

# “Do You Want to Go Forward or Do You Want to Go Under?” Men’s Mental Health in and Out of Prison

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John L. Oliffe<sup>1</sup> , Debra Hanberg<sup>2</sup>, Madeline N. Hannan-Leith<sup>3</sup>, Cara Bergen<sup>2</sup>, and Ruth Elwood Martin<sup>4</sup>

## Abstract

More than 11 million people are currently imprisoned worldwide, with the vast majority of incarcerated individuals being male. Hypermasculine environments in prison are often tied to men’s health risks, and gathering information about mental health is fundamental to improving prison as well as community services. The purpose of the current study was to describe the connections between masculinities and men’s mental health among prisoners transitioning into and out of a Canadian federal correctional facility. Two focus groups were conducted with a total of 18 men who had recently been released from a federal correctional facility. The focus group interviews were analyzed to inductively derive patterns pertaining to men’s mental health challenges and resiliencies “on the inside” and “on the outside.” Participant’s challenges in prison related to heightened stresses associated with being incarcerated and the negative impact on preexisting mental illness including imposed changes to treatment regimens. Men’s resiliencies included relinquishing aggression and connecting to learn from other men “on the inside.” Mental health challenges “on the outside” included a lack of work skills and finances which increased the barriers that many men experienced when trying to access community-based mental health services. Mental health resiliencies employed by participants “on the outside” included self-monitoring and management to reduce negative thoughts, avoiding substance use and attaining adequate exercise and sleep. The current study findings offer practice and policy guidance to advance the well-being of this vulnerable subgroup of men in as well as out of prison.

## Keywords

masculinity, incarcerated men, mental health, qualitative research

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More than 11 million people are currently imprisoned worldwide, a number that has been steadily increasing each year (Kouyoumdjian, Schuler, Matheson, & Hwang, 2016). The vast majority of incarcerated individuals are male, with men comprising 87% of the 2015–2016 Canadian adult correctional admissions (Statistics Canada, 2015). Male prisons are typically hypermasculine environments (Ricciardelli, 2015), which in turn can pose significant health risks for men (Courtenay & Sabo, 2011). In addition, dwindling budgets, large volume and high turnover rates challenge efforts to prioritize health care for incarcerated men (Yi, Turney, & Wildeman, 2016). The outcome is that the health of men in custody is poor, especially in comparison to the general male population (Fazel & Baillargeon, 2011; Kouyoumdjian et al., 2015; Kouyoumdjian et al., 2016).

In terms of mental health risks, the vast majority of men in custody have experienced substantial childhood adversity (e.g., family violence, loss of one or both parents, moving through the childhood welfare system),

<sup>1</sup>School of Nursing, University of British Columbia, Vancouver, BC, Canada

<sup>2</sup>Collaborating Centre for Prison Health and Education, University of British Columbia, Vancouver, BC, Canada

<sup>3</sup>Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, BC, Canada

<sup>4</sup>School of Population and Public Health, Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada

## Corresponding Author:

Dr. John L. Oliffe, PhD, School of Nursing, University of British Columbia, 109-2176 Health Sciences Mall, Vancouver, BC V6T 1Z3, Canada.

Email: john.oliffe@nursing.ubc.ca



with at least 50% reporting a history of childhood sexual, physical and/or emotional abuse (Kouyoumdjian et al., 2016). While preexisting trauma and mental illness are evident, there are also many unique prison induced challenges to men's mental health including the regimentation, confinement, social isolation and solitude of imprisonment (Massoglia, 2008; Porter, 2014; Schnittker & John, 2007; Schnittker, Massoglia, & Uggen, 2012; Turney, Wildeman, & Schnittker, 2012, Yi et al., 2016). Also reported are the negative mental health consequences of stress and stigma linked to men with prison experience (Pearlin, 1989; Yi et al., 2016). For example, incarcerated individuals have reported high rates of heavy drinking and substance use, and men with prison experience have a significantly greater likelihood of developing a major mood disorder including depression or dysthymia, compared to the general population (Yi et al., 2016). Within the Canadian context, the majority of prisoners in correctional facilities have a mental illness diagnosis (Kouyoumdjian et al., 2016) with up to 70% of inmates facing comorbid substance use disorders (Swartz & Lurigio, 2007). Anxiety and major depression, a common consequence of malignant stress, is prevalent in male prison populations (Massoglia, 2008; Porter, 2014; Schnittker et al., 2012; Turney et al., 2012). Canadian studies have reported that approximately one in five males in custody have a history of suicidality with suicide rates significantly higher than the general male population (70 per 100,000 in federal custody, 43 per 100,000 in provincial custody versus Canadian rate of 10.2 per 100,000) (Kouyoumdjian et al., 2016).

