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THERAPEUTIC RECREATION AS AN ALTERNATIVE MENTAL HEALTH TREATMENT IN LOCAL AND
GLOBAL CORRECTIONS

by

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A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the Interdepartmental Studies

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Spring 2020

All requirements for graduation with Honors in the
Interdepartmental Studies have been completed.

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Therapeutic Recreation as an Alternative Mental Health Treatment in Local and Global

Corrections

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Honors Thesis

Global Health Studies

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ABSTRACT

Around the world, nations are incarcerating individuals at alarmingly high rates. The overincarceration of individuals for drugs and nonviolent crimes in recent history has led to an epidemic of incarceration, hindering the overall wellbeing of millions of individuals in every corner of the globe. Overcrowding, limited staffing, and underfunding represent just a few of the health and human rights challenges of international prison systems. As strategies of reformative justice through inmate rehabilitation and reintegration have gained prominence, prison systems are starting to focus on the high rates of mental illness in incarcerated populations which are further exasperated by internal prison conditions that are harmful to mental health. Societies must develop dynamic solutions to address these global health concerns. Because of the culture of recreation in carceral environments, therapeutic recreation programming with treatment goals in mental health, including both emotional and social wellbeing, is a viable solution that can be applied to save costs and better utilize existing resources. International program examples establish therapeutic recreation as a cross-cultural treatment option that can be altered to fit many different environments. Existing initiatives in the local context of Coralville, Iowa and the global context of the Colombian National Prison System demonstrate the possible applications of therapeutic recreation in combatting the global prison epidemic.

INTRODUCTION: AN INTERNATIONAL PRISON EPIDEMIC

Incarceration is an increasingly growing challenge in the United States and the rest of the world. In 2002, the United Nations estimated that one in every 700 people across the globe is imprisoned.¹ That number has only increased since then, in some countries at rates as high as 122

¹ Roy Walmsley, "Global Incarceration and Prison Trends," *United Nations Forum on Crime and Society* 3, no. 1-2 (December 2003): 65.

percent.² A few countries— Russia and the Netherlands, for example— have seen declines, but they are considered outliers in the global perspective as international rates continue to climb. This is occurring despite significant declines in violent crimes in almost all regions of the world since 2009 except for relatively few countries in the Global South.³ While growth in incarceration may be justified because of the levels of crime in these regions, it is oftentimes a result of “tough” governmental policies regarding drug and nonviolent crimes in other areas.⁴ Helen Clark, the former Prime Minister of New Zealand (1999-2008) and a member of the Global Commission on Drug Policy, has argued in international publications that our global society has an “addiction to punishment,” which is evident in trends of over-incarceration that can be “seen on every continent.”⁵ All world regions have different historical events and legal policies that have led to the global epidemic of incarceration, but just about everywhere caging people stems from public disdain towards those defying of societal norms and governmental desire for control.⁶

In recent years, however, rehabilitative approaches have reemerged and gained prominence in corrections. Countries around the world first adopted the Standard Minimum Rules for the Treatment of Prisoners at the inaugural United Nations Congress on Crime Prevention and Criminal Justice in 1955.⁷ These rules described the basic requirements of prison systems considered acceptable by the United Nations. A key area emphasized in the document

² Walmsley, “Global Incarceration,”: 70.

³ Penal Reform International, and Thailand Institute of Justice, *Global Prison Trends 2018* (United Nations Office on Drugs and Crime, 2018), 7.

⁴ Penal Reform International, *Global Prison Trends 2018*, 8.

⁵ Penal Reform International, *Global Prison Trends 2018*, 5.

⁶ Ulla V. Bondeson, “Global Trends in Corrections.” *International Annals of Criminology* 36 (1998): 110.

⁷ United Nations Congress on the Prevention of Crime and the Treatment of Offenders, *Standard Minimum Rules for the Treatment of Prisoners* (Geneva: United Nations Office on Drugs and Crime, 1955), 1. Accessed on February 5, 2020, https://www.unodc.org/pdf/criminal_justice/UN_Standard_Minimum_Rules_for_the_Treatment_of_Prisoners.pdf.

was the importance of healthcare services equal to those of the general community, especially in regard to psychiatric diagnoses and treatments.⁸ Since then, amendments to the expectations have been made to ensure better prison conditions and protect the rights of inmates. The United Nations revised the Standard Minimum Rules in 2015 under a new name, the Nelson Mandela Rules, honoring the late South African president. These changes redefined the goals of international prison systems as rehabilitation and social reintegration.⁹ Many U.N. countries are now working to develop solutions to many of the issues in corrections contributing to large, systemic problems like the overincarceration of minorities and marginalized groups and high rates of recidivism.¹⁰

Focusing on the rehabilitation of inmates also decreases costs and overcrowding which are ongoing concerns in prison systems. Higher rates of convictions and longer sentences have led to the severe overcrowding of facilities internationally. Penal Reform International estimates that at least 102 national prison systems have occupancy levels over 110 percent.¹¹ France was recently accused of violating inmates' rights by the European Court of Human Rights because of severe levels of overcrowding.¹² The United Nation's Tokyo Rules suggest that preparing inmates for life after prison and avoiding recidivism should be primary methods for solving the problem of overcrowding.¹³ This would also lower costs for prison systems at large, making it an attractive potential solution from an administration perspective. The United States government, for example, spends an average of 99 dollars per day per inmate, and with the alarming growth

⁸ United Nations Congress on the Prevention of Crime and the Treatment of Offenders, *Standard Minimum Rules*, 4.

