell et al., 2000). In this research, self-concept is defined as a sense of self, which commences in infancy and is influenced by the primary care-taker, and through continued relational experiences becomes a complex organization of one’s beliefs and values about themselves and the world (Sullivan, 1962). Self-concept in this research is conceptually defined as a person’s internalized view of himself/herself which has been developed and molded through interpersonal relationships and environmental experiences. An adequate self-concept provides a level of resilience and confidence that one needs when faced with hardship or adversity. It, therefore, is a critical component in coping with any type of mental illness and the related problems with mental illness. Self-concept is an essential and dynamic element of an individual, which is included in this study in order to understand how much influence this variable has on the risk for arrest, future arrest, and recidivism.

Self-concept will be operationally defined using questions developed from the NLYS 97; a cumulated total self-concept score will be calculated, with a higher the scores indicating a more adequate self-concept. In addition, scales measuring positive and negative life expectations were developed from questions relating to optimism and pessimism about one’s self and their capacities for achievement from Rounds 1 and 4, 1997 and 2000. An adequate self-concept will
be identified as higher the scores in expectations and more perceived optimism regarding future expectations.

As noted previously the data in the Original NLYS97 study was not a standardized scale. In this study the data come from extracting like data and developing scales specifically for the variables of interest in this study. The following are the questions which were utilized to develop the scale for Self-Concept Scale 2002 (5-point Likert scale, 1- completely false, 5- completely true, *items that were reversed coded or recoded); how much do you feel that disorganized describes you as a person?*, how much do you feel that conscientious describes you as a person?, how much do you feel that undependable describes you as a person?*, how much do you feel that thorough describes you as a person?, how much do you feel that agreeable describes you as a person?, how much do you feel that difficult describes you as a person?, how much do you feel that stubborn describes you as a person?, how much do you feel that trustful describes you as a person?, what is the percent chance that you will die from any cause-crime, illness, accident, and so on, in the next year?*, what is the percent chance that you will die from any cause-crime, illness, accident, and so on, in the next five years?*

The following are the questions which were utilized to develop the scale for Positive Expectations 1997 (4-point Likert scale, 1- strongly agree, 4- strongly disagree, *items that were reversed coded or recoded); what is the percent chance that you be a student in a regular school one year from now?, if you are in school a year from now, what is the percent chance that you will also be working for pay more than 20 hours per week?, if you are not in school a year from now, what is the percent chance that you will also be working for pay more than 20 hours per week?, what is the percent chance that you will have received a high school diploma by the time
you turn 20?, what is the percent chance that you will have a four-year college degree by the
time you turn 30?, what is the percent chance that you will be working for pay more than 20
hours per week when you turn 30?

The following are the questions which were utilized to develop the scale for Negative
Expectations 1997 (4-point Liker scale, 1- strongly agree, 4-strongly disagree, *items that were
reversed coded or recoded); what is the percent chance that you will be arrested, whether rightly
or wrongly, at least once in the next year?*, what is the percent chance you will serve time in jail
or prison between now and when you turn 20?*, what is the percent chance that you will die
from any cause crime, illness, accident, and so on in the next year?*, what is the percent chance
that you will die from any cause crime, illness, accident, and so on between now and when you
turn 20?*

The following are the questions which were utilized to develop the scale for Positive
Expectations 2000 (4-point Liker scale, 1- strongly agree, 4-strongly disagree, *items that were
reversed coded or recoded); if you are in school a year from now, what is the percent chance that
you will also be working for pay more than 20 hours per week?, what is the percent chance that
you will be in a regular school 5 years from now?, if you are in school five years from now, what
is the percent chance that you will also be working more than 20 hours per week?, if you are not
in school a year from now, what is the percent chance that you will also be working for pay more
than 20 hours per week?

The following are the questions which were utilized to develop the scale for Negative
Expectations 2000 (4-point Liker scale, 1- strongly agree, 4-strongly disagree, *items that were
reversed coded or recoded); what is the percent chance that you will be the victim of a violent
crime at least once in the next five years?*, what is the percent chance that you will be arrested, whether rightly or wrongly, at least once in the next year?*

The following are the questions which were utilized to develop the scale General Expectations (4-point Liker scale, 1- strongly agree, 4-strongly disagree, *items that were reversed coded or recoded); in uncertain times, I usually expect the best, I rarely count on good things happening to me*, I’m always optimistic about my future, I hardly ever expect things to go my way*.

**Interpersonal relationships.** Lack of social support, social resources, and a family environment has been found to be essential features in maintaining a positive physical and emotional wellbeing (Vandervoort, 1999). In this study, interpersonal relationships are conceptualized as a reciprocal interaction between individuals through attuned empathy, which is supportive, trusting, engaging, long-term, stable, meaningful, and provides a safe holding environment (Winnicott, 1960).

Interpersonal relationships will be operationally defined using questions related to relationships, social support, supportive environments, attachment/ bonds, strength of ties, namely, amount of time spent, intimacy, and utilization of these resources from the NLYS 97 survey, with a total of four sub-scales. The first scale is interpersonal relationships measuring externalized perceptions of social support with a higher score demonstrating higher levels of social support. The second scale measures social activity; it is a nominal scale with answers of yes or no, with yes reflecting more social activity. The third scale measures primary social support/attachment and a higher score reflect more intimate relationships. The fourth scale
measures social environment with a higher score reflecting a more secure, enriching social environment.

As noted previously the data in the Original NLYS97 study was not a standardized scale. In this study the data come from extracting like data and developing scales specifically for the variables of interest in this study. The following are the questions which were utilized to develop the scale for Interpersonal Relationship; Risk Environment (from the Family/Home Risk Index, a standardized scale on the NLYS97, scored 0-21, Physical Environment Risk Index scored 0-7, and Enriching Environment Risk Index 0-3).

The following are the questions which were utilized to develop the scale for Intimate Relationships 2001 (4-point Liker scale, 1- strongly disagree, 4-strongly agree, refers to biological mother, mother figure, biological father, father figure); I think highly of him/her, he/she is the person I want to be like, I really enjoy spending time with him/her.

The following are the questions which were utilized to develop the scale for Intimate Relationships 2003 (4-point Liker scale, 1- strongly disagree, 4-strongly agree, refers to biological mother, mother figure, biological father, father figure *items that were reversed coded or recoded); I think highly of him/her, he/she is the person I want to be like, I really enjoy spending time with him/her.

The following are the questions which were utilized to develop the scale for Turn to for Personal Problems 1997, 1999, 2000, 2002, 2004, 2006, 2008, 2009 (3-point Liker scale, 3 = family/friends/significant other, 2 = a professional, 1 = no one); If you had an emotional problem or personal relationship problem, who would you turn to for help?
The following are the questions which were utilized to develop the scale for Ever Dated (0-no, 1-yes) have you ever been on a date or unsupervised social outing with a boyfriend/girlfriend?

**Classification of Offenders.** Hiday (1999) in pursuit of a better understanding of the criminal justice system purports that there are distinct groups of mentally ill individuals who encounter the criminal justice system. In this study, the conceptual definition of the classification of offender incorporates Hiday’s (1999) typology of people in the criminal justice systems. In this study, substance abuse and psychopathy are controlled by using Hiday’s (1999) perspective of a typology and placing the subjects into respective classifications based on their crimes and history of offenses. The approach in this study is to segregate the groups based on offense in order to create a better understanding of how and why there is continued arrest and recidivism.

Group A offender is conceptually defined as an individual who has a mental diagnosis consistent with the DSM IV-R Axis I, who commits crimes mainly as a means for personal survival, i.e., stealing, not paying for food or because he/she is a public nuisance due to active symptoms of their mental illness, i.e., loitering in public areas. Group B offender is conceptually defined as an individual who has a mental diagnosis consistent with DSM IV-R Axis II, substance abuse. Group C is conceptually defined as those with more severe and acute psychotic symptoms, who commit bizarre and/or violent crimes as a result of their active symptoms or demonstrate a personality disorder/s symptomology, consistent with criminogenic thinking (Cleckly, 1941). Personality disorders are defined psychologically as a set of enduring behavioral and mental traits that distinguish human beings ability to function and form long,
term meaningful relationships (DSM IV-TR, 1994). Hence, personality disorders are defined by experiences and behaviors that differ from societal norms and expectations (DSM IV-TR, 1994). Often their crimes garner significant public attention resulting in long-term placement in either prison or psychiatric hospitals.

Based on this understanding of typology for the purposes of this study, classification of offenders will be operationally defined using questions developed from the NLYS 97. Based on the subject’s response to the questions they were classified in one of the three groups or classifications; Group A, nuisance/survival, Group B, substance abuse or Group C, violent offender.

The following are the questions which were utilized to classify Group A Offender/Substance Abuse/Nuisance (0-no, 1-yes); did the police arrest/charge you with a public order offense, such as, drinking or purchasing alcohol, while under the legal age, disorderly conduct or a sex offense?, Which of the following offenses did the police/juvenile/adult court, arrest/charge/convict/plead guilty to?/public order offense, such as drinking or purchasing alcohol under age, disorderly conduct, sex offense?, have you ever stolen from/been charged/ for stealing something from a store or something that did not belong to you worth less than $50?, did you snatch someone’s purse or wallet or pick someone’s pocket?, did you go into a locked house or building to steal something?

The following are the questions which were utilized to classify Group B/Substance Abuse; during the last 30 days, on how many days did you have one or more drinks of an alcoholic beverage?, in the past 30 days, on the days you drank alcohol, about how many drinks did you usually have?, on how many days did you have five or more drinks on the same occasion
during the past 30 days?/by occasion we mean at the same time or within hours of each other?, in the last 30 days, how many day have you had something alcoholic to drink such as beer, wine or hard liquor right before or during school or work hours?, on how many days have you used marijuana in the last 30 days?, in the last 30 days, how many times have you used marijuana right before or during school or work hours?, how many times would you estimate that you took some drug or other substance?, in the last 30 days, how many times, if any, did you use some drug or other substance right before school or during school or work hours?, did the police arrest/charge you with possession or use of illicit drugs?

The following are the questions which were utilized to classify Group C/Antisocial Traits; have you ever attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?, have you ever sold or helped sell marijuana (pot, grass), hashish (hash) or other hard drugs such as heroin, cocaine or LSD?, did you use a weapon to steal something (less than $50), did you use a weapon to steal something (more than $50), how many times have you attacked someone or have had a situation end up in a serious fight or assault of some kind in the last 12 months?, an attack or assault 10+ times in the last year, more than 10 times?, did you sell or help to sell hard drugs such as heroin, cocaine, LSD or other drugs?, how many times have you attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?, which of the following charges have you been arrested for, possession or use of illicit drugs?, which of the following charges have you been arrested/charged/convicted? (assault, such as battery, rape, aggravated assault, manslaughter), how many time have you been arrested for assault, such as battery, rape, aggravated assault, manslaughter.
Dependent Variable

Recidivism. Approximately 15,000 to 20,000 people with mental illness cycle through the criminal justice system annually (Broner, Mayrl, & Landsberg, 2005) returning to the community with limited support or resources. The lack of support either emotionally or materially increases the likelihood of a return to the same behavior that resulted in arrest the first time. This is a social problem that continues to impact social and financial resources with probation and parole officers interacting more frequently with a disproportionately high number of people with a mental illness (Prins & Daper, 2009) which is beyond their realm of training. Hiday (2009) states that continued involvement of those with mental illness in the criminal justice system represents a failure of other community and social institutions. As this continues to be a social problem impacting society, families, and individuals, it requires further understanding and research in order to develop clinically informed best practices and effect change.