### *Masculinities and Men's Mental Health in and Out of Prison*

Connell's (2005) masculinities theory, in which gender is socially constructed and replicated or adjusted contextually between individuals, groups, institutions, and cultural systems, has featured in men's mental health research. Central are the co-constructed and relational aspects of masculinities with attention to how specific contexts drive men's complicity, critique, and subaltern practices. In applying masculinities theory to men's mental health research, idealized masculinities in Western nations, characterized by dominance, self-reliance, and stoicism, have been reported to exert pressures on men to conceal mental illness to avoid being seen as weak (Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012; Oliffe & Phillips, 2008). Masculinities research on incarcerated men has tended to distil implicit linkages to mental health wherein prison-specific practices including men's efforts to dominate others are understood as a means to asserting power and jockeying for position within prison hierarchies (Ricciardelli, 2015). Included are reports describing imprisoned men's aggression, rendering

men as both victims and perpetrators in their efforts to assert and defend themselves (Bandyopadhyay, 2006; Evans & Wallace, 2008; Jewkes, 2005; Ricciardelli, 2015; Toch, 1998). Within this milieu, idealized prison masculinities typically include stoicism, strength, physical dominance, pride, violence, and aggression (Ricciardelli, Maier, & Hannah-Moffat, 2015). The hypervigilance required in prison in this regard also raises inmate anxiety and challenges to men's mental health.

How incarcerated men interpret and respond to perceived risk and lack of control also challenges the mental health of many men (e.g., features of prison life that may be difficult to predict, such as arbitrary decision-making, cell placement, transfers to alternate prisons; Hannah-Moffat & O'Malley, 2007). Ricciardelli et al. (2015) posit that prison masculinities may be borne out of these very uncertainties with research pointing to incarcerated men's emotional vulnerability in response to such "penal uncertainties," as well as their need to defend and assert themselves in relation to other prisoners, staff, and the outside world (Crewe, Warr, Bennett, & Smith, 2014). For example, when men enter prison they can no longer embody their previous masculine identities or fulfil family, work, societal and community roles (Bandyopadhyay, 2006). Imprisoned men are thus challenged to adapt to new contexts, identities, and social structures, leading to feelings of insecurity and emotional vulnerability (Ricciardelli et al., 2015). While the mental health challenges faced by incarcerated men are evident, the existing literature has offered less insight to the positive experiences associated with incarceration. An exception to this was a study examining 35 UK male prisoners shortly before their release from prison, where over one-third of the participants indicated that they had experienced prison as a "safe" or "easy" place (Howerton, Burnett, Byng, & Campbell, 2009). Many prisoners also conceived their imprisonment as beneficial, affording opportunities to detox and recover from substance overuse problems. Also reported by participants were suggestions that prison could comprise a "safe haven" affording respite from the difficulties of the real world (Howerton et al., 2009).

Gathering information about mental health is recognized as fundamental to improving services in prison; however, health care in Canadian correctional facilities is delivered by governmental bodies with little disaggregated data to filter patterns around prisoner mortality, chronic disease, mental health and access to health care (Kouyoumdjian et al., 2016). Data on current mental health-care use in prisons are also lacking, though statistics from the 1990s suggest that most men in Canadian federal custody saw a family physician while incarcerated at a higher rate than the general population (Kouyoumdjian et al., 2016). For example, of those in federal custody, 5% had visited the emergency department during their incarceration (mean = 0.1

visits per year), 3% had been admitted to a community hospital, and 10% to a regional hospital (Kouyoumdjian et al., 2016). A multiracial study in a U.S. maximum security prison reported that those who experienced poor health overall at the beginning of their incarceration were most likely to report a subsequent improvement in their health status during or after incarceration (Wallace, Strike, Glasgow, Lynch, & Fullilove, 2016). Such statistics imply that a stable or even improved period of health care during imprisonment is possible, likely due to health-care access, structure and discipline, and the absence of additional stressors that may be common in accessing services post-release (Wallace et al., 2016).

While poor mental health care for men in prison may subsequently affect public safety and rates of recidivism, improved access to mental health services in prison can reduce these risks (Kouyoumdjian et al., 2015). Related to this, transitions of incarcerated men back to the community have attracted some research attention. Highlighted have been the high rates of prisoner's comorbidities and their lack of financial and social capital for garnering effectual health help-seeking and/or self-care in transitioning back to community life (Denton, Foster, & Bland, 2017). An array of challenges including psychiatric symptoms, substance use, past criminal history, emotional conflicts can increase the risk of recidivism (Barrenger, Draine, Angell, & Herman, 2017). Structural inequities and discrimination also reduce employment and housing options imposing *invisible punishments* on men transitioning from prison to the community (Chesney-Lind & Mauer, 2003). Amid such challenges, Davis et al. (2011) suggest, most men neglect their mental health needs triaging housing, employment and finances ahead of their well-being. Paradoxically, accessing mental health treatment can reduce men's recidivism risk (Barrenger et al., 2017).

The aforementioned complex mental health issues have resulted in calls for reform and development of prison-to-community transitions as well with support services to promote the well-being of men in custody (Denton et al., 2017; Fazel, Hayes, Bartellas, Clerici, & Trestman, 2016). The purpose of the current study and article was to describe the connections between masculinities and men's mental health among prisoners transitioning into and out of a Canadian federal correctional facility. These findings offer practice and policy guidance to advance the well-being of this vulnerable subgroup of men in, as well as out of prison.