⁹ Penal Reform International, *Global Prison Trends 2018*, 5.

¹⁰ Penal Reform International, and Thailand Institute of Justice, *Global Prison Trends 2020* (United Nations Office on Drugs and Crime, 2020), 4.

¹¹ Penal Reform International, *Global Prison Trends 2020*, 2.

¹² Penal Reform International, *Global Prison Trends 2018*, 10.

¹³ Penal Reform International, *Global Prison Trends 2020*, 2.

rates of prison populations, the cost of imprisonment is staggering.¹⁴ The majority of these costs are infrastructural and unavoidable, so redirecting efforts towards removing individuals from the system is one of the only ethical methods for lowering costs.¹⁵

Healthcare also represents a particularly large challenge for prison systems, and the problem has only grown as inmate populations increase. First, modern prisons are not the traditional or ideal setting to practice medicine, so there is a shortage of healthcare professionals working in the field.¹⁶ This creates a plethora of bureaucratic issues, including restricted access to care systems and long wait times even for the inmates that are able to appropriately navigate them. In addition, cultures of confinement produce a lack of trust for authority figures, and this can instill fear and apprehension when prisoners consider seeking medical attention. It is also important to note that prisons are required to prioritize security over care, which can further restrict access to treatment when a risk is perceived.¹⁷ Self-advocacy carries risk and is usually institutionally discouraged. All of these challenges limit the effectiveness of existing care regimens in prison, and they must be taken into consideration when determining how to serve inmates who deserve the basic human right of adequate treatment equivalent to what is available to the rest of society.¹⁸ This responsibility falls on prison administrations, and conscious efforts must be made to ensure the rights of inmates are constantly upheld.

Mental health, in particular, is a pressing concern in prison healthcare today. The mental health sector presents the same access challenges as the rest of the system. The prevalence of mental illness in the prison setting is significant. Several studies have revealed that individuals

¹⁴ “Annual Determination of Average Cost of Incarceration.” United States Bureau of Prisons, Federal Register, April 30, 2018. Accessed February 3, 2020, <https://www.federalregister.gov/documents/2018/04/30/2018-09062/annual-determination-of-average-cost-of-incarceration>.

¹⁵ Penal Reform International, *Global Prison Trends 2020*, 15.

¹⁶ Ginn, “The Challenge of Providing Prison Healthcare,” 27.

¹⁷ Ginn, “The Challenge of Providing Prison Healthcare,” 27.

¹⁸ Stefan Enggist et al., eds. *Prisons and Health* (Copenhagen, Denmark: World Health Organization, 2014), 1.

who have a mental illness, or elevated risk factors for one, are incarcerated at higher rates than the rest of the population.¹⁹ In the U.S., around 18 percent of adults have a mental illness, but researchers estimate that the prevalence amongst U.S. prisoners is as high as one third to one half.²⁰ In addition, losing one's sense of freedom and coping with the daily challenges that accompany imprisonment are bound to have an impact on inmates' mental wellbeing. Therefore, not only must prison health staff treat mental illnesses according to public standards, they must do so while working to prevent and diagnose them in all inmates. The current state of care around the world is insufficient, and systemic changes with administrative and professional healthcare support are necessary in order to address the plethora of challenges that cause these problems.

Therapeutic recreation serves as a treatment option to meet some of the needs present in prison mental healthcare while also working towards goals of rehabilitation and reintegration. Therapeutic recreation can be defined as the use of recreational activities in a leisure context, professionally facilitated with treatment goals in place, in an effort to provide personal wellbeing benefits to clients' specific needs.²¹ Leisure activities, such as the arts and sports, have been used to treat a variety of health issues, and they can be broadly applied to many mental illnesses. Recreation is already deeply embedded in prison culture because of its value as a control mechanism and time-filler.²² Therefore, inmates and administrators alike readily accept it as a

¹⁹ Roger Watson, Anne Stimpson, and Tony Hostick, "Prison Health Care: A Review of the Literature," *International Journal of Nursing Studies* 41, no. 2 (February 2004): 123, [https://doi.org/10.1016/S0020-7489\(03\)00128-7](https://doi.org/10.1016/S0020-7489(03)00128-7).123.

²⁰ Olivia Zolodziejczak, and Samuel Justin Sinclair, "Barriers and Facilitators to Effective Mental Health Care in Correctional Settings," *Journal of Correctional Health Care* 24, no. 3 (2018): 255, <https://doi.org/10.1177/1078345818781566>.

²¹ Mary Virginia Frye, and Martha Peters, *Therapeutic Recreation: Its Theory, Philosophy, and Practice* (Harrisburg, PA: Stackpole Books, 1972), 16.