Recidivism is conceptually defined as a process in which an individual continues an arrest cycle leading to incarceration in the criminal justice system with one or more arrests for any type of crime. Recidivism is used in the criminal justice setting to refer to a type of failure that a person has been arrested; adjudicated, made reparations, and then a reversion to illegal/criminal behavior resulting in re-arrest (Maltz, 2001). Recidivism in this study will be explored through the construct of correctional adaptation, which explores a more resilient prospective of an individual utilizing the criminal justice system to satisfy safety and security needs. This process of utilization can cause a level of dependency that is manifested in continued arrests, thus, recidivism.
Recidivism will be operationally defined using a history of recidivism based on number of arrests after the age of 18. Recidivism is a nominal score of yes or no; either the subject was arrested a minimum of one time after the initial arrest or was not arrested again after the initial arrest.

**Data Analysis Plan**

Reliability of the constructed variables from the sections of the NLSY97 data set will be determined based on the Crombach’s Alpha. The data will be analyzed using descriptive statistics to determine basic trends. ANOVA, t-test, and Pearson’s correlations will be used to test the bivariate hypotheses and logistical regression analysis will be used to test the final multivariate hypothesis.

**Human Subjects Concerns**

This is a secondary analysis of previously collected data; names and identifying information are not available to the public so there is no risk of breach of confidentiality. Due to the data being non-identifiable and a secondary data set this study was given an exempt status by the Institutional Review Board approval from The Catholic University of America.

**Strengths and Limitations**

This study contributes to the knowledge and research of mental health and the criminal justice system by providing support for the not well-understood phenomenon of correctional adaptation through recidivism. It further establishes that there may be more to the correlation between individual psychological dynamics and recidivism than mere external and controllable factors. The data utilized in this research was developed into scales which relied on the questions formulated in the NLSY97 data set, as secondary data operationalization of the
variables was dependent on the collected data. The process of developing the composite scales utilized for the independent variables did not always include the full range of the concepts as guided by the research.

**Chapter Summary**

This chapter on methodology presented the research question, the study hypotheses, and the research design. The discussion started with description of the original data set, including the sample and data collection. The data set will be modified to enhance this study by creating the variables of interest. This chapter included the conceptual definitions of the variables in the study, how they will be measured and analysis plan for the data. The conceptual and operational definitions of the variables were presented including a discussion of the importance of choosing the particular variables. The chapter concluded with a presentation of the concerns to human subjects and the strengths and limitations of the study. The next chapter will discuss the demographics of the sample and the statistical findings/results of the study.
Chapter IV
Findings and Analysis Data

This study set out to analyze the relationship between mental illness, self-concept, and interpersonal relationships in explaining the variance in recidivism. One goal of this study was to test the overarching hypothesis that those with mental illness, an inadequate self-concept, and poor interpersonal relationships will be more likely to have higher levels of recidivism into the criminal justice system. In addition, the secondary hypothesis tested in this study is: controlling for group classification of offender, there will be a significant difference in history of mental illness, self-concept, and interpersonal relationships on recidivism. The findings of the analysis of data are examined in this chapter. Consequently, this chapter presents the findings and data analysis of the current study using descriptive statistics to describe the study’s sample population, bivariate analysis to explore the relationships between the variables, and logistic regression to test the hypotheses.

Description of Sample

This research is a secondary analysis of data using a nationally representative sample from the National Longitudinal Youth Survey beginning in 1997 (NLSY97). The National Longitudinal Surveys (NLS) are a set of surveys developed by the United States Department of Labor, Bureau of Labor Statistics. The purpose of the surveys is to gather information over time on the labor market activities and other significant life events of several groups of men and women (United States Department of Labor, Bureau of Statistics, 2011). The NLSY97 consists of a sample of approximately 9,000 youths who were 12 to 16 years old as of December 31, 1996. The initial interview of the survey took place in 1997, with both the eligible youth and one of that youth’s parents participating in hour-long personal interviews. The first surveys were
identified as Round 1, with a total sample size of 8,984 and at Round 13 (2009), the last round surveyed the sample size was 7,561 or 84% of the original sample.

The sample population for this analysis includes 2,883 participants of which 69% were male (N = 2001) and 30.6% were female (N = 882). The age ranges of the sample population tested was 13-17; with a mean age of 15.02 (SD = 15.02) (see Table 4.1). The sample population included represented racial and ethnic diversity. An individual had to have at least one arrest, for any type of crime, to be included in this study. The higher number of times arrested after the initial arrest represents a higher level of recidivism. This resulted in the total number of cases used in this study 2,883 out of the original 8,984.

Table 4.1:

*Basic Demographics of Study Participates (N = 2,883)*

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Summary Statistic of Variables

The NLYS97, a nationally representative sample of youth data, set out to measure a variety of areas of the lives of the participants including physical, social, financial, and emotional elements. This large data set was selected to investigate the relationship between recidivism, mental illness, self-concept, and interpersonal relationships.

The data in the surveys was vast, however, data directly measuring the variables self-concept and interpersonal relationships were not available in the NLYS97. As such, this study considered these variables through exploring questions regarding the construct of interest. Self-concept was explored with questions regarding the individual’s sense of self through his/her internalized experiences in regards to relationships with others and there his/her environment. Interpersonal relationships were explored with questions regarding the individual’s social support system and the value he/she placed on these relationships both internally and in practice. These variables were investigated based on the related literature in the field of self-concept and interpersonal relationships. As the NLYS97 contained several questions that contribute to the major aspects of each of the variables; they were selected by this researcher were based on an inference that they represented the construct of interest.

To ensure that the items appeared to be measuring the same variable, statistical analysis was utilized. Cronbach’s alpha, tested internal-consistency, by analyzing those questions and determine those that were most representative of all the variables and constructs in this study: mental illness, self-concept, and interpersonal relationships. Those groups of questions that yielded an acceptable Cronbach’s alpha level were retained and specific scales were developed.
In some of the years, there was no existing data; either the specific questions were not asked or the question was not asked in a consistent manner. In addition, in some of the years, not enough participants responded to the questions, rendering the data insufficient for analysis.

**Independent Variables**

**Mental illness.** The first independent variable of mental illness was conceptualized as a psychiatric (thought disorder) or emotional (mood disorder) disturbance of any etiology that affects one’s level of functioning in daily life and coping (National Institute of Mental Health, 1990). This study will focus on major types of mental disorders either thought and/or mood disorders, which are chronic and persistent illnesses based on Axis I of the DSM IV-TR operationalized through composite variables that demonstrate some symptoms or history of a mental illness. These questions included facets of levels of functioning, feelings/emotions, and behavior.

The group of questions which were compiled to create the mental illness variable was extracted from years 1997, 2000, 2002, 2004, 2006, and 2008 of the NLYS97 surveys. The surveys at the time of this study had ranged from years 1997 to 2009. For the mental health scales, not all years of the surveys were utilized.

The group of questions to create the mental illness variable used two specific mental health scales, including a general mental health score. The questions included items such as: how often depressed last month, ever had a mental/emotional problem, and what learning/emotional problem does the subject have? The mental illness scale was calculated on a 4-point Likert scale (4 = none of the time, 1 = all of the time). The scores were reverse coded with the higher scores demonstrating more symptoms of mental illness and a lower score fewer symptoms of mental
illness. In 1997 a different set of questions were used and this was titled the boys’ and girls’ depression scale. This depression scale was a 3-point Likert scale (0 = not at all, 1 = sometimes, 2 = often). This was based on two questions asked of both males and females and re-coded into a standardized scale ranging from 0-8 with higher scores demonstrating more symptoms of depression. The Cronbach’s alphas for these questions along with the mean, standard deviation, and range are listed in Table 4.2

Table 4.2

<table>
<thead>
<tr>
<th>Mental Illness Variable Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Variables</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Mental Health Score 2000</td>
</tr>
<tr>
<td>Mental Health Score 2002</td>
</tr>
<tr>
<td>Mental Health Score 2004</td>
</tr>
<tr>
<td>Mental Health Score 2006</td>
</tr>
<tr>
<td>Mental Health Score 2008</td>
</tr>
<tr>
<td>Boys and Girls Depression Score</td>
</tr>
</tbody>
</table>

**Self-Concept.** Self-concept includes items which an individual has an internalized belief system about himself/herself that they hold true and influences their behavior. This is a sense of self that begins development in infancy and is further influenced by primary care-takers, interpersonal relationships, and the individual’s environment exposure and experiences throughout the rest of his/her life. The operationalization of the independent variable for self-concept includes the combination of questions demonstrating information about one’s self-esteem, ideas about themselves, values, beliefs, optimism/pessimism, goals, and a sense of self-efficacy. The surveys at the time of this study had ranged from years 1997 to 2009; for the self-concept scales, not all years of the surveys were utilized.
The first scale is total self-concept developed from questions in 2002 that explore an over-all understanding and basic belief about self. Thus, these questions represent a positive self-concept or an inadequate self-concept; this scale is based on a 5-point Likert scale (5 = greatly agree, 1= no agreement) in questions asked to describe if each statement is an accurate description of the personality of the subject. A higher score represents a more positive self-concept. The positive expectations scales for 1997 and 2000 demonstrate questions which incorporate a sense of optimism, belief in ability to accomplish goals, and belief in self or self-efficacy. The questions represent a positive expectation and are based on a 4-point Likert scale (4 = greatly agree, 1= no agreement) with a higher score representing a more positive expectation or greater optimism. The negative expectations scales for 1997 and 2000 demonstrate questions that represent the complete opposite of the positive expectations, questions that demonstrate a sense of pessimism, limited belief in one’s self or the ability to complete goals, or have an impact in one’s life effecting change. The questions represent a negative expectation and are based on a 4-point Likert scale (4 = greatly agree, 1= no agreement) with a higher score representing a more negative expectation or greater pessimism. The set of questions which incorporate a general sense of well-being in terms expectations and one’s sense of self are used to develop the general expectation scale and is comprised of four questions from the 1997 survey. The questions represent a positive regard and are based on a 4-point Likert scale (4 = greatly agree, 1= no agreement) with a higher score representing a better out-come expected, in general, in an individual’s life. The scale is comprised of percentages and is not interval; therefore, a Cronbach’s alpha was not able to be calculated for this particular
scale. The Cronbach’s alphas for these questions along with the mean, standard deviation, and range are listed in Table 4.3.