## Methods

### Sample

Two focus group interviews including 18 participants who had been released within the last 5 years from a

federal correctional facility were conducted in 2015. Participants ranged in age from 22 to 68 (Mean = 45), self-identified as Caucasian ( $n = 11$ ), Indigenous ( $n = 3$ ), South Asian ( $n = 2$ ), of African descent ( $n = 1$ ), and Latin American ( $n = 1$ ) and most ( $n = 11$ ) had completed high school. The men's time in custody ranged from less than 2 years to more than 20 years. The participant's demographics reflect broad patterns in Canadian federal prisons wherein men with Indigenous ancestry are overrepresented. Aggregated sample data are provided in Table 1.

### Procedures and Data Collection

The current community-based participatory study was conducted by the Collaborating Centre for Prison Health and Education (CCPHE) and the John Howard Society of Canada (JHSC). Formerly incarcerated men were invited to participate in the focus groups to help create a community-identified list of health priorities and inform the facilitators and barriers to achieving these health priorities. The research design and evaluation were developed collaboratively by the project team including the co-lead researchers from CCPHE and the JHSC, the multidisciplinary academic team, the project staff team, and a project advisory committee (PAC). The PAC consisted of a diverse representation of key policy stakeholders, community, health and correctional organizations, and formerly incarcerated individuals to provide strategic project guidance.

Focus group recruitment began after the project received University of British Columbia, Behavioural Research Ethics Board (BREB) approval. John Howard Society of the Lower Mainland of British Columbia's (JHSLM) Manager of Outreach Programs invited formerly incarcerated men who met the enrolment criteria, and who were residing in JHSLM halfway houses or attending their community outreach programs, to participate in the focus groups. Interested participants called or e-mailed the CCPHE project coordinator to get more information and enrol in the study. The CCPHE community-based project assistant, who had incarceration experience, also invited men attending the Long Term Inmates Now in the Community (LINC) peer support group meeting to join the focus groups. While participants were predominately recruited through a variety of services (i.e., halfway houses and peer support groups) the men's relationships to, and perspectives about those resources were diverse.

The focus group interviews were facilitated by the male CCPHE community-based project assistant and the female project coordinator. Prior to the focus groups, the facilitators reviewed the consent form with participants, describing the project's potential risks and

**Table 1.** Demographic Data and Incarceration History.

Participants	N = 18
<b>Age (years)</b>	
20–39	7 (39%)
40–59	7 (39%)
> 60	4 (22%)
<b>Do you identify as an aboriginal person?</b>	
Yes	3 (17%)
No	15 (83%)
<b>Education</b>	
Incomplete high school	2 (11%)
High school	11 (61%)
Post-secondary	5 (28%)
<b>Employment</b>	
Working	9 (50%)
Not working	9 (50%)
<b>How do you support yourself economically?</b>	
Note: the men could check more than one option—see column 1: Focus Group #1	
Wages, salaries	9 (50%)
Welfare, disability	5 (28%)
Retirement benefits	1 (6%)
Parental support	2 (11%)
Charities, food banks, church groups	1 (6%)
Unofficial, under the table income	1 (6%)
Halfway house support and borrow money	2 (11%)
<b>Marital status</b>	
Married	0 (0%)
Living common law	2 (11%)
Single, never married	8 (44%)
Divorced	4 (22%)
Prefer not to say	1 (6%)
Widowed	1 (6%)
Separated	2 (11%)
<b>Incarceration history</b>	
<b>Number of years incarcerated</b>	
<2 year	3 (17%)
2–10 years	4 (22%)
10–20 years	5 (28%)
>20 years	6 (33%)
<b>Incarceration history</b>	
<b>How long out of custody?</b>	
≤1 year	12 (67%)
1–2 years	4 (22%)
2–5 years	2 (11%)
<b>Housing—Current housing situation</b>	
Halfway house	13 (72%)
House/townhouse/duplex	1 (6%)
Apartment	3 (17%)
Mobile home/trailer	1 (6%)
<b>Housing—Current payment method</b>	
I rent	3 (17%)
I pay reduced rent, subsidized housing	1 (6%)
My partner/family pays rent	1 (6%)

(continued)

**Table 1. (continued)**

Participants	N = 18
My rent is paid, I'm in a halfway house	11 (61%)
I pay rent, I'm in a halfway house	1 (6%)
My housing is paid by government assistance (MEIA)	1 (6%)

benefits, and the participant's rights. Participants were advised that if they decided not to participate or withdrew part way through the focus group interview, it would not affect their interactions with JHSLM. The men were invited to share perspectives on their health priorities including the factors that supported or prevented them from optimizing their mental health in and out of prison. The project team chose centrally located JHSLM halfway houses for the focus group interviews to facilitate accessibility and establish trust within a familiar environment for the formerly incarcerated men. Each participant received a \$25 honorarium and bus tickets, if they traveled to the focus group by public transit. The focus group interviews were audio-recorded and transcribed verbatim with all personal identifiers removed to ensure participant anonymity.

