Ethics and Captive Populations

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A recent photo in the *L.A. Times* pictured a psychologist administering therapy to a group of men locked in cages the size of phone booths. An expert advised that the cages should be called "therapeutic modules," lest the prisoners "feel like animals and respond accordingly" (Dolan, 2010).

The arrangement is the prison's response to a judicial mandate to provide treatment to mentally ill prisoners. But as the photo illustrates, much prison therapy is far removed from traditional treatments that psychologists are trained to provide.

Correctional psychologists in California are at an interesting juncture. Prisoner class-action victories mandate mental health assessment and treatment for severe mental conditions. High proportions of prisoners have serious mental disorders. And prison populations have increased more than eight-fold in the past few decades. As a result, demand for our services has never been higher, as evidenced by recruitment booths at our conventions offering attractive salary and benefits packages to early-career psychologists.

At the same time, meaningful therapy is often hard to accomplish. Prisoners have tremendous psychosocial needs, and the institutions prioritize security. Although our explicit functions are mental health assessment and treatment, interventions may sometimes lead to greater scrutiny, reduced confidentiality, and harsher conditions.

California leads the nation in "supermax" units, with thousands of prisoners locked in psychically devastating solitary confinement. Over time, psychologists embedded within such harsh settings are at particular risk to experience ethical slippage. They may come to rationalize systemic cruelty as necessary security.

The schism between prisons' functions of punishment and incapacitation and psychology's aspirational principles of respect for human rights and the alleviation of suffering has long been a source of tension (Monahan, 1980). In fact, addressing a group of psychology leaders back in 1972, Judge David Bazelon went so far as to warn that psychologists' true purpose was not to improve the lives of prisoners but, rather, to provide window dressing for a dysfunctional and oppressive system: "I think you would do well to consider how much less expensive it is to hire a thousand psychologists than to make even a miniscule change in the social and economic structure" (Bazelon, 1972).

During these early days, psychologists rightly viewed themselves as unwanted guests, forced to tiptoe cautiously through the warden's feifdom. Nowadays, however, psychology's presence is so entrenched and essential to the system's functioning that we are in a much stronger position. If one of the hallmarks of a profession is its autonomy, then correctional psychology is finally at a point where we have the power to insist on practices that further our profession's ethics.

What would this mean, in practice? Can psychology as a profession really affect fundamental changes in prison practices, to further meaningful treatment and rehabilitation? Can we finally insist that it is not enough to sort healthy from diseased bodies, manage unruly bodies, and keep bodies alive by any means necessary?

If Guantanamo taught any lesson, it is that ethics are not situational. Even inside prison walls, we are duty-bound to safeguard the welfare and rights of vulnerable populations, and take care to do no harm. If organizational demands conflict with our ethics, we must take steps to resolve the conflict in a way that avoids or minimizes harm. Enforceable ethics standards (e.g., 1.02 and 1.03) warn us to never justify or defend human rights violations.

Even if strong leadership is absent, individual clinicians can take steps to foreground professional autonomy and safeguard vulnerable populations. We can refrain from participating in activities labeled "therapy" or "treatment," unless they are truly beneficial to the patient (Ethics Standards 3.04, 10.10). We can take extra care to provide fully informed consent (Standard 10.01). We can avoid pejorative labels, and exercise special caution in chart notes and reports (Standard 4). We can provide prisoners with the opportunity to review file information, and can advocate for removal of harmful, prejudicial, or inaccurate information. Most importantly, we can insist that captive patients be treated with dignity and respect.

Perhaps this sounds idealistic. Nevertheless, we are idealists – that's why we have aspirational principles. Through invigorated commitment to our professional ethics, psychologists can live up to our moral obligations to behave as humanely as possible within an inherently dehumanizing setting.

* Due to space limitations here, I have made available a list of resources on correctional ethics online at http://3.ly/prisonethics.

References

Bazelon, D. (1972), "Psychologists in corrections: Are they doing good for the offender or well for themselves?" In Brodsky, S.L., *Psychologists in the Criminal Justice System*. Urbana, IL: University of Illinois Press.

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Monahan, J. (1980). *Who Is The Client? The Ethics of Psychological Intervention in the Criminal Justice System*. Washington, DC: American Psychological Association.

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