Table 4.3

<table>
<thead>
<tr>
<th>Self-Concept Variable Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composite Variables</td>
</tr>
<tr>
<td>Total Self-Concept</td>
</tr>
<tr>
<td>Positive Expectations 1997</td>
</tr>
<tr>
<td>Negative Expectations 1997</td>
</tr>
<tr>
<td>Positive Expectations 2000</td>
</tr>
<tr>
<td>Negative Expectations 2000</td>
</tr>
<tr>
<td>General Expectations</td>
</tr>
</tbody>
</table>

Interpersonal Relationships. Interpersonal relationships include concepts which pertain to a variety of different types of relationships that an individual maintains and thus become part of a positive social support network. The operationalization of the independent variable for interpersonal relationships includes the combination of questions demonstrating information not merely about the quantity of relationships, but the quality of those relationships as well. The quality is demonstrated in questions representing an internalized value and meaningfulness about interpersonal relationships, in addition to an action or dependency on those relationships for a physical or emotional need. The surveys at the time of this study had ranged from years 1997 to 2009; for the interpersonal scales, not all years of the surveys were utilized.

The first scale measuring interpersonal relationships is an externalized relationship with the individual’s environment, providing a foundation of basic safety and security in order to explore more intimate types of relationships. This scale focuses on risk environment developed from questions that explore the individual’s environmental support. Does the environment put
the individual at either physical or emotional risk or is it an enriching environment in which the individual may thrive due to the support? The risk environment score is based on a scoring system from 0 to 21 with higher scores representing a more supportive and enriching environment. The ever dated item is comprised of one question asking the subject about social activity in terms of dating; the item is a dichotomous variable (0 = no, 1 = yes). The scale is comprised of a nominal, dichotomous variable; therefore, a Cronbach’s alpha was not able to be calculated for this particular scale. The turn to for personal problems scales for 1997, 1998, 2000, 2002, 2004, 2006, 2008, and 2009 demonstrate questions which incorporate an externalized positive social support system. This is a support system that an individual will seek for emotional support during a difficult time and/or advice or guidance. These questions provide information regarding whom a person has available to give support if/and when the individual is willing to seek that support. The questions which represent personal problems and are based on a 3-point Likert scale (3 = family/friends/significant other, 2 = a professional, 1 = no one), with the higher score signifying that the individual has a relatively solid social support system which is readily accessible. The scale is comprised of nominal data (although treated as interval data in the analysis); therefore, a Cronbach’s alpha was not able to be calculated for these particular scales. The intimate relations scales are comprised of questions that incorporate an internalized sense of attachment to a primary social support system; this is demonstrated in a value/belief system based on a high level of positive regard for another. The questions represent an intimate attachment/interpersonal relationships with another and are based on a 4-point Likert scale (4 = greatly agree, 1 = no agreement) with a higher score representing a more intimate interpersonal
relationship. The Cronbach’s alphas for these questions along with the mean, standard deviation, and range are listed in Table 4.4.

Table 4.4

*Interpersonal Variable Groups*

<table>
<thead>
<tr>
<th>Composite Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
<th>α</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Environment</td>
<td>10.9</td>
<td>1.8</td>
<td>0-14</td>
<td>.62</td>
</tr>
<tr>
<td>Intimate Relationships 2001</td>
<td>8.1</td>
<td>2.3</td>
<td>0-12</td>
<td>.82</td>
</tr>
<tr>
<td>Intimate Relationships 2003</td>
<td>8.0</td>
<td>2.5</td>
<td>0-12</td>
<td>.84</td>
</tr>
<tr>
<td>Personal Problems 1997</td>
<td>2.8</td>
<td>.51</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 1999</td>
<td>2.9</td>
<td>.43</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2000</td>
<td>2.8</td>
<td>.51</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2002</td>
<td>2.8</td>
<td>.55</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2004</td>
<td>2.8</td>
<td>.59</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2006</td>
<td>2.8</td>
<td>.50</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2008</td>
<td>2.8</td>
<td>.53</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Personal Problems 2009</td>
<td>2.8</td>
<td>.56</td>
<td>0-3</td>
<td>----</td>
</tr>
<tr>
<td>Girls and Boys Depression 1997</td>
<td>.59</td>
<td>.67</td>
<td>0-2</td>
<td>----</td>
</tr>
</tbody>
</table>

**Dependent Variable**

**Recidivism.** The sole dependent variable, recidivism, pertains to a process in which an individual continues an arrest cycle leading to incarceration in the criminal justice system. Recidivism is used in the criminal justice setting to refer to a type of failure that results when a person has been arrested, adjudicated, made reparations, and then a reversion to illegal/ criminal behavior results in re-arrest (Maltz, 2001). An individual had to have at least one arrest, for any type of crime, to be included in this study. The higher number of times arrested after the initial arrests represents a higher level of recidivism. While the dependent variable of recidivism does
not consider the type of crime committed, it is, nonetheless, a salient element in this research and is used to give a more holistic impression of the process of recidivism.

In the current study, the dependent variable recidivism was operationalized as reoffender or not. The actual number of times an individual was arrested ranged 1 to 10 times ($M = 1.9$, $SD = 1.28$) (Table 4.5). Those being arrested more than once were classified as a re-offender (47.6%) and those only arrested once as a non-reoffender (52.4%) (Table 4.6). Therefore, an inclusion criterion for this study is participates must have been arrested at least one time ($N = 2883$ of total sample of $N = 8984$).

Table 4.5

*Dependent Variable Number of Times Arrested*

<table>
<thead>
<tr>
<th>Number of Arrests</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1511</td>
<td>52.4</td>
</tr>
<tr>
<td>2</td>
<td>696</td>
<td>24.1</td>
</tr>
<tr>
<td>3</td>
<td>338</td>
<td>11.7</td>
</tr>
<tr>
<td>4</td>
<td>189</td>
<td>6.6</td>
</tr>
<tr>
<td>5</td>
<td>84</td>
<td>2.9</td>
</tr>
<tr>
<td>6</td>
<td>38</td>
<td>1.3</td>
</tr>
<tr>
<td>7</td>
<td>23</td>
<td>.8</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>.1</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>.0</td>
</tr>
</tbody>
</table>
Table 4.6

**Dependent Variable- Recidivism**

<table>
<thead>
<tr>
<th>Reoffender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1372</td>
<td>47.6</td>
</tr>
<tr>
<td>No</td>
<td>1511</td>
<td>52.4</td>
</tr>
</tbody>
</table>

**Classification of Offender.** The following describes how a typology of offender was used to develop a classification system based on the type of crime(s). Hiday (1999) concludes there are distinct groups of mentally ill individuals who encounter the criminal justice system. This study will utilize Hiday’s (1999) three group typology: identified as Group A, Group B, or Group C. This classification system will assist in controlling comorbidities of antisocial personality disorder and chronic substance abuse. In addition, a classification system assists in distinguishing those who are merely acting as a result of their illness versus those who have a true underlying criminal intention or attributes.

A Group A offender is defined as an individual who commits crimes that have more to do with personal survival, and most typically is a misdemeanor type of charge. This classification is comprised from questions that best demonstrate crimes that suggest either a nuisance or survival behavior, such as disorderly conduct, public order offense, or stolen less than $50.00 worth of items from a store. In addition, Group A offenders consist of those individuals who may have minor substance abuse problems as well, defined as using less than two times a year within a ten year period. A Group B offender is identified by responses to a group of questions related to substance abuse, and address a variety of substances from alcohol to cocaine use. As these were a range of questions over several years and not a specific substance abuse/dependency assessment, it was not based on DSM-IV-TR criteria specifically. The participant was placed in
this classification if he/she had a history of use greater than on average of two times a year for
the 10 year period of the surveys; substance abuse was coded as a dichotomous variable (0-23 =
0, no/minor abuse = 0, 24 and above = yes abuse, 1). A Group C offender is defined as an
individual who is more likely to have a personality disorder based on the type of crimes they
committed. This classification pertains to questions that demonstrate behavior consistent with
the Diagnostic and Statistical Manual (DSM-IV-TR, 1994) diagnosis of Antisocial Personality
Disorder (Psychopathy in the extreme). This classification includes questions such as attacking
others to cause harm, utilization of weapons, and disregard for authority. The typology of
offender utilized for the classifications in the analysis for hypothesis two are listed in Table 4.7.

Table 4.7

<table>
<thead>
<tr>
<th>Classification of Offender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A; Nuisance/Substance Abuse</td>
<td>463</td>
<td>26.5</td>
</tr>
<tr>
<td>Group B; Substance Abuse</td>
<td>300</td>
<td>24.8</td>
</tr>
<tr>
<td>Group C; Antisocial Traits</td>
<td>2120</td>
<td>73.5</td>
</tr>
</tbody>
</table>

**Bivariate Analysis**

A series of bivariate statistical analyses were conducted to determine the similarities and
difference between the composite variables. The researcher completed a series of independent t-
tests, analysis of variances, and Pearson’s correlations; the results of those comparisons are
reported in the following Tables. The first analysis explored the differences between males and
females. The bivariate findings from the independent t-tests indicated females experienced
higher levels of mental illness in 2000, higher levels of depression (girls and boys depression
score 1997), and were more likely than males to turn to others for personal problems (turn to
more secure and enriching environment (risk environment), and both more positive and negative
expectations of their future lives such as goals, achievements, and any unfortunate
circumstances.
Table 4.8

*Bivariate Statistics by Gender* (N = 2883)