### Data Analysis

Each focus group interview was read, with the research question, *what are the connections between masculinities and mental health among men transitioning into and out of prison?* in mind. The mental health related interview data were initially allocated to the broad categories of mental health on the inside, and mental health on the outside to organize the data by those specific contexts. These two subsets of data were then read multiple times by the researchers, highlighting key phrases and noting ideas and interpretations in the margins (Gambling & Carr, 2004). Through this process two subcategories were developed, (a) challenges and (b) resiliencies, to which data were coded and subsequently analyzed using a constant comparative approach (Morse & Field, 1995) to distill patterns and account for variations within each of the subcategories. Both the mental health on the inside and mental health on the outside categories included the challenges and resiliencies subcategories, for which the inductively derived findings are shared using illustrative participant quotes.

In terms of processes, the author team independently analyzed the data in each subcategory and through discussion consensus was reached about the inductively derived findings. The analyses continued in revisiting the masculinities theory and using that framework to advance the current study findings and writing up of the results

and this article. This included asking questions of the data, specific participant quotes and preliminary findings such as, *how are masculine ideals influencing men's mental health practices*, to develop fine-grained gender analyses.

## Results

### *Mental Health on the Inside*

**Challenges.** Participants talked to a range of mental health challenges unique to coming into as well as being in prison. In terms of coming to prison, men discussed pre-existing mental health challenges along with emergent issues that stemmed from being isolated from family and freedoms that were revoked in prison. In line with previous research (Massoglia & Pridemore, 2015; Schnittker et al., 2012; Wildeman, Turney, & Schnittker, 2014; Yi et al., 2016) there was some evidence that preexisting mental health challenges were exacerbated in prison as a result of stresses associated with being incarcerated, and system changes whereby treatments were altered or ceased. With regard to stresses linked to first coming to prison, a 68-year-old participant who had served over 20 years in prison confirmed that it was a jarring experience invoking suicidality;

The first day I ended up in minimum, I thought, "I'm going to die in here, why don't I hang myself now?" I'm looking, "Where?" No place.

Evident among many participants were similar reactions to the isolation and loss of freedoms prompting flight rather than fight responses early on. Similar to previous research (Ardino, Milani, & Di Blasio, 2013; Evans, Ehlers, Mezey, & Clark, 2007; Wakeling & Barnett, 2011), men with their first incarceration were particularly vulnerable to negative ruminating thoughts from which there was little opportunity for respite. Work in masculinities and suicidality (Oliffe et al., 2017) also suggests that social isolation is a significant risk factor for self-harm, and perhaps the prospect of being isolated in the long term heightened participant's vulnerability.

Men with a history of mental health challenges were especially at risk when coming into prison. For example, men taking medications for preexisting issues suggested the prison medical staff were suspicious about the use of medications that crossed the blood-brain barrier. A 61-year-old participant who had served over 20 years in prison quipped, "What you get inside on a regular basis is—"You just want pills, you want dope, drugs—there's nothing wrong with you, you're just here to get [...] a free high." A 22-year-old who had served 1–2 years in prison explained that he was refused medications that he had

been taking for his depression until he was evaluated by the prison medicos;

When I came through the [Regional Reception and Assessment Centre] they told me that they didn't want to give me my medication until after I did all their psychology tests. Then I did them, and they said that they don't think that my pills are working for me and that basically I don't need them [...] they wouldn't give me any to wean myself off of them, so it was just basically a cold turkey thing. [...] That really messed with my sleeping pattern and I stayed up for weeks and I kept asking them for stuff and never got any help – a lot of stress – because I was dealing with something that's so simply taken care of. All they had to do was to give me a card to help me out but instead they said, "Oh, we don't think that it's necessary for you because we found out that most people here pass them around or take them just to sleep."

Evident here was an abrupt loss of control and routine that extended beyond the prison environment and regulations to dismantle the participant's long established, effective treatments. Indeed, many participants reported similar issues around the abrupt cessation of their current medications, and the additional stresses such acute changes invoked. The lack of choice and council also mirrored the broader loss of rights that men endured as a result of being incarcerated. In line with previous masculinities and men's mental health research (Howerton et al., 2007; Oliffe et al., 2015) oppression and being "othered" and marginalized in such ways rendered participants vulnerable to severe mental illness.

Even when mediations were provided in prison, issues emerged around their availability and side effects. A 53-year-old participant who had served 1–2 years in prison recounted having run out of medication and having to wait "3 days to see the doctor, and 4 days before I could get in and get my medication." Similarly, a 23-year-old participant who had served 2–5 years in prison explained the duress caused by being unable to get sleeping tablets;

I was dealing with a lot of sleep deprivation, insomnia – just from stress from all kinds of things. So, I went to see a psychologist and I ended up getting to see the doctor and I wasn't actually put on medication to put me to sleep. I was put on medication with side effects that may cause drowsiness. [...] It was to the point where I was only sleeping a couple of hours every few nights. They were giving me anti-anxieties that would just make me drowsy. That was something that really bothered me.

