

Incarceration and Health

CHRISTOPHER WILDEMAN

Abstract

In this essay, I start by briefly discussing the foundational research in this area, which, similar to the study of the consequences of mass imprisonment more broadly, is mostly new. Indeed, all of the foundational research in this field (with the exception of *The Prison Community* and *The Society of Captives*), which considered the mental and physical health of current and former inmates, as well as their mortality risks, was conducted only in the past 25 years. In general, this research finds that (i) the imprisonment period appears to have negative effects on mental health but some paradoxical benefits for physical health and mortality and (ii) former inmates have more health problems and higher mortality risk than a comparison group in the free population. After reviewing this literature, I then review some new research in this area, which shows how incarceration shapes (i) the mental health of current and former inmates, (ii) the health of women connected to current and former inmates, and (iii) the health of the children of current and former inmates. This new research is unique not just because of the breadth of outcomes it considers but also because it uses much more rigorous methods to tease out causal relationships (especially for mental health). I close by discussing directions for research, focusing especially on overcoming obstacles to causal inference, considering effects on inequality, and further returning to the roots of this field, which focused on the acute effects of incarceration on the mental health of inmates.

INTRODUCTION

Prisons and jails have long housed not only the socially marginalized but also some of the least healthy members of the population. Indeed, current and former prison and jail inmates have long been known to have higher rates of mental and physical health problems than the free population. With but a few exceptions, they have also been known to have exceptionally high mortality rates relative to the free population, painting a portrait of current and former prison and jail inmates as a population both physically and mentally unhealthy—and also at risk of premature mortality. Thus, while some researchers have focused on the so-called healthy prisoner effect whereby individuals who are very unhealthy cannot commit some crimes—especially

those that require great strength or fortitude—the fact remains that most prisoners are less healthy than we would expect a matched individual of the same age, sex, race, and class from the free population to be.¹ As Christopher Muller and I have argued elsewhere (Muller & Wildeman, 2012; Wildeman & Muller, 2012), it is not a novel observation that inmates are unhealthy relative to the free population. Indeed, as inmates are disadvantaged relative to the free population in almost every domain—including their probabilities of being employed, married, or stably housed on the outside, for instance—we would expect them to be in poor health regardless of whether they experienced incarceration. The core questions then are not whether the incarcerated are in worse health than the free population but whether incarceration actually *causes* these differences in health. Relatedly, we might be interested in whether mass imprisonment—the historically and comparatively extreme rates of incarceration present in the United States today and concentrated among young low-education minority men living in poor neighborhoods (Garland, 2001)—has affected racial disparities in physical and mental health, a topic of great interest not only for sociologists (who are acutely interested in inequality), but also for public health professionals.

In this essay, I address the relationship between incarceration and health. Specifically, I start by discussing foundational research showing how poor the mental and physical health of current and former inmates is and the degree to which incarceration is responsible for that ill health. At the same time, I discuss the paradoxical mortality benefits of current incarceration for young minority men. In the next section, I discuss cutting-edge research in this area, which seeks to extend the health consequences of mass imprisonment beyond individuals and to families and communities. By looking beyond current and former inmates, this research shows that the effects of mass imprisonment on racial disparities in health may be greater than suspected, extending to the women and children connected to the mostly male penal population. In this way, research on the spillover effects of the prison boom on health offers a unique opportunity to consider how the prison boom affects the health of women. This is especially important because research on the health consequences of the prison boom has focused mostly, if not exclusively, on men. I close by discussing some of the most promising directions for future research, focusing especially on obstacles to causal inference and the need to return to an era where we acknowledge the fact that the incredibly negative consequences of current incarceration for mental health cannot be ignored—even though this is an area of research that has received far too little attention.

1. As the penal population ages, moreover, the costs associated with caring for this increasingly ill population could become quite great—a topic worthy of an entire additional article, and one I do not focus on in this specific entry.

FOUNDATIONAL RESEARCH

Although much research on the consequences of incarceration for health is quite new, two truly exceptional studies from an earlier era stick out as forerunners in this field, *The Prison Community*, which was published by Donald Clemmer in 1940 (Clemmer, 1940), and *The Society of Captives*, which was published by Gresham Sykes in 1958 (Sykes, 1958). Although predominantly concerned not with the mental health of inmates but with the social structure of the prison, each of these fascinating studies documented how imprisonment affected the well-being of inmates, highlighting especially the many ways in which imprisonment could either exacerbate existing mental health problems or create new mental health problems for previously healthy inmates. They also documented the complex and varying ways in which imprisonment could affect mental health, firmly documenting a well-known but rarely-tested idea that the effects of imprisonment on health are likely moderated by unique traits of prisons and inmates.