<table>
<thead>
<tr>
<th>Composite Variables</th>
<th>Males</th>
<th></th>
<th>S.D.</th>
<th></th>
<th>Females</th>
<th></th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td></td>
<td>S.D.</td>
<td>N</td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td>Mental Health Score 2000</td>
<td>1808</td>
<td>9.50</td>
<td>2.62</td>
<td></td>
<td>799</td>
<td>10.76*</td>
<td>2.76</td>
</tr>
<tr>
<td>Mental Health Score 2002</td>
<td>1791</td>
<td>14.38</td>
<td>1.62</td>
<td></td>
<td>818</td>
<td>14.02</td>
<td>1.64</td>
</tr>
<tr>
<td>Mental Health Score 2004</td>
<td>1615</td>
<td>14.49</td>
<td>1.92</td>
<td></td>
<td>794</td>
<td>14.26</td>
<td>1.88</td>
</tr>
<tr>
<td>Mental Health Score 2006</td>
<td>1719</td>
<td>14.45</td>
<td>1.98</td>
<td></td>
<td>793</td>
<td>14.25</td>
<td>1.82</td>
</tr>
<tr>
<td>Mental Health Score 2008</td>
<td>1672</td>
<td>14.48</td>
<td>1.91</td>
<td></td>
<td>788</td>
<td>14.34</td>
<td>1.68</td>
</tr>
<tr>
<td>Girls and Boys Depression Score</td>
<td>1196</td>
<td>.52</td>
<td>.64</td>
<td></td>
<td>506</td>
<td>.75*</td>
<td>.71</td>
</tr>
<tr>
<td>Risk Environment</td>
<td>1197</td>
<td>9.92*</td>
<td>3.32</td>
<td></td>
<td>511</td>
<td>9.72</td>
<td>3.54</td>
</tr>
<tr>
<td>Intimate Relationships 2001</td>
<td>1039</td>
<td>2.47</td>
<td>2.28</td>
<td></td>
<td>472</td>
<td>2.31</td>
<td>2.36</td>
</tr>
<tr>
<td>Intimate Relationships 2003</td>
<td>1738</td>
<td>2.44</td>
<td>2.45</td>
<td></td>
<td>802</td>
<td>2.20</td>
<td>2.45</td>
</tr>
<tr>
<td>Total Self-Concept</td>
<td>1088</td>
<td>29.53</td>
<td>4.52</td>
<td></td>
<td>481</td>
<td>28.92</td>
<td>4.62</td>
</tr>
<tr>
<td>Personal Problems 1997</td>
<td>1196</td>
<td>2.82</td>
<td>.54</td>
<td></td>
<td>509</td>
<td>2.87*</td>
<td>.44</td>
</tr>
<tr>
<td>Personal Problems 2000</td>
<td>1803</td>
<td>2.81</td>
<td>.55</td>
<td></td>
<td>799</td>
<td>2.90*</td>
<td>.39</td>
</tr>
<tr>
<td>Personal Problems 2002</td>
<td>1787</td>
<td>2.77</td>
<td>.61</td>
<td></td>
<td>818</td>
<td>2.90*</td>
<td>.40</td>
</tr>
<tr>
<td>Personal Problems 2004</td>
<td>1583</td>
<td>2.73</td>
<td>.66</td>
<td></td>
<td>786</td>
<td>2.88*</td>
<td>.43</td>
</tr>
<tr>
<td>Personal Problems 2006</td>
<td>1678</td>
<td>2.81</td>
<td>.58</td>
<td></td>
<td>785</td>
<td>2.92*</td>
<td>.34</td>
</tr>
<tr>
<td>Personal Problems 2008</td>
<td>1643</td>
<td>2.80</td>
<td>.57</td>
<td></td>
<td>784</td>
<td>2.90*</td>
<td>.40</td>
</tr>
<tr>
<td>Personal Problems 2009</td>
<td>1644</td>
<td>2.80</td>
<td>.59</td>
<td></td>
<td>802</td>
<td>2.86*</td>
<td>.50</td>
</tr>
<tr>
<td>Positive Expectations 1997</td>
<td>793</td>
<td>78.34</td>
<td>16.23</td>
<td></td>
<td>366</td>
<td>79.10</td>
<td>17.55</td>
</tr>
<tr>
<td>Negative Expectations 1997</td>
<td>793</td>
<td>17.19</td>
<td>17.00</td>
<td></td>
<td>366</td>
<td>15.18</td>
<td>14.94</td>
</tr>
<tr>
<td>Positive Expectations 2000</td>
<td>1817</td>
<td>72.21*</td>
<td>18.34</td>
<td></td>
<td>805</td>
<td>71.76</td>
<td>20.83</td>
</tr>
<tr>
<td>Negative Expectations 2000</td>
<td>1802</td>
<td>21.41*</td>
<td>24.28</td>
<td></td>
<td>802</td>
<td>112.86</td>
<td>19.47</td>
</tr>
<tr>
<td>General Expectations</td>
<td>1186</td>
<td>11.14</td>
<td>1.83</td>
<td></td>
<td>507</td>
<td>11.11</td>
<td>1.85</td>
</tr>
</tbody>
</table>

*Indicates statistical significance, and which gender has higher score.
ANOVA: Race/Ethnicity vs. Composite Variables

Of interest in this study was a demographic variable of race/ethnicity which is able to provide salient information as to the similarities and differences based on race. The Composite Variables by Race/Ethnicity table (Table 4.9) presents the mean scores of the composite variables determined to be statistically significant at the .05 level. These bivariate findings demonstrate that there are similarities and difference on the composite variables according to race/ethnicity.

Of particular interest in this study are mental health issues. The results of the ANOVA’s indicate that in terms of mental health scores, there is a difference among the race/ethnicity, with Caucasians reporting higher levels/more symptoms of mental illness than Blacks or Hispanics. Another salient aspect to this study was a difference among the groups for interpersonal relationships. Caucasians reported a more enriching, supportive environment, and demonstrated more interpersonal relationships as evidenced by scores indicating a willingness to turn to others with their personal problems. They are more likely to turn to family members and close friends rather than professionals or additional resources for any type of guidance for problems. In addition, Caucasians demonstrated more intimate attachments and bonding in relationships than all other groups. In terms of self-concept, Blacks had a difference from Caucasians, demonstrating a more secure self-concept. The composite variables of self-concept and expectations of one’s future resulted in a variation among the groups, with Hispanics having more negative expectations of their future than Caucasians in 1997 and Caucasians having more positive expectations in 1997 and 2000 of their future than Blacks or Hispanics. When
Table 4.9

Composite Variables by Race/Ethnicity

<table>
<thead>
<tr>
<th>Composite Variables by Race/Ethnicity</th>
<th>n</th>
<th>x</th>
<th>F</th>
<th>Post hoc p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Score 2002</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>791</td>
<td>14.13</td>
<td>b</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>1243</td>
<td>14.38</td>
<td>a</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>549</td>
<td>14.28</td>
<td>5.18</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>26</td>
<td>13.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Score 2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>762</td>
<td>14.08</td>
<td>b, c</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>1207</td>
<td>14.58</td>
<td>10.09</td>
<td>a</td>
</tr>
<tr>
<td>Hispanic</td>
<td>518</td>
<td>14.39</td>
<td>a</td>
<td></td>
</tr>
<tr>
<td>Multiracial</td>
<td>25</td>
<td>14.04</td>
<td></td>
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<tr>
<td>Mental Health Score 2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>742</td>
<td>14.23</td>
<td>b</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>1187</td>
<td>14.59</td>
<td>5.97</td>
<td>a</td>
</tr>
<tr>
<td>Hispanic</td>
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*a* Difference with Black  
*b* Difference with Caucasian  
*c* Difference with Hispanic  
*d* Difference with Multiracial
multi-racial was added to the analysis, due to the small number of cases, it had little impact on the comparisons.

**ANOVA: Classification of Offenders vs. Composite Variables**

Of interest in this study was the difference among groups based on their classification: Group A, Nuisance and Substance Abuse; Group B, Substance Abuse; and Group C, Antisocial. The composite Variables by Classification table (Table 4.10) presents the mean scores of the composite variables determined to be statistically significant at the .05 level. These bivariate findings from the ANOVA’s demonstrate that there are similarities and difference on the composite variables based on classification.

The results of the ANOVAs indicate that in terms of mental health scores there is a difference among the groups, demonstrating that those with antisocial traits group had higher mental health scores in 2000 and higher scores for the girls and boys depression in 1997 than those with nuisance and substance abuse group and those with substance abuse only group; however in 2004, those with substance abuse only had higher levels/more symptoms of mental health scores than both of the other groups. In terms of interpersonal relationships, there was a significant difference among two groups with those who were in the substance abuse only group demonstrating more positive and intimate interpersonal relationships than those in antisocial. In addition, in terms of self-concept, those in the substance abuse only group had a more secure self-concept than those in the antisocial group. Those in the substance abuse only group had higher scores for positive expectations of the future, and those in the antisocial group had higher scores for more negative expectations of their future, which were both aspects of self-concept.
Table 4.10

Composite Variables by Classification of Offender

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*a* Difference with Nuisance and Substance Abuse  
*b* Difference with Substance Abuse  
*c* Difference with Antisocial
Pearson’s Correlations

The observations made of the aforementioned bivariate statistics were critical in allowing this researcher to ascertain salient information regarding the data collected and the population being studied. The following tables (4.12, 4.13, 4.14) demonstrate another step in furthering the general knowledge of the data, and the relationship of the composite variables among each other. The composite variables which are highly correlated, demonstrating a relationship, to recidivism, the dependent variable, will be used in the logistic regression analysis of the two hypotheses of this study. The composite variables found to be correlated to recidivism and used for further analysis are: mental health scores (2000, 2004) risk environment (1997) total self-concept score, negative perceptions of future (1997, 2000), positive perceptions of future (1997, 2000), turn to turn to for personal problems (2000, 2004, 2006, 2008, 2009), intimate relationships (2001, 2003), ever dated, and gender.
Table 4.11

Correlation Matrix: Mental Illness vs. Composite Variables

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<th>Mental Health 2004</th>
<th>Mental Health 2006</th>
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*p < .05, **p < .01, ***p < .001
Table 4.12

*Correlation Matrix: Self-Concept vs. Composite Variables*

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* *p < .05, **p < .01, ***p < .001*
Table 4.13

Correlation Matrix: Interpersonal Relationships vs. Composite Variables

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<td>-.01</td>
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*p < .05, **p < .01, ***p < .001
Logistic Regression Analysis

To test the two hypotheses binary logistic regression analyses were performed in this study to predict the influence of the predictor variables on the dependent variable – recidivism. The variables found to be statistically significant in the Pearson’s correlations were used in the logistic regression models. Those variables initially included using a forward stepwise (likelihood ratio) method were: mental health score (2000, 2004, 2006, 2008, boys and girls depression score) risk environment, total self-concept score: negative perceptions 1997, positive perceptions 1997, negative perceptions (2000), positive perceptions (2000), turn to for personal problems (1997, 2000, 2004, 2006, 2008, 2009), intimate relationships (2001, 2003), every dated and gender

Hypothesis I

The final variables used in the logistic regression for H1 included the following: all the demographic variables, Black, Hispanic, Multi-racial, gender, mental health scores 2000 and 2004, negative perceptions 2000, and ever dated (Table 14.14). This analysis was used to test hypothesis: Those with higher levels of mental illness, an inadequate self-concept, and poor interpersonal relationships will have higher levels of recidivism.

Hypothesis II

To test hypothesis II, three logistic regressions were run, one for each classification group. The final variables used in each of the logistic regression for H2 were those which remained using a forward stepwise (likelihood ratio) method to formulate the model for each group classification. The results are presented in Tables
4.14 and 4.15. This analysis was used to test the hypothesis: Controlling for group classification of offender, there will be a significant difference in mental illness, self-concept, and interpersonal relationships on recidivism.

**Results of Hypothesis Testing Hypothesis: H1**

The results of the logistic regression analysis show that for the full model, which considered all the eight independent variables used together, were statistically significant ($\chi^2 = 57.588$, $df = 8$, $p = .000$). This implies that the odds of the subject reporting recidivism are related to five statistically significant composite independent variables: gender; mental health score 2000; mental health score 2004; ever dated; and negative perceptions of the future 2000. The model correctly classified approximately 68% of all the cases. The “pseudo” R estimates indicate that the model explained 14% (Cox and Snell R Squared) and 19% (Nagelkerke R Squared) of the variance in current reports of recidivism. Table 4.14 presents a summary of the raw binary logistic regression coefficients, Wald statistics, odds ratios (Exp B), along with a 95% CI.