Efforts to treat anxiety with medication left this man increasingly sleep deprived and stressed, a dilemma exacerbated by the participants' lack of power to negotiate his preferred treatment. While the therapeutic value of

various medications was debated by participants, ever clear was their loss of agency in lobbying help for their underlying stress and/or their existing mental health challenges. While research has argued men as prone to alexithymia and challenged to articulate their mental health challenges (Levant, 2011; Levant, Allen, & Lien, 2014) revealed in the current study findings were men's insights about the limitations of prescription medicine wherein symptoms were often [mis]treated rather than the root cause[s] being identified and holistically addressed.

**Resiliencies.** While participants were challenged by the prison environment and mental health-care limitations, offered was an abundance of self-health strategies for surviving, and in some cases flourishing in prison. Central to these accounts were men's positive transitions in prison. Many men explained that prison life could offer opportunities to rehabilitate and become healthier—both mentally and physically. A 23-year-old participant who had served 2–5 years provided a poignant example about changing his mind set in ways akin to cognitive behavior therapy;

I came in to jail this year with an attitude problem and I saw a lot of guys do a lot of hard time because their attitude. I saw that and I was able to just put myself in check. A big thing for me is just when something comes up and somebody pisses me off, I take a step back. Of course my first intention is I want to get angry [...] and I've come to the understanding that that's just such a base emotion that's always preceded by something else. So, I look back and I figure out what it is that gets me there, and I try and work on that.

Previous prison work has talked to hypermasculine cultures characterized by hierarchies that are established on dominance and marginalization of subordinate men and gangs (Bandyopadhyay, 2006; Ricciardelli, 2015; Ricciardelli et al., 2015; Toch, 1998). Evident in this man's interview, and in those of many other participants, were concerted efforts to avoid conflict, and instead focus on controlling their reactions and violent actions. As Kilmartin (2007) has suggested, men's anger, framed as a "loss of control," inhabits the unique territory of being a *condoned* loss of control, and in some contexts one that is celebrated (i.e., competitive contact sports). In running counter to this masculine practice within a hypermasculine prison environment, some participants claimed resilience and restraint as important capital for their mental health in prison.

Underpinning these strategies were some men's pursuit of redemption, wherein participants explained how their transitions in prison were critical to their mental health on the inside and when they were released. A 32-year-old participant who had served 5–10 years described a significant change in attitude after going to prison;

Before I went in I had this attitude of "nobody can help me, I can help myself" and now I'm learning. I talk to a lot of people, even older people inside and they said, "Well, did your way really work for you?" So, now I'm learning [to] try asking and see where it gets me, and I've noticed that it works out a lot better [...] I might think it's embarrassing, but in my head this is going to help me, so it's worth it.

The permission and influence of other men in making cultural changes and re-setting some masculine norms in the prison context was evident in the participant's excerpt. Relinquished was the aggression and reticence to connect or learn from others amid embracing subaltern masculinities to better cope and manage. Work by Robertson (2007) has similarly highlighted transformative masculinities in other contexts. Further, the work of Courtenay and Sabo (2011) and Howerton et al. (2009) in men's prisons has chronicled the potential for incarcerated men to positively contribute to the mental health of fellow inmates.

Being active in pursuing improvement in oneself also promoted self-esteem and mental health for some participants. External factors such as family were cited by some men as catalysts for their changes. A 24-year-old participant who had served just under a year acknowledged that by going to prison, "I put a big strain on my family but they stood behind me so I'm trying to do better just to prove to them [...] that I can make the rest of it better." Some men also pursued qualifications, and a 68-year-old participant who had served over 20 years detailed his path to completing a Bachelor of Arts (BA) degree whilst in prison;

In 4 years, I had a BA. We were locked up for 22 hours but that was one of my best times of life. Two hours running in the yard, my endorphins were so high – in the room, I'm studying, studying, studying. There was no time to think negatively.

Herein some men's resiliencies were explicitly tied to making positive changes for themselves and significant others. In summary, the men's challenges drove their resiliencies wherein actions toward promoting one's mental health were critical to surviving prison, as a 59-year-old participant who had served over 20 years reckoned;

I think the greatest strengths are the changes that happened to me while I was in prison, forced to either live or die, the survival thing. There is a spiritual element involved also, so I feel like these things coming at me and helping me to learn from my mistakes have prevented me from doing harm to myself, and therefore, I'm learning from it and not going to repeat it. As far as my own health is concerned, I'm going to utilize what I've learned and maintain the spiritual connection and listen to people – it helps them, it helps you. Being in prison forces you to take a look at yourself and say, "Do you want to go forward or do you want to go under?"