After the publication of these studies, however, interest in the mental health effects of imprisonment—at least in the research community—dropped off (but see Haney, 2003) in favor of considering the physical health consequences of imprisonment. Much of the emphasis in this field also shifted from considering the effects of current imprisonment on health to thinking instead about the health effects of prior imprisonment. Of the many excellent works in this area, two especially stick out. The first of these studies shows that the ever-imprisoned are far more likely to suffer from a host of infectious and stress-related diseases in adulthood but not more likely to suffer from other disorders not linked to exposure to infectious disease or chronic stress (Massoglia, 2008). By showing both what health conditions a history of imprisonment is and is not associated with, this essay goes a long way toward showing how imprisonment shapes health. The second study, which uses a research design that controls for fixed but stable traits of individuals, provides evidence that *current* imprisonment may enhance health in some regard, while *prior* imprisonment may compromise health in important ways (Schnittker & John, 2007).

This insight corresponded nicely with a widely confirmed but perplexing finding on the relationship between imprisonment and mortality: The currently imprisoned were somewhat less likely to die than members of the free population matched on basic characteristics such as age, sex, and race (Mumola, 2007; Patterson, 2010; Spaulding *et al.*, 2011), with this association being most pronounced for young African-American men, while former prisoners—especially recently released prisoners—were at exceptionally high mortality risk relative to individuals in the free population (Binswanger *et al.*, 2007; Spaulding *et al.*, 2011). Although the reasons for this paradoxical

relationship are not completely clear, it looks as if prisoners—especially those drawn from the most disadvantaged realms of society—experience lower than expected mortality rates because of the decreased risk of homicide, better nutrition, and more consistent health care they experience while imprisoned. Studies of post-release mortality provide less guidance in this regard, although they also tend to suggest that decreased tolerance among opioid users during the imprisonment period dramatically increases the risk of overdose-related mortality upon release.

Foundational research in this area, therefore, provides support for three conclusions. First, imprisonment likely has negative mental consequences for many individuals. Second, the imprisonment period, if often bad for mental health and a time when a nonnegligible number of people will contract potentially life-threatening infectious diseases, does seem to have some positive effects on morbidity and mortality. Finally, prior imprisonment is strongly tied not only with elevated mortality risk but also with higher rates of infectious and stress-related disease.

CUTTING-EDGE RESEARCH

If the first wave of research on the relationship between incarceration and health was distinctive in no small part for pointing out how the effects of current imprisonment and having ever been imprisoned differ, cutting-edge research in this area is distinctive not only for attempting to better isolate a causal relationship between current and prior imprisonment and mental health but also for showing that the health implications of mass imprisonment extend far beyond the individuals who churn through the system to their romantic partners and children as well.

The first wave of cutting-edge research I want to highlight here is a return to the origins of the research on the consequences of imprisonment for individuals. Indeed, as I noted at the beginning of this essay and elsewhere (Muller & Wildeman, 2012; Wildeman & Muller, 2012), the initial push of research on the effects of imprisonment on individuals focused heavily on mental health—an emphasis lost for quite a while after (Clemmer, 1940; Sykes, 1958). In just the last few years, two articles have been published that provide new insight into just how much current and recent imprisonment affect mental health. The first of these articles, which considers effects on a range of mental health outcomes and uses the timing of onset to establish appropriate time-ordering of incarceration and mental health, finds that the ever-imprisoned are far more likely to suffer from mood disorders, especially dysthymia, than are the never-imprisoned (Schnittker, Massoglia, & Uggen, 2012). A second study tests the effects of current and recent imprisonment on the risk of having major depressive disorder—what we

often call depression—finding that changes in incarceration are associated with changes in depression, strong evidence that both current and prior incarceration may increase the risk of being depressed (Turney, Wildeman, & Schnittker, 2012). Thus, this new wave of research suggests that the mental health consequences of imprisonment considered broadly in the first wave of research may indeed be causal, at least for some key outcomes.

The second wave of cutting-edge research that deserves special attention here has to do with the spillover effects of imprisonment on the health of the family members—especially the romantic partners and children—of the currently and formerly imprisoned. Driven by a growing body of research documenting the consequences of incarceration for family life (Braman, 2004; Comfort, 2008), this wave of research seeks to broaden the thinking on the health consequences of imprisonment. Of research in this area, far more has considered the consequences of having a father imprisoned in the past couple of years for children’s mental health and behavioral problems (Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy, 2012; Wakefield & Wildeman, 2011) or risk of infant and child mortality (Wildeman, 2012; Wildeman, Andersen, Lee, & Karlson, 2014) than the effects of having a partner incarcerated on women’s health. In general, this research finds that even relative to children with nonresident fathers, children with incarcerated fathers fare worse on a host of outcomes. Although research in this area is still in its infancy, these findings, when combined with research on the massive racial and class disparities in the risk of paternal imprisonment (Wildeman, 2009), suggest that the effects of mass imprisonment on future health inequality may be far larger than anticipated (Wakefield & Wildeman, 2013).