The odds ratio for negative perceptions of future 2000, which is an aspect of self-concept, was 1.03; the odds of a subject reporting recidivism are increased by a factor of 1.03 if the subject reports negative future perceptions of future in 2000. Other predictors that made a significant contribution to the final model included gender, mental health score 2000, mental health score 2004, and ever dated. Gender had an odds ratio of 2.71; thus, the odds of males reporting recidivism were greater than females. The two mental health scores (2000 and 2004) were both significant, but in different directions. Mental health score 2000 had an odds ratio of 1.093; thus, those with higher mental health scores
(more symptoms of mental illness) were more likely to report recidivism. Paradoxically, the mental health score 2004 has a negative β value, and an odds ratio of .847, which indicates that those with lower mental health scores (less symptoms of mental illness) were less likely to report recidivism. Ever dated was significant with an odds ratio of 2.258; thus, those who have a history of dating are more likely to report recidivism. Finally, negative perceptions of future with an odds ratio of 1.026 were significant; thus, those who have a negative perception of their future were more likely to report recidivism.
Table 4.14

*Logistic Regression Predicting Likelihood of Recidivism Based on Covariates*

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>Df</th>
<th>P</th>
<th>Odds Ratio</th>
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<th>95% Upper</th>
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<td>.766</td>
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<td>1.04</td>
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*p < .05

**Results of Hypothesis Testing Hypothesis: H2**

The results for the logistic regression based on group classification for Group A; Nuisance and Substance abuse show that for the full model, which considered six independent variables together, was statistically significant, ($\chi^2 = 19.212$, df = 6, p = .004). This implies the odds of the subject in this particular classification reporting recidivism are based on five statistically significant variables; gender, mental health
scores 2000 and 2004, and turn to for personal problems in 2004. The model correctly classified approximately 83% of all the cases. The “pseudo” R estimates indicate that the model explained 30% (Cox & Snell R Squared) and 50% (Nagelkerke R Squared) of the variance in current reports of recidivism based on Group A. Table 4.15 presents a summary of the raw binary logistic regression coefficients, Wald statistics, and odds ratios [(Exp (B)], along with a 95% CI.

Table 4.15

*Logistic Regression Predicting Likelihood of Recidivism Based on Group A*

*Classification (N= 463)*

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<th>Wald</th>
<th>df</th>
<th>P</th>
<th>Odds Ratio</th>
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<th>95% Upper</th>
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*p < .05

The results for the logistic regression based on group classification for Group B; Substance Abuse for the full model did not find any statistical significance. While the over-all model was not statically significant, it continues to provide support for the
hypothesis, essentially that there is a difference between the groups based on classification.

The results for the group classification Group C; Antisocial show that for the full model which considered seven independent variables together was statistically significant ($\chi^2 = 34.153$, $df = 7$, $p = .000$). This implies the odds of the subject in this particular classification reporting recidivism are based on four statistically significant composite variables: gender, ever dated, turn to for personal problems 2006, and negative perceptions 2000. The model correctly classified approximately 61% of all the cases. The “pseudo” R estimates indicate that the model explained 13% (Cox & Snell R Squared) and 17% (Nagelkerke R Squared) of the variance in current reports of recidivism. Table 4.16 presents a summary of the raw binary logistic regression coefficients, Wald statistics, and odds ratios [(Exp (B)], along with a 95% CI.
Table 4.16

*Logistic Regression Predicting Likelihood of Recidivism Based on Group C*

*Classification (N= 2120)*

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<th>95% Upper</th>
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*p < .05

**Chapter Summary**

This chapter provided the findings and data analysis for the current study. The current study is an exploratory study using secondary data to explore how mental illness, self-concept, and interpersonal relationships correlate with recidivism into the criminal justice system. In addition, this study explored the difference among reported recidivism
based on a classification system according to the subject’s offenses. Overall findings indicated that both of the two hypotheses presented in this study were partially statistically supported; as such, they both support the need for further research in this area. The statistical analysis and results are presented in a series of tables. The next chapter provides synopsis of the study and a discussion of the analysis and results, including the implications and suggestions for future research, the limitations of the study, and the contributions to social work research/practice and to the fields of mental health and criminal justice.
Chapter V

Summary and Conclusions

This study was conducted in order to develop a better and more complete understanding of mental illness, interpersonal relationships, and self-concept, and the influence that these factors may have on re-arrest rates, recidivism, or continual contact with the criminal justice system. Jails, prisons, and incarceration are not new concepts as people have been committing crimes, adjudicated, and segregated out of society for centuries. Social work has been providing services to those involved in the criminal justice system, and those with mental illness for many years (Roberts & Brownell, 1999).

In the past few decades, deinstitutionalization, community-based treatment, legal civil commitment changes, and shorter psychiatric inpatient time have led to more people with mental illness being involved with the criminal justice system (Engel & Silver, 2001; Lamb & Weinberger, 1998; Soderstrom, 2007).

Beginning in the early 1960’s and throughout the 1970’s, many people who were chronically mentally ill were residing in some type of state/county institution or hospital. During the late 1960’s and through the 1970’s, fiscal constraints mandated the reduction of these large-scale exclusionary institutions. The process of transitioning the large population of formerly institutionalized patients into mainstream community based settings was an avant-garde approach of intervention and treatment that is known as deinstitutionalization (Wright, Gronfein, & Owens, 2000). The ramifications of deinstitutionalization have had a paradoxically negative effect on those who suffer with mental illness, largely due to a failure to provide adequate resources and treatment.
models. The result is that many of the chronically mentally ill are arrested, released, and arrested again, effectively caught in a cycle of recidivism.

As federal prisons and local jails house more people with mental illness than mental health hospitals, the result is large numbers of those with mental illness being arrested multiple times and housed in jails and prisons rather than being appropriately treated for their mental illness (Sigurdson, 2000). The outcome of this is that approximately 15% or 800,000 of 6 million offenders in the U. S. jails and prisons or on probation and parole suffer from chronic mental illness (Carr et al., 2006; Ditton, 1999; Gains, 2009; Sigurdson, 2000; Soderstrom, 2007). According to Soderstrom (2007), the prevalence of mental illness is higher in the criminal justice system than in the community in general, indicating a clear problem that needs to be addressed with greater attention given to those with mental illness including awareness, resources, treatment, and prevention.

Research that focuses on both the internal and external factors influencing the continuation of the cycle of re-arrest and recidivism of those with mental illness as compared to those without a mental illness in the criminal justice system is necessary. This is in part due to the fact that those with mental illnesses in the criminal justice system are increasing (McEvoy, 2003). There are limited robust studies or literature focusing on factors regarding recidivism other than external needs such as housing, employment, and economics. Research has not included factors such as the environmental influences, individual psychology, or quality of life with an integrated approach to social-psychological factors that could enhance recovery (Marley, 1998;
In addition, the social work literature has limited research in the area of people with mental illness within the criminal justice system (Blackburn, 2004; Solomon & Draine, 1995).

Research exploring mental illness in the criminal justice system tends to conceptualize the people who make up this population as one homogeneous group rather than a heterogeneous group consisting of individual personality dynamics, with diversity in developmental histories, and varied types of social support. Viewing them as a heterogeneous group means requiring a wide-range of specific and diverse treatment modalities that currently are limited. It is only by pulling the group apart and analyzing the individual pieces can an understanding of the vicissitudes of the people in the criminal justice system be fully recognized. One purpose of this study was to take a closer look at the individual dynamics in terms of mental illness, self-concept, and interpersonal relationships on recidivism, while another purpose was to include the type of crime in order to better understanding of the etiology of the cycle of re-arrests.

A contribution of this study, therefore, is to expand the knowledge regarding recidivism suggesting that it may be a constructive, adaptive function of the individual. In viewing recidivism through a different lens, it is hoped that a new model can be established that is based in knowledge of the biological, social, and psychological factors influencing the individual. As such, this new model would consider the internal rather than external factors that may impact the rates of recidivism. In addition, in viewing recidivism through a different perspective, a strengths-based perspective may assist in providing increased awareness, resources, treatment, and prevention, in other words,
improved best practices. Specifically, there may be different best practices for those with mental illnesses and those without.

Social work is a value-laden and service-oriented profession driven by high standards to provide the best services and care for individuals, families, and groups contributing to a more enriched society. It can be a challenging mission to provide quality treatment, particularly when faced with providing care for those individuals or groups that society deems as undeserving or deviant (Phelan & Link, 1998; Yang et al., 2007) with limited resources and support. When working with those in the criminal justice system, professionals would benefit from the incorporation of core social work values such as the responsibility to challenge social injustice, to advocate for those who cannot advocate for themselves, to respect the inherent dignity and worth of the person, and to support self-determination (NASW Code of Ethics, 2012). This study is designed on a broader level to incorporate social work values by addressing, challenging, and advocating against the social injustice faced by those diagnosed with mental illness in the criminal justice system based on evidence-based research contributing to a broader understanding of the underlying causes of recidivism. The results will inform and better prepare social workers to challenge the status quo and promote change.

Summary of Study

This study set out to analyze the relationship between mental illness, self-concept, and interpersonal relationships in explaining the variance in recidivism. This study set out to test the overarching hypothesis that those with mental illness, an inadequate self-concept, and poor interpersonal relationships will be more likely to have higher levels of
recidivism into the criminal justice system. In addition the secondary hypothesis tested in this study is: controlling for group classification of offender, there will be a significant difference in history of mental illness, self-concept, and interpersonal relationships on recidivism. This study contributes to the knowledge of mental health and criminal justice research by studying a new and not well-understood phenomenon of correctional adaptation. It further establishes that there may be a correlation between more individual psychological dynamics and recidivism than mere external and controllable factors. The theoretical framework for this study includes psychoanalytic theory and symbolic interactionism to understand how and why recidivism occurs in general and within the three classifications of crimes.

**Psychoanalytic Theory Applying Psychoanalytic Theory to Mental Health and Criminal Justice**

A key tenet of object relations theory is the nature and quality of relationships and how the infant will integrate internalized representations of self and other to form his/her core identity (Goldstein, 2001). From an epigenetic perspective, object relations theory holds that early relationships will influence behavior, development of a concept of self, a healthy or abnormal sense of self, or what Winnicott refers to as a “true self” or “false self” (Winnicott, 1965) and the integration of the idealized object into self. In object relations theory, interpersonal relationships and self-concept are highly correlated with each other and are in a continuous process of growth.

The concept of relationship building is essential in working with a person with a mental illness in the criminal justice system in order to enable the client to begin to
develop a true self and a sense of identity or self-concept that is separate from his/her mental illness and his/her experience in the criminal justice system. According to Winnicott (1960), the mother’s role as a good enough mother is facilitating the true self, an authentic, integrated self, by meeting the omnipotence of the infant and responding to the infant’s gestures and needs. If this process fails to happen, the infant develops a false self which is void of any spontaneity, and with the only goal being compliance as a defense to protect the true self (Winnicott, 1960).

The criminal justice system serves the main purpose of community safety, social control, and punishment, with no regard to the consequences of confinement (Logan & Gaes 1993; Solomon & Draine, 1995), there is minimal regard for the individual’s demands or need. The consequence of the criminal justice system’s failure to meet these needs, based on Winnicott’s construct of the true or false self, is that the individual will adapt to the environment for fear of exploitation, become compliant, and merely fulfill requirements with imitation (Winnicott, 1960). The individual’s loss of creativity and fantasies limits exploration of their authentic self, including future goals, which may perpetuate further incarceration as he/she is merely maintaining requirements out of compliancy with limited personal goals or desires.