## Mental Health on the Outside

**Challenges.** Participants spoke about a variety of mental health challenges when coming out of prison. Many men highlighted existing mental health challenges along with emergent issues related to transitioning back to community life. In line with previous research (Baldry, McDonnell, Maplestone, & Peeters, 2006; Binswanger et al., 2011; Graffam, Shinkfield, & Hardcastle, 2008) there was some evidence that existing mental health challenges were likely to be exacerbated when the men left prison. Akin to prison stresses, participants cited health system issues coming out of prison whereby they experienced delays in acquiring official identification and health-care cards—and by extension, prescribed services. A 53-year-old participant who had served 1–2 years in prison remarked, “I’m finally going to get it” referencing his identification card, while a 22-year-old participant who had served 1–2 years and a 47-year-old participant who had served 15–20 years agreed that such issues were “a big stress.” Evident in these examples were men’s circumstances that rendered them in transition, neither equipped to be free or able to access the prison services to which they had become familiar.

Participants’ access to prescription medication and medical care also presented challenges that routinely worsened their mental illness symptoms. For example, a 30-year-old participant who had served 10–15 years confirmed that it was a problem getting his prescription filled;

They put me on depression pills when I was inside, and when I got out it wasn’t covered by anybody. I went to get a prescription filled and I was told, “You’re not covered by this, you’re not covered by that.” So, basically I just got the run around everywhere I went. [...] I didn’t want to have to deal with that, so I just didn’t even bother with it.

Similarly, a 22-year-old participant who had served 1–2 years explained the permissions needed from his parole officer (PO) and the distance and costs associated with travel to access services were significant barriers;

My PO’s pretty relaxed but [...] the distance to where I’ve got to go and how stuff doesn’t link up properly. It costs me twenty dollars just to get there and get home, and that’s only one trip just to get there to book it because I can’t book over the phone. Every one thing leads to the next thing [...] and the next problem and it’s reoccurring. How do you expect anybody to do anything?

Evident in these men’s narratives were the challenges associated with re-establishing a post-prison identity, and the work required (amid a lack of resources) to secure documents and access health care along with other often taken-for-granted resources.

Participants also described how the stresses they experienced coming out of prison triggered their desire to use alcohol and other drugs. A 32-year-old participant who had served 5–10 years in prison explained that the work of transitioning back to community life and re-establishing himself on the outside could easily have led him back to his old ways;

It triggered me. Sometimes I feel like just leaving and going drinking [...] but I know that will just lead right back to jail, right? So, I just handle everybody – I just accept it. There is nothing I can do with it.

Described also was a faster pace of life, wherein participants often felt rushed trying to adjust to their new schedules. As a 35-year-old participant who had served 10–15 years suggested, freedom could be stressful;

Who wants to get out of jail after “x” amount of years and feel like you’re just slaving all the time? There were things about jail that I kind of miss all the down time, you get to have all your meals properly, lift your weights, get out for your walks and runs – you got your own space. You come out of jail and it’s non-fucking-stop. I need to slow down a bit [...] Sometimes I work 6 days a week.

Participants also experienced financial stress. For some men, this was compounded by their family relationships and their desire to be a breadwinner and protector, as described by a 35-year-old participant who had served 10–15 years;

I had a lot of stress coming out of prison. I had just been married 3 months before my release and my day parole grant. I had a pregnant wife of 2 months [...] so I had a baby on the way. And our relationship wasn’t all that great. It was a huge stress. My baby coming was another huge stress. Now, all of a sudden, I’m going to have to be a provider, and I have an 11-year-old daughter who I wasn’t there for part of her life. I was in prison 6 months before she was born [...] So, it was a huge stress on my shoulders [to] kind of redeem myself knowing that I could be a good provider, a good father. It was an extra weight on my chest.

Evident here, and many other men’s challenges, were stresses about their ability to reacclimatize to community life through normed social practices round alcohol use and the responsibilities and expectations that accompany work and family commitments.

Amplifying these challenges, most men’s lack of job skills severely limited their employment options, and by extension this heightened financial stresses. Participants suggested that they had years of catching up to do because of their incarceration, as described by a 59-year-old participant who had served over 20 years in prison;

When I went into prison the computer systems were just starting to pick up, so I went 23 years with no computer skills. When I got out, I had no skills whatsoever. So, the stresses that I encountered – “What am I going to do to catch up?” – to be able to function in the technological society – the stresses for me were, “What am I going to do for money?”

Masculine capital is also deeply tied to money, the monetary worth of particular skillsets, and the ability to labor. Related were men's mental health challenges previously described by Oliffe and Han (2014), wherein being in and out of paid work can trigger or exacerbate mental illness. Building on this, many participants were marginalized because their job options were limited as a result of their criminal history and poor skillset. Men are often times judged on their work achievements, and as Hearn (1996) highlighted, the masculine capital of men in the public eye most often resides in their careers and the rewards garnered through that work. For men transitioning back to community life from prison, the lack of job opportunities served to remind them of their subordinate standing in masculine hierarchies and the additional challenges they would endure in their efforts to be successful men and/or providers. A 22-year-old participant who had served 1–2 years eloquently summarized the dangers of lacking such masculine capital;

You're a man and you're supposed to have everything under control, so when you're asking for help [...] it's almost like a weakness [...] that's what led to my sentences. I always wanted to go out and make my own money. So, it's always embedded in your head that “I don't need to ask anybody because I should be able to do that myself,” but that just makes me seem that I am less of a man.