If research on the health effects of paternal incarceration on children is in its infancy, research on the health effects of partner incarceration on women is still in its gestational stage. Indeed, as of the writing of this essay, I was able to locate only one published article linking the incarceration of a romantic partner with women’s physical health and just one article on the topic that considers the effects of having a romantic partner incarcerated on women’s mental health. This work finds that having a family member incarcerated increases women’s risk of having a host of cardiovascular disease risk factors (Lee, Wildeman, Wang, Matusko, & Jackson, 2014) and that having a romantic partner incarcerated increases women’s risk of having a major depressive disorder and decreases their happiness (Wildeman, Schnittker, & Turney, 2012). Although this area is so very new, I nonetheless mention it because it suggests that the effects of mass imprisonment for public health—and health disparities—may not be linked just to the men who cycle through the system but also to the women and children who they leave behind.

Thus, while the first wave of research suggested that the mental health consequences of confinement might be acute (Clemmer, 1940; Sykes, 1958) and carefully outlined a sometimes-paradoxical relationship between imprisonment and physical health (Binswanger *et al.*, 2007; Massoglia, 2008; Mumola, 2007; Patterson, 2010; Schnittker & John, 2007; Spaulding *et al.*, 2011), the second wave of research in this area showed that the mental health consequences speculated in the first wave of research appear to be driven by incarceration (Schnittker *et al.*, 2012; Turney *et al.*, 2012) and pointed in the direction of broader spillover effects on the health of families, including both children, (Wildeman, 2012; Wildeman *et al.*, 2014), female romantic partners (Wildeman *et al.*, 2012), and female family members more broadly (Lee *et al.*, 2014).

KEY ISSUES FOR FUTURE RESEARCH

Although research on the relationship between incarceration and health has made great strides in the past 10 years, a number of key issues for future research nonetheless remain. These include providing stronger tests of causality, thinking about how much mass imprisonment shapes health inequalities, and (again) returning to the study of the health consequences of confinement.

Suggesting the full range of ways that researchers working in this area might overcome obstacles to causal inference is beyond the scope of this essay, and hearing about a battery of statistical tests is likely not to be of interest to most readers of this essay, so I do not dwell on the nitty-gritty of this. Nonetheless, the importance of this issue cannot be overstated. Indeed, without designing stronger causal tests of the incarceration–health relationship, we cannot know whether diminishing the incarceration rate will help, harm, or have no effect on the men and women for whom incarceration has become common. Thus, until we know whether any of these effects are causal, we cannot formulate effective policies that enhance population health.

A second key issue for future research in this area, which necessitates having credible causal estimates, involves deciphering the degree to which mass imprisonment has actually done anything to increase health disparities. On the face of it, that might seem like an odd statement as imprisonment is unequally distributed and appears to have mostly negative effects on health. Yet, as I have noted elsewhere (Muller & Wildeman, 2012; Wildeman & Muller, 2012), the magnitude of the effects of mass imprisonment is influenced not just by the magnitude of causal effects and the distribution of imprisonment in the population but also by a host of other factors. It is for this reason that mass imprisonment could explain nearly none of black–white disparities in earnings and marriage (Western, 2006) but

nearly all of black–white disparities in AIDS (Johnson & Raphael, 2009). Future research must thus directly test for effects of mass imprisonment on inequality rather than talking about these effects without testing for them.

A final issue, and one I have again raised in parallel work (Muller & Wildeman, 2012; Wildeman & Muller, 2012) has to do with whether thinking about causal effects of imprisonment on inequality is even the right path. Indeed, the foundational research in this area focused first and foremost on the “pains of imprisonment” (Sykes, 1958) and their implications for the mental health and well-being of the imprisoned. As this field moves forward, I think this is an issue that all of us working in it will need to grapple with: Are we interested in identifying causal effects, thinking about inequality in health, or showing the extent of human suffering in prisons and jails? The answer to that question is in many ways the key for this field as it moves forward.

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FURTHER READING

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CHRISTOPHER WILDEMAN SHORT BIOGRAPHY

Christopher Wildeman is an Associate Professor of Policy Analysis and Management at Cornell University. Since 2013, he has also been a visiting fellow at the Bureau of Justice Statistics. He received his PhD in Sociology and Demography from Princeton University in 2008. From 2008 to 2010, he was a Robert Wood Johnson Foundation Health & Society Scholar at the University of Michigan. And from 2010 to 2014, he was an Assistant (2010–2013) and later Associate (2013–2014) Professor of Sociology at Yale University. His research interests revolve around the consequences of mass imprisonment for inequality, with emphasis on families, health, and children. He is also interested in child welfare more broadly, especially as relates to child maltreatment and foster care. He is the 2013 recipient of the Ruth Shonle Cavan Young Scholar Award from the American Society of Criminology and the Distinguished New Scholar Award from the American Society of Criminology’s Division on Corrections and Sentencing.

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