The development of a self-concept is formed based on relationships and the quality of those relationships in providing a nurturing environment. Winnicott’s (1965) concept of the holding environment provided a theoretical anchor for this study to better understand the problem under investigation - recidivism; and how interpersonal relationships and self-concept influence continued involvement in the criminal justice
system. The concept of a holding environment provides a useful metaphor for the criminal justice system and can therefore, provide valuable practice guidelines for social workers and clinical professionals who work with those with mental illness in the criminal justice setting.

The criminal justice system provides a safe haven for those who are likely to have been homeless, experienced violence in the home, or who have generalized fears due to potential victimization (Hiday, 2002). On the other hand, community stakeholders perceive the criminal justice system as a protective mechanism for society from those with mental illness, who are often perceived as violent and potentially dangerous to the larger community. The holding environment metaphor can also be expanded to understand the role of interpersonal relationships for those with mental illness. In this way, the holding environment is understood in relation to the nurturing upbringing that a mother provides to an infant, an environment that is individualized to each particular infant (Goldstein, 2001).

**Symbolic Interactionism**

**Applying Symbolic Interactionism to Mental Health and the Criminal Justice**

Herbert Mead, in *Mind, Self, and Society* (1934), introduced symbolic interactionism as a social psychological perspective, a perspective that was further elaborated by Irving Goffman. Influenced by Darwin, Mead was interested in behavior and the environment and the complex relationship between the two (Mead as cited in Charon, 2004).
Social interaction plays a role and describes the social process between two or more people and the individual’s relationship with the environment and is called social action by sociologists (Charon, 2004). The focus is not on the individual but the on the dynamic process created by the interactions of all of the actors who are constantly influencing one another (Charon, 2004). Through this process, the individual is able to define the self which is fluid, changing, and dynamic. This dynamic process of change is furthered by the role of thinking given a specific situation (Charon, 2004). As humans, we have the capacity to think, which allows us to gather, process, and accept or reject information from the environment. When a person communicates with his/herself they are thinking (e.g., “I think therefore I am”). Contrary to psychoanalytic theory with a focus on the past and past relationships, symbolic interactionism focuses on the present, how one defines the situation in the here and now (Charon, 2004). These processes lead a person to formulate a self-definition through the social interactions, present, and thinking constructs in symbolic interactionism.

Symbolic interactionism also explains how people with mental illness in the criminal justice systems develop roles based upon their present situation at the given moment. For a person with mental illness in the criminal justice system, the present situation during incarceration and their consequential thinking may be bleak and harsh furthering psychic complications or distress. It is further complicated by the treatment and interactions not only of the penal staff, but by the community who disavows or stigmatizes the individual. The role assumed by a person with mental illness in the criminal justice system is less than ideal. Accordingly, their behavior becomes shaped by
the attributes associated with this role or actor, such as being potentially more violent and more dangerous, along with the development of criminogenic thinking.

**Methodology**

This study explored the overarching research question, will those offenders with a history of mental illness, a diminished or poor self-concept, and limited or dysfunctional interpersonal personal relationships, have higher levels of recidivism? The study further explores how the type of crime may impact the level of recidivism.

The overarching multivariate hypotheses for this research study are as follows:

H (1) Those with mental illness, an inadequate self-concept, and poor interpersonal relationships will be more likely to have higher levels of recidivism.

H (2) Controlling for group classification of offender, there will be a significant difference in history of mental illness, self-concept, and interpersonal relationships on recidivism.

**National Longitudinal Youth Surveys (NLSY97)**

This research is a secondary analysis of data collected from the National Longitudinal Surveys (NLS), which is a set of surveys conducted by the U.S. Department of Labor designed to gather information at multiple points in time on the labor market activities and other significant life events of several groups of men and women. For more than four decades, NLS data have served as an important tool for economists, sociologists, and other researchers (United States Department of Labor, Bureau of Statistics, 2011). The NLSY97 consists of a nationally representative sample of, with sufficient statistical power, approximately 9,000 youths who were 12 to 16 years old as of
December 31, 1996. The initial interview for the survey took place in 1997, and is identified as Round One. Both the eligible youth and one of that youth’s parents participated in hour-long personal interviews. The sub-sample that was used in this study was selected based on the criteria of having been arrested for at least one crime to test the dependent variable of recidivism; this criterion yielded a sample of 2,883.

**Variables**

There is wide variation in the focus of research and practice with those with mental illness in the criminal justice system, but with limited focus on individual attributes contributing to recidivism. According to Blackburn (2004), those with mental illness in the criminal justice system are a unique population, with a complex set of psychological and social problems that need to be addressed. Thus, they require an understanding of their complexity which includes individualized treatments and assessments. One goal of this study is provide a more individualized understanding of those who have been arrested and the specific dimensions of their psychology and social existence using self-concept and interpersonal relationships as independent variables as well as a diagnosis of a mental illness.

**Dependent Variable.**

*Recidivism* is used in this study to refer to a process in which an individual continues an arrest cycle leading to repeated incarcerations in the criminal justice system. It is traditionally viewed as a failure on the part of the individual and established systems to serve that individual (Maltz, 2001; Wenrich, 2007). Recidivism is operationally
defined as after an initial arrest having been re-arrested based on a question asked each year in the NLSY97.

**Independent Variables.**

The independent variables in this study are mental illness, self-concept, and interpersonal relationships. The last two variables are considered dynamic as they have the potential for change and variability. The independent variable of mental illness is a static dynamic, either a person has a mental illness or not, although it may vary in intensity or acute periods with active symptoms. In this study, mental illness is defined as any type of persistent, chronic symptomology which manifests in emotions or behavior that cause an individual distress and suffering impacting their ability to function personally, socially, or occupationally (Maxmen & Ward, 1995).

**Mental illness** in this study is conceptualized as a psychiatric (thought disorder) or emotional (mood disorder) disturbance of any etiology that is persistent and affects one’s level of functioning and coping, as derived from the National Institute of Mental Health,(1990) and Walsh and Bricout (1997). Based on studies that have demonstrated that those with mental illness have a history of lifetime arrest rates as high as 42% to 50% (Draine et al., 2002), and local jails house more people with mental illness than traditional mental health hospitals (Sigurdson, 2000).

**Self-concept** is conceptually defined as a sense of self or an internalized belief system about one’s self. Self-concept develops commences in infancy and is influenced by the primary care-taker; through continued relational experiences, it becomes a
complex organization of one’s beliefs and values about oneself and the world (Sullivan, 1962).

**Interpersonal relationships** is conceptually defined as a reciprocal interaction between individuals through attuned empathy, which is supportive, trusting, engaging, long-term, stable, and meaningful, and which provides a safe holding environment (Winnicott, 1960). According to Markowitz (2001), mentally ill offenders demonstrate difficulty maintaining positive interpersonal relationships due to a history of dysfunctional and often traumatizing relationships. The quality and quantity of relationships can affect many aspects of a person’s life and, therefore, becomes an important variable to explore. Research indicates that those with mental illness often have limited or unhealthy social support networks and interpersonal relationships (McInerny & Minne, 2004). Mental illness often results in symptoms of isolation, fear, and general bizarre behavior that prevent the ability to form and maintain relationships (McInerny & Minne, 2004). Cartensen et al. (1990) found that social support was the best predictor in terms of the level of functioning among those with a mental illness. All of these variables are operationally defined from variables taken from the NLSY97.

**Classification of Offenders.** This study’s classification of offenders is based on Hiday’s (1999) classification of people with mental illness in criminal justice systems into three subgroups of typology: Group A, Group B, and Group C. Though the classification was originally used only with those with a mental illness, for the purposes of this study, all offenders were placed into one of the three groups. A Group A offender is an individual who commits crimes that have more to do with personal survival and
may have substance abuse issues. For this study, Group A offenders are titled Nuisance and Substance Abuse. A Group B offender is an individual who is more likely to have only substance abuse issues. In this study, Group B offenders are titled Substance Abuse. A Group C offender is an individual who commits the most violent crimes and demonstrates higher levels of antisocial personality disorder type behavior or psychopathy. Finally, in this study, Group C offenders are titled Antisocial.

**Limitations**

This is a large and complex study with a large sample size that raises numerous research questions and potential concerns related to content validity based on the use of variables. Some of the questions selected did not represent the variable as adequately as possible; this would not be the case if the questions were designed specifically for this study and not using secondary data. Content validity concerns the extent to which a measure adequately represents all facets of a concept (Singleton & Straits, 2005) and is, therefore, a limitation to this study.

This study is further limited by the utilization of secondary data, which prohibited the ability to conduct a longitudinal study and created challenges regarding internal consistency. The original goal of this study was to, look at specific points in time based on thirteen years of data collected by the NLSY97, in such analyze the data longitudinally. However, a longitudinal study was not feasible because the questions posed to the subjects were not consistent from year to year; thereby creating variation in the data that could not be utilized for comparing different points in time. This variation in the data also impacted the consistency of the scales that were created from the
questions provided on the original NLSY97 data set. The overarching limitation in the study was again, a concern with consistency. The compilation of the data set was created by developing scales from the questions provided on the original NLSY97 consisting of thirteen years, some years did not consistently ask the same set of questions, again causing concerns of internal consistency.

The data utilized in this research was compiled into scales which relied on the questions formulated in the NLSY97 data set for the period 1997 through 2009, as secondary data operationalization of the variables was dependent on the collected data. The process of developing the composite scales utilized for the independent variables did not always include the full range of the concepts as guided by the research. For example, the questions and composite scales reflected symptoms of mental illness, but was not a diagnosis of mental illness as accessed and reported by a qualified clinician meeting the standard DSM-IV-TR criteria, but rather by self-reports of the subjects of some type of history of or current mental health issues. In addition, those with mental illness are less likely to report a diagnosis of mental illness or symptoms of mental illness (Kessler et al., 2007) making it difficult to capture in general and specifically in the this study an accurate sample.

Finally, this study is also limited by the generalizability of the findings. The dependent variable, recidivism, was created as a dichotomous variable. As a dichotomous variable (yes or no- re-arrested), it does indicate if a subject has been re-arrested more than once, and therefore is limited in its ability to provide more information which would be possible if it was coded as a continuous variable. The
dependent variable of recidivism may have been impacted by the fact that the sample was taken from non-prison/jail subjects. Therefore, if a person is currently incarcerated or has been incarcerated for long periods of time, this may not be accurately reflected in the findings.