Evident here, and in many participants' narratives, were alignments to masculine ideals that men should be self-reliant and competitive in forging their success, performativity's starkly contrasted by the weakness and indebtedness of having to summons as well as receive the help of others.

**Resiliencies.** Men's resiliencies in adapting to community life were also strongly represented, with most participants working hard to strategize effectual self-management and avoid risky reactions. A 47-year-old participant who had served 15–20 years explained his approach to managing through exercise, and the need for vigilant self-evaluation and adjustments to maintain his mental health;

It's a constant thing for me – stress, anxiety. I have PTSD [Post-Traumatic Stress Disorder] [...] I exercise a lot. I joined a bike club. It's a constant struggle for all kinds of things I do. Exercise is just as hard. Different things at different times, depending on the stress and anxiety. It's a constant evolution.

In addition to meticulous attention to mood and mind management, many men cited the need to purposefully focus on abstinence from alcohol and drugs as a means to staying well. A 49-year-old participant who had served 15–20 years in prison detailed a long history of challenges related to substance overuse, and what he could do to manage his mental health;

The main thing with me is just getting some exercise, making sure I sleep proper, stay away from all the shitty street drugs, stay on my methadone. I know if I was drinking and using I would be gone right away. So, I keep at it.

Participants also described that they needed to find a “normal thinking cycle” —one that was different than the way of thinking in prison. Letting go of the “jailhouse mentality” was, in itself, stressful. A 22-year-old participant who had served 1–2 years in prison explained it as re-learning “how everything works”;

A lot of mentalities get built into your head [in prison]. I'll be standing somewhere and someone will be staring at me and I'll be like, “Okay, this is a beef. This guy is going to come attack me.” But then it's like, “Okay, this is not jail. He's just staring because he's interested or confused.” [...] When I get stressed out like that I just grab my board and go for a skate. I put my music in and zone out and try not to think too much about it.

Part of the adjustment to a “normal thinking cycle” was learning how to respond to situations without getting angry and learning to communicate in ways that are normed on the outside. Contrasted was the hypervigilance required in prison, and the impact of residing within hypermasculine cultures where one might need to defend oneself without warning. The shift to community life demanded men resiliencies to relax, accurately read context specific cues and react appropriately.

Participants also drew on a number of motivators to promote their mental health outside of prison. For example, among men with partners and/or children, there was much offered about the men's desires to stay well as a means to effectively providing for family. Emphasized in these assertions, as revealed by a 24-year-old participant who had served less than a year, was a commitment to being a better family man and father;

I have put a lot of people through a lot of shit. I got a young family going and I never thought before that I would get caught at anything or do jail time. So, I put a big strain on my family but they stood behind me, so I'm trying to do better.

Evident was the man's ownership of the pain he had caused through his actions and imprisonment, and his willingness to work toward making amends.



Participants also looked to embrace change in purposefully leaving behind the criminal activities that had landed them in prison in the first place. A 61-year-old participant who had served over 20 years in prison explained that a key aspect of being mentally healthy was reinventing himself, and working to sustain changes that would enable him to effectively overcome his everyday challenges;

There are guys that come up and ask me things, and I just go, “No,” and then I just lose their number, because that’s not where I’m headed. I want something different for my life, and I want it better, and it isn’t going around packing stuff or flogging shit or getting involved in the same old thing. And it actually changes my disposition towards things, where you’re not looking for that. Solve your problems another way.

In this example, the man’s resiliencies included dismissing opportunities for criminal activities and distancing himself from men who would draw his involvement and potentiate his return to prison.

In summary, the men’s resiliencies relied on knowing and avoiding practices and some people that might take them back to prison amid garnering effective self-management strategies to bolster their mental health and overcome a myriad of community-based challenges.

## Discussion and Conclusion

The current study findings offered important insights adding to, and in some instances, advancing previous work. First, evident were men’s uncertainties in and out of the prison, the sum of which could both challenge participants mental health (potentially triggering illness) amid garnering resiliencies toward remedy. Of course, these positions are not mutually exclusive. Instead they intersected, but in similar ways for men in and out of prison. In line with work by Greaves, Pederson, and Poole (2014) the transitions described by the participants might be understood as transformative gendered practices wherein men dispensed with some oft normed masculine practices to take up mental self-health. Admittedly, the context of being in or out of prison differed significantly for participants. However, the challenges were consistent—to adapt to survive, but ideally, also to grow.