**Findings and Discussion**

Neglect and oppression have a significant impact on disparities in many areas such as health care and education (Tisdell, 1993; Williams, Yu, Jackson, & Anderson, 1997), and chronic mental illness is no different. If society ignores oppressed populations, the result is substandard treatment as evidenced by the increased number of those with mental illness being incarcerated or involved in the criminal justice system. The numbers of those with mental illness in the criminal justice system have increased since the onset of deinstitutionalization (Lamb & Weinberger, 1998: Lamb, Weinberger, & Gross, 1999). The care and treatment given to these individuals is often the most cost effective, easiest to administer, and that which takes minimal training or education of the staff who provide the treatment. Treatment is further complicated because there is limited empirical evidence of what is the most efficacious treatment for those with mental illness in the criminal justice system (Blackburn, 2004). Current models of treatment for those with mental illness in the criminal justice system tends to focus on external issues, such as housing, employment, and medication management using the rehabilitation model, and the results of these models have not yielded success for lower rates of recidivism (Starkey & Flannery, 1997).
In order for educators, policy makers, scholars, and practice professionals to provide better services to those with mental illness and those involved in the criminal justice system, they need to understand the unique and individual characteristics of people with mental illness. Asking questions such as; “What is preventing these individuals from receiving or benefiting from the clinical services and treatment currently being offered?” This requires an in-depth analysis of the complex individual characteristics and the psychological dynamics of those with mental illness in the criminal justice system. To decrease the current rates of recidivism, we must have more understanding of these dynamics.

Those with mental illness in the criminal justice system are a unique population with a complex set of psychological and social problems requiring an in depth understanding in order to develop individualized treatments and assessments (Blackburn 2004). One goal of this study was to provide a more individualized understanding of this population by exploring the specific dimensions of their psychology and social existence through the constructs of mental illness, self-concept, and interpersonal relationships. Programs and policies can be developed to address and specialize in helping to strengthen their self-concepts and to develop positive interpersonal relationships; these types of targeted goals will enhance the ability to reduce recidivism.

In this study, the two general questions were asked: Will those with mental illness, an inadequate self-concept, and poor interpersonal relationships be more likely to have higher levels of recidivism? When controlling for group classification of offender,
will there be a significant difference in history of mental illness, self-concept, and interpersonal relationships on recidivism?

In this study, to investigate H1; those with mental illness, an inadequate self-concept, and poor interpersonal relationships will be more likely to have higher levels of recidivism, a logistic regression was run.

The primary purpose of this study, to test H1, was to utilize secondary data analysis to assess the relationship between mental illness, interpersonal relationships, self-concept, and recidivism. Bivariate analyses were completed using Pearson’s correlations to determine if there were correlations between the variables. The variables found to be correlated with recidivism were used for further analysis. Those variables were: mental health scores (2000, 2004), risk environment (1997), total self-concept score, negative perceptions of future (1997, 2000), positive perceptions of future (1997, 2000), personal problems (2000, 2004, 2006, 2008, 2009), intimate relationships (2001, 2003), ever dated and gender.

The findings show a paradoxical relationship between symptoms; mental health scores in 2002 was predictive of recidivism, but in 2004, those with mental health scores were not predictive of recidivism as hypothesized in Hypothesis 1. This indicates that while the results may not have been as predicted, it reveals that mental illness is related to recidivism, warranting further research.

The findings in this study support the pivotal role that interpersonal relationships play in recidivism and the continued arrest cycle. One of the variables included was dating history, as an aspect of interpersonal relationships. The findings show that having
a dating history can serve as a future predictor of recidivism. Those that have dated were less likely to re-offend. The importance of interpersonal relationships is reaffirmed by Sullivan’s (1953) finding that loneliness is the most unpleasant of human experiences and individuals will actively avoid isolation and loneliness.

Findings in this study support that interpersonal relationships (based on the composite scale of ever-dated, an aspect of interpersonal relationships) are a predictor of recidivism. In other words, people seek and turn toward places that provide what Winnicott called a facilitating environment (1965), a place providing a feeling of safety and security. This is a subjective experience; as such, a facilitating environment can be the jail or the criminal justice system. While the criminal justice system, jail, or prison may be considered a less than an optimally desirable environment, it does provide some aspects of the holding environment, such as consistency and reliability. It is good enough can be considered in any type of residential setting when human care is predictable and consistent and, thus, may be considered optimal (Winnicott, 1990). This study supports that people seek out relationships with those they can identify, including relationships within the criminal justice system, and thus, other offenders and the criminal justice setting in general become a social support network.

In order to build positive interpersonal relationships, one must develop a self-concept that results in feeling a sense of agency and security which is challenging for those with mental illness facing both internalized and externalized stigma (Wright, Gronfein, & Owens, 2000). From the perspective of self-concept, this study revealed that one aspect of self-concept - negative perceptions of the future in 2000, was a predictor of
recidivism. Those who had a negative perception and view of their future were more likely to report recidivism. This supports the need for an individual to develop a self-concept in which he/she believes and has hope that he/she can achieve more in life beyond incarceration.

In order for social workers and other professionals to assist, advocate, and treat people who have a mental illness, a basic assessment and understanding of the needs of those individuals must be developed. An understanding based on a holistic approach consistent with the social work perspective of viewing the person in the environment, influenced by internal and external factors (Germain & Gitterman, 1996) guided this study in the choice of variables. This study analyzed several aspects that impact a person and their level of functioning based on three spheres; socially, psychologically, and biologically. The findings suggest that mental health/psychiatric treatment should include programs aimed at addressing all aspects of the individual, as represented by the variables used in this study—mental illness, interpersonal relationships, and self-concept in correlation to recidivism.

In this study, to test for H2, controlling for group classification of offender, there will be a significant difference, in history of mental illness, self-concept, and interpersonal relationships on recidivism; three separate logistic regressions were run based on the offender classification.

The results for the logistic regression based on the Group A classification for Nuisance and Substance Abuse show that the full model, which considered six independent variables together, was statistically significant($\chi^2 = 19.212, df = 6, p =$
.004). This implies the odds of the subject in this particular classification reporting recidivism is based on four statistically significant variables; gender, mental health scores 2000 and 2004, and turn to for personal problems in 2004. There was a difference among the three different groups based on their classification, indicating that recidivism is impacted by these variables according to their crime/arrest history.

As Cartensen et al. (1990) conclude, poor utilization of mental health services is not due to the lack of need, but rather because the current programs available are failing to meet the needs of this population including criminal history. This research suggests that careful consideration must be given to uniqueness of those with mental illness in two domains, the type of crimes committed and the etiology of the crime based on biological, social, and psychological factors. These elements are critical in the development of policy and clinical delivery systems to support those with mental illness in the criminal justice settings.

The results for Group B: Substance Abuse show, that for the full model, that there were no statistically significant findings. The results for Group C: Antisocial show that the full model, which considered seven independent variables together, was statistically significant ($\chi^2 = 34.153, df = 7, p < .00$). The variables included in the model were: gender, black, Hispanic, mulit-racial, ever date, turn to personal problems 2006, and negative perceptions of future 2000.

The findings suggest that there were more differences between Group B (Substance Abuse only) and Group C (Antisocial Personality Disorder). Group C had the largest sample size (73.5%), which was expected based on the assumption that those
arrested and incarcerated were those demonstrating criminal attributes and behavior; otherwise, they would not have been arrested. Interestingly, those with antisocial personality traits demonstrated more symptoms of mental illness in two of the years and those with substance abuse having more symptoms of mental illness in one of the years. Group A (Survival) had the least amount of symptoms of mental illness. This is contrary to my expectations based on literature that showed a high correlation with unemployment and homelessness among those with a mental illness (Ditton, 1999). Therefore, it would be expected that Group A committing petty crimes for personal survival would be more likely to demonstrate higher symptoms of mental illness. However, in this study due to the traditional non-reporting/under reporting of mental illness (Kessler et al., 2007), it may have impacted the expected hypothesis that those with mental illness or Group A will have higher levels of recidivism as the numbers were not appropriately captured.

The current debate of which came first, the crime or the mental illness, substance abuse or criminal behavior, deinstitutionalization of those with mental illness or the criminalization of those with a mental illness, may be missing the point. This study concludes that several factors are involved in the continued cycle of recidivism, and that innovative approaches are needed to realize better outcomes in working with this population. In order to address those factors engagement in treatment is essential; in order to increase engagement of those with mental illness, this study suggests that focusing on interpersonal relationships and self-concept are critical. The results did show that Group A was the least likely to have social connections, were less likely to turn to others when they experience personal problems, and have fewer positive interpersonal
relationships. Furthermore, McInerny, and Minne (2004) propose that those with mental illness commonly have limited or unhealthy social support networks which would support the hypothesis that Group A should be correlated with more symptoms of mental illness.

The findings suggest that Group B, those with only substance abuse issues, is the most adaptive of all three of the groups because this group demonstrates a more secure self-concept, has more positive interpersonal relationships, and has more positive expectations of the future. However, both groups Group B (Substance Abuse) and Group C (Antisocial Personality Disorder) showed high levels of mental illness. In all three groups the symptoms of mental illness may be further exacerbated by stigma, social rejection, social avoidance, and physical attacks (Wright, Gronfein, & Owens, 2000), but those with a chronic mental illness may be the least able/willing to report their experiences.

**Contribution and Originality**

**Implications for Social Work Practice**

The social work responsibility to advocate and to challenge social injustice is particularly applicable to working with those with mental illness in the criminal justice setting, as this group represents a marginalized, stigmatized, and often misunderstood population. The social worker becomes the advocate in facilitating effective change through assisting the client in utilizing programs and resources when available. The social worker must have an understanding of applicable policies that can be utilized by her/his clients in order to enhance their daily living skills and increase their level of
functioning, which is a critical element in lowering recidivism. The social worker must demand and advocate on a macro level for effective clinical programs and treatments needed to assist those diagnosed with a mental illness in the criminal justice system. The treatment in the jails/prisons is limited as the main priority of the criminal justice system is to provide a form of social control for the community (Solomon & Draine, 1995).

Dignity and care for those in our society facing great needs is an obligation that has long been vested in the social work profession. Community-based and social welfare programs have been developed to provide services to those in need (Reamer, 2006). However, despite the availability of these programs, a critical social work value can be overlooked - the client’s right to self-determination, which states that a client is fully involved through informed consent to determine their own needs based on their mental health goals and treatment (Hass, 1991; NASW, 2005).

Social work is a field dedicated to advocating for those who are not able to advocate for themselves and has a long history of challenging injustice. Today in our society, the chronically mentally ill have little power. Rosenhan (1973) found that “powerlessness [among psychiatric patients] was evident everywhere…” including legally (p. 17). Powerlessness has many negative ramifications, including depersonalization. Rosenhan found that the mentally ill patient had a sense of “being invisible” and being “unworthy” (p. 17). This is particularly true with people with mental illness in criminal justice systems, a marginalized population who is often misunderstood and stigmatized, which then contributes to issues that raise questions of social injustice.
Social work practice is based on a determined set of values, one of which is the value to “Challenge Social Injustice” (NASW, 2012).

One way to decrease social injustice is to challenge the current thinking and foster growth in areas otherwise ignored such as those with mental illness in the criminal justice system. This study expanded the social work body of knowledge of recidivism and the correlation of mental illness, self-concept, and interpersonal relationships with recidivism into the criminal justice system. It emphasized the not well understood areas of the biological, psychological, and social components contributing to a continuation of arrests, development of dependency, and affiliation with the criminal justice system in the form of recidivism.