The men’s accounts also revealed a humbleness in having learnt (often by their mistakes) resiliencies toward operating effectively and being better men. Indeed, requisite to this goal was mental health—and the realization for many men that that was ultimately a self-management project. For example, participants provided accounts of reconstructing and re-enacting masculinities as a means to surviving, and in some cases thriving, within prison

environments. Here, the experience of incarceration may have been one in which the dominant norms of masculinity (e.g., the image of men as “free agents,” familial protector, breadwinner) were challenged and displaced (Badyopadhyay, 2006). Nandi (2002) examined how race also influences constructions of masculinity by exploring how incarcerated Black men reconstructed normative masculinities in accordance with the resources (or lack thereof) available to them in prison. Similarly, the emotional vulnerability to which participants often referenced in the current study may have been connected to how prisoners adjusted and redefined their sense of masculinity in relation to other prisoners, and the outside world. This complex task of adapting to new contexts, identities and/or roles can be associated with feelings of insecurity and vulnerability in incarcerated men (Ricciardelli et al., 2015). Many participants, however, expressed openly the feelings of frustration, emotional attachment, and pain associated with their experiences of imprisonment. Men described adjusting to this perceived loss of “masculine capital” by prioritizing their well-being, changing their thinking patterns, and seeking to embody new identities. Notably, it has been argued that one of the few acceptable (and available) venues to demonstrate dominant masculinity in prison is via the body, for example, through sport (Sabo, 2001) or bodybuilding (Nandi, 2002). Indeed, some men described managing their mental health and mood through exercise and physical activity. Other men, however, discussed a process of essentially “reinventing” themselves post-incarceration, either by altering their thinking and/or attitudes, becoming more self-reflexive about changes in their mood and emotional states, and rejecting the “jailhouse mentality.”

Second, the subordinate masculine status of men with incarceration experience was also evident. On the “inside,” lack of choice and loss of agency and autonomy around medical decision-making, and the navigation of “red tape” in the quest to access mental health-care services marginalized participants in ways that often rendered them more susceptible to severe mental illness. As a result, men had to learn—and indeed did learn—to self-advocate for their mental health needs, by changing their own attitudes to help-seeking, tuning into a sense of spirituality and/or community, and ultimately seeing prison as a potential opportunity for effectual change. Men were similarly vulnerable to mental health risks and marginalization on the “outside,” challenged to orientate toward and access services. A criminal history and the time away severely limited job opportunities, and by extension access to family provider roles. Also rendering men poor was a public site of shame, a risk factor for mental illness in and of itself. In this regard, prison life was occasionally suggested to be easier—in part because it was structured and somewhat private. In sum, participants were disadvantaged by their

history and limited prospects—and such positioning within masculine hierarchies according to Connell (2005) can be met by protest masculinities—where men without capital stake claim on hegemonic masculine ideals by whatever means is available to them. Typically, this includes violence and aggression. However, the current study findings revealed participants as seeking alternatives—and in some cases regretting previous actions that might have constituted protest masculinities.

Previous accounts of prison masculinities have focused predominantly on the hypermasculine aspects of the prison environment (Ricciardelli et al., 2015). The current study findings offer insights to the gendered nature of prison environments and how masculinities and mental health interact. In line with Connell (2005), Messerschmidt (2012) and Ricciardelli (2015), prison masculinities should be understood as fluid and dynamic. Prisoners may implement various risk and management health strategies in direct response to the specific vulnerabilities that they face at any given time (Ricciardelli et al., 2015). While masculine ideals of freedom, agency and autonomy are lost, men can experience and express that as disempowering and disenfranchising or a context calling for resiliencies to leverage change and redemption (Badyopadhyay, 2006). Also theorized is that men who are best able to manage the uncertainties of the prison environment, thereby appearing less physically and emotionally vulnerable, go on to develop the greatest resiliencies and empowerment—compared with other prisoners (Ricciardelli et al., 2015). Analysis of the management strategies used by prisoners provides a nuanced and comprehensive understanding of how prisoners may navigate complex penal environments, and how masculinities are constructed in response to risk and vulnerability, enabling a variety of masculinities to be conceptualized as idealized depending on the context in which they exist (Ricciardelli et al., 2015).

In terms of limitations, the current study, by including a small sample and privileging the perspectives of men who were willing to talk about their mental health challenges, afforded particular points of view that are not generalizable. That said, the frankness and authenticity of the men's accounts suggests future research might similarly work to highlight such experiences as a means to legitimizing and affirming other men's efforts toward promoting mental health.

In conclusion, the current study offers much needed insights to a subgroup of diverse men who might not ordinarily be thought of as an “at risk” population, or included in health inequity debates arguing for targeted services. Building on these points, the current study findings have important implications for practice and policy wherein there is a clear need to address the structure and agency issues at play. In terms of practice, mental health promotion services in and out of prison need to be strength-based,

affording men opportunities to develop effective agency and autonomy around their own health care and self-management decisions (Howerton et al., 2009). Priority must also be given to targeting social and economic supports, including access to stable and secure housing and employment to successfully transition men back to community life, as previously detailed by Denton et al. (2017). Central to achieving these lofty goals are interrogating and addressing the intersections between masculinities and men's mental health status to reduce the risks and vulnerabilities endured in and out of prison. With this in mind, there is an obligation to build on the current study and previous work to lobby practice and policy changes to advance the mental health of men with incarceration experience—and by extension the mental health of their families and friends.

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### ORCID iD

John L. Oliffe  <https://orcid.org/0000-0001-9029-4003>

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