**Implications for Social Work Research**

This knowledge can be applied to future studies in the advancement of program and policy development in order to decrease recidivism. For social work to be effective, more attention and analysis must be given to understanding the person with mental illness in the criminal justice system, including developmental histories that identify contributing risk factors. Soloman and Draine (1995) found a paucity in research other than incidental findings about the relationship of chronic mental illness and the criminal justice system.

Research in mental illness has been heavily focused on the objectifiable, biological components of the disease process with little emphasis on the subjective experiences or with limited focus on dynamic, individual, or subjective measures (Blackburn, 2004; Liberman, 1989; Marley, 1998). This limits the full range of
understanding and a meaningful depiction of those with a mental illness. As research drives policy and practice, it is critical to have complete and comprehensive data in which to inform decisions so that programs and treatment are effective. This study will assist practitioners, program development, and policy standards in understanding the more complex needs of those with a mental illness in the criminal justice system, and to continue research efforts that may inform best practices. The study revealed that the research needs to be holistic and individualized with focus on the biological, psychological, and social. While this may appear costly, the status quo approach has merely been a symptom relief, with limited positive results as indicated by the continued expansion of those with mental illness in our jails and prisons.

This study revealed a lack of data and literature in the area of correctional adaptation, a construct that this research shed light on as a possible contributor to continued recidivism. It emphasizes that this construct needs to be viewed from a strengths based perspective, as a form of a healthy choice, alternative choice, and demonstrating a level of resiliency for those with limited resources. In viewing the criminal justice system through a different lens, efficacious program development may be advanced and recidivism lowered.

The findings indicate that further research is needed on the construct of correctional adaptation as there may be a connection with recidivism as the mentally ill offender will utilize the criminal justice system as a nurturing environment, a holding/facilitating environment, and a socially supportive/family environment. In essence, some people with mental illness in the criminal justice system acquire many behaviors
and attitudes that help them adapt to incarceration. These behaviors or correctional adaptations can interfere with community adjustment and personal recovery and create barriers to the development of the therapeutic alliance necessary to achieve these goals (Rotter, et. al., 2011).

**Correctional Adaptation**

Some with mental illness in the criminal justice setting, if not court mandated, will either not seek assistance at all, will prematurely terminate assistance, or will not acknowledge a need for treatment. This resistance (or reluctance) to treatment leads to labeling such individuals as “non-compliant”, “treatment resistant”, “denial”, “oppositional”, and more (Lowry, 1998). While treatment may not be intentionally avoided, the response or behavior may be based on the inability to trust, feel safe, or believe that a staff member (therapist, case worker, psychiatrist, etc.) is willing or able to help them. As a basic tenet and value in social work practice is that we believe in the client’s right to self-determination (NASW, 2008). Therefore, understanding a person’s choice is salient in being able to further assist them and provide services.

The notion of feeling a sense of safety and security is relevant to all humans, and those with a mental illness are not any different. Ducan (1996) captures the personal accounts of offenders and identifies several themes in these accounts, particularly how they maintain a sense of safety and security. These themes include prison life as beneficial to the offender in that it provides a sense of purpose and identity, which for many is a unique experience. Another theme is that prison life provides physical and emotional safety and refuge from the outside world. Prison also offers an increased
opportunity for relationships, closeness, and attachment that most offenders never experience outside of prison. For example, James Blake demonstrates the attachment to his social support system in writing to a friend (as cited in Duncan, 1996):

Another kind of nostalgia I’ve been fighting is the Brotherhood-Of-The-Doomed feeling I had in the penitentiary and no longer have, with nothing to put in its place. I’ve been trying hard to isolate and name this virus, and think I have. This thing, it’s better than many things the world of electric toothbrushes has given me. (p. 10)

Correctional adaptation is a process in which one becomes institutionalized and dependent on the criminal justice system and may contribute to continued recidivism. The mentally ill in the criminal justice system may develop behaviors that may be “adaptive in penal environments but are maladaptive in mental health” or community settings (Carr et al., 2006, p. 570). The person with mental illness in the criminal justice system has a unique sense of reality based on a set of adaptations consistent with an “incarceration culture” that may be appropriate while incarcerated and demonstrate a certain level of resiliency, but not easily translated outside of the penal system and can become problematic (Carr et al., 2006). In addition, continual stigma by society can erode self-concept (Wright, Gronfein, & Owens, 2000) and further contribute to an identification process where a person is comfortable only in the presence of others with similar histories, thus, promoting a conscious or unconscious dependency for the criminal justice system.
These adaptations are consistent with a phenomenon similar to what Clemmer (1940) termed as prisonization. Clemmer’s original assertion that while individuals may adapt to the penal system, the environment can cause psychological harm (Carr et al., 2006). However, only two studies have addressed the correlation between prisonization and those with mental illness (Carr et al., 2006). This study, while it did not set out to test this variable or phenomenon, did contribute to the knowledge base as a provocative rational in the etiology of recidivism. It provides another perspective to recidivism based on a strengths based approach based on resiliency.

**Change Process in Psychoanalytic Literature**

Due to the limited variations, alternatives, and modalities that current mental health clinics and community-based centers provide, some individuals with mental illness are not amenable or willing to engage in treatment. Rather than viewing this as a client’s right to self-determination, and attempting to fully understand his/her rational for non-engagement, too often the individual is labeled as non-compliant or treatment resistant (Appleby et al., 1999). This study suggests that it is critical to analyze the problem through a different lens which is sensitive to the individual needs of those with mental illness in the criminal justice system and allows for the client’s right to self-determination. The care and treatment currently provided to those with mental illness in the criminal justice system vary widely, and at this point without standardized practices because they simply do not exist (Rolfe & Cutcliffe, 2006). Psychoanalytic provides a lens to analyze first the why, then the how of change, which can begin to provide a framework to provide best practices within the criminal justice system.
In general, the psychological and social development of individuals with or without mental illness is a product of ego-relatedness with their objects, interpersonal relationships, and further influenced and shaped by society within a cultural context. This developmental process is influenced by the lens of the culture and society of the individual (Bucci, 2002). The criminal justice system may become the cultural context which an individual internalizes and symbolizes important notions about themselves and the world around them. Change will not be possible unless this environment/cultural component is recognized, understood, and addressed.

Personality growth and development is influenced early in one’s life through relational experiences with primary caretakers (Winnicott, 1960). This process is recreated in adulthood through the relational experience of patient and therapist (Scharff, 1995), and can be a healing process for those with negative associations of those early relational experiences. The technique critical in the change process is talking, which leads to interpretations of the content with a focus on associations. The end goal is insight which will promote the desire for change with the therapeutic relationship playing a vital role (Bucci, 2002). Many with mental illness tend to socially isolate and withdraw from social settings for a variety of reasons, such as lacking trust in others due to a history of negative interpersonal relationships (Markowitz, 2001). This social isolation and fear translates into ambivalence toward mental health professionals and/or treatment, never allowing for the possibility of change through therapeutic techniques (Lamb & Weinberg, 1998).
Psychoanalytic theory claims that emotions which influence behavior are altered and changed through an unconscious process during the therapeutic process utilizing parental representations (imago images) and the phenomenon of transference (Tyson & Tyson, 1990). The therapist becomes internalized as the parental object, creating a forum to recreate and repair these past relationships, allowing for the first time the development of an ego (Winnicott, 1947). It is critical that the individual be able to continue to build the ego through other interpersonal relationships (Winnicott, 1947). This change is fundamental to the personality with long term effects, and not merely a behavioral change or symptom reduction. The process of this change is through symbolizing which is “intrinsic to emotional development and psychic change” (Bucci, 2002, p. 223) which transforms the personality of the individual.

Treatment staff can be biased against working with a population that has a history of committing crimes or associated with the criminal justice system, finding them difficult to treat due to personal feelings (Lamb & Weinberger, 1998). In psychoanalytic theory, this response within a clinician is called countertransference, and refers to the feelings and responses evoked in the therapist by the individual (client) (Frank, 1997). In some cases, treatment staff may exhibit fear, anxiety, inadequacy due to their own lack of understanding, or a moralistic attitude with little empathy toward the person with mental illness in criminal justice system (Lamb & Weinberger, 1998). This bias serves to reinforce a discriminatory process and diminishes the likelihood of good services ending the cycle of incarceration or recidivism. Treatment of those with mental illness in the
criminal justice system requires specific training, understanding, and support in order to prevent a negative result due to countertransference issues.

Respect for the worth and dignity of every human being is a social work value that is a critical element of any practice with any population, but may be particularly true for clinicians working with individuals with mental illness in the criminal justice system, as respect is not often afforded to this group of patients. In addition, clinicians working with this population may be tasked to deal with personal issues and biases evoked in working with such a disenfranchised and complex population. Managing the psychoanalytic concepts of transference and countertransference may be one of most useful techniques in working with the people with mental illness in criminal justice system. For example, as stated in Wachtel (2002), with an object relations approach where empathy and understanding are utilized, the client’s anger or negative response should not be merely ignored or retaliated against, but rather explored for a deeper understanding of the client’s perceptions.

According to McInery and Minne, (2004), because the person with mental illness is not viewed as a valuable member of the community, the clinician must create a sense of an inclusive community in the treatment milieu. This is accomplished by assisting the client to believe that he/she has some positive influence in their environment by taking responsibility. It requires elimination of a dogmatic approach where treatment is “done” to the clients. Feeling a lack of choice or autonomy is often a familiar feeling from the offender’s negative experiences in childhood (McInery & Minne, 2004).
Conclusion

Despite the role of social workers, policy changes, and advancements in clinical practices based in current research, there are a significant number of those with a chronic, persistent mental illness being incarcerated rather than properly treated in the community (Lamb & Weinberger, 1998). Until this study, previous research has focused on the criminalization of those with mental illness with little focus on the type of crime, the cause of the crime, and the individual characteristics of the person with the mental illness in the criminal justice system. This research bridges this gap between the type of crimes and individuals with a mental illness by contributing to our understanding of the relationship between why a person commits a crime leading to an arrest and the factors that may continue to contribute to this behavior. The findings show that differences do exist based on the type of offender and the type of crime committed. An analysis of these differences provides a better understanding of how to treat the mentally ill in the criminal justice system through policies, programs, and customized clinical interventions that can target the specific needs of the individual rather than using a one size fits all approach.

The social worker becomes the advocate in facilitating effective change through exploring phenomenon and applying actions to alleviate pain, both physical and emotional. Advocacy includes evidence-based research to develop the best possible treatments and policies to assist people in need. In recent years, deinstitutionalization, community-based treatment, legal civil commitment changes, and shorter inpatient time has resulted in more people with a serious, chronic mental illness in the criminal justice system (Lamb & Weinberger, 1998).
The primary goal of effective treatment models for those with mentally illness in the criminal justice system should be to realize an outcome where the individual thrives in the community rather than mere survival. This study provides clinicians and policy makers with a better conceptual understanding of the mentally ill person in the criminal justice system in order to enhance treatment, thereby reducing recidivism. While it is important to have knowledge and a significant understanding of the biopsychosocial aspects about the population one hopes to provide treatment, wisdom is not sufficient when justice is not served.
References


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