²² Jennifer Slater Bryson, and David L. Groves, "Correctional Recreation and the Self-Esteem of Prison Inmates," *Social Behavior and Personality: An international journal* 2 (January 2017): 89, <https://doi.org/10.2224/sbp.6432>.

treatment option. Therapeutic recreation is also often facilitated in group settings and can utilize the support of existing prison staff, so it represents a cost-efficient way to address the large-scale need. It can be successfully coupled with existing mental healthcare services to inexpensively further their effectiveness, address more acute illnesses that do not require additional medical attention, and prevent the development of new mental illnesses.

This option is currently applied sporadically through various research- and community-based prison initiatives around the world, but it is far from a common method to address the present challenges. A variety of obstacles have limited the treatment method's complete integration into international carceral systems, ranging from administrative and bureaucratic barriers to cultural implications and societal tensions and beliefs. A case study on community-based initiatives at a local Iowa prison demonstrates these challenges because they have not yet been established as official treatments. Rather, participants experience mental health improvements on an individual scale without clear, clinical outcomes, but they are not applied to the prison mental healthcare system. In contrast, an organization in Colombia partnered with the national government and accredited psychiatrists to use therapeutic recreation as an institutionalized mental health treatment. As a result, the outcomes are easily measured and widespread. Therefore, in order to maximize the benefits of therapeutic recreation in prison mental health care, the obstacles to effective treatment should be addressed at a systemic level so that existing healthcare structures can monitor long-term effects and utilize them to work towards overall inmate wellbeing and rehabilitation. Not only would this improve inmate mental health, it would also strengthen global efforts to combat the epidemic of incarceration in our society.

METHODS

The conclusions presented in this research paper are anchored in a lengthy, cross-disciplinary literature review in order to understand the basic components of therapeutic recreation and its application to mental health care in complex prison environments around the world. Through volunteer work and prison health-centered classes offered by the Liberal Arts Beyond Bars program at the Iowa Medical Classification Center in Coralville, Iowa (colloquially known as Oakdale) prior to this project, I have heard firsthand the strengths and weaknesses that both inmates and administrators recognize in the healthcare options offered in the facility. Mental health care, specifically, represents a growing challenge in incarceration facilities as they struggle to provide care despite limited access and material support. However, human rights tend to circulate at the level of rhetoric in facilities like Oakdale, not in sustained practices.

This insight represented a trend that is also present in carceral systems internationally, which was investigated and proven through the use of institutional and governmental incarceration reports. Research about the global state of prison mental healthcare and institutional policies and responsibilities for care revealed many areas for improvement and potential solutions to some of the aforementioned needs. Therapeutic recreation—which has been investigated by a handful of community organizations, research institutions, and even governments in a wide variety of parts of the world—appeared to be a dynamic, accessible, and cost-efficient alternative treatment to meet the mental health needs of prisoners. These studies stressed that therapeutic recreation initiatives could potentially circumvent some of the institutional barriers to care and alleviate the symptoms of mental illnesses.

In order to assess the potential applications of therapeutic recreation in the prison setting, it was important for me to first understand the history of the field's development into a

professional form of treatment. Historical research provided additional context about current professional practices and requirements, which helped explain the treatment applications for mental health patients. Further historical research on the role of recreation in prisons demonstrated that therapeutic recreation was integrated into this environment to address the initially identified needs.

Following this postulation, I conducted a literature review of various professional medical, recreational, and incarceration sources to determine the outcomes of existing therapeutic recreation initiatives throughout the world. Applications in many different regional and cultural environments were present. The most popular types of programming were art, music, writing, and sports therapies. Most of these initiatives were led by community-based organizations and scientifically studied but limited to small sample sizes. Additionally, there was little evidence of institutionalized recreational therapy programs that were specifically integrated into overall treatment structures and penal systems.

However, additional case study research was used to compare small, decentralized initiatives in some countries to large-scale, systematic programming offered in others. A valuable example was a comparison between the United States and Colombia, respectively. To develop these case studies, I utilized a variety of resources to develop a full picture of the environments and programs in place. First, governmental websites, documents, and reports established the context of the prison systems in question. I also used program funding reports and informational websites alongside first-hand accounts of individual experiences in the programs to evaluate their successes and effectiveness. This research disclosed that the institutionalization of therapeutic recreation programs is a possibility, and it could complement prison mental health services and treatments in countries that adhere to standard human rights internationally.

HISTORY AND CONTEXT

History of Therapeutic Recreation

Therapeutic recreation, interchangeably known as recreational therapy, has a very broad definition. Recreational therapists believe in an all-encompassing definition of health, similar to that taught in the Iowa Global Health Studies Program. They believe that health is not simply the absence of illness, but rather extends to all parts of personal wellbeing. These include physical and mental health, encompassing emotional, social, and cognitive wellbeing as well. The field focuses on all of these areas through a “systematic process,” integrating recreation with interventions designed to meet the specifically assessed needs of patients.²³

While therapeutic recreation had a lengthy cultural development, its professional field has a much shorter history. Examining the key events that helped transform recreation from a leisure activity to an institutionalized component of personal wellbeing can explain its more recent applications to therapy. Historically, leisure time was not a priority for most people. Rather, hard work and dedication were emphasized and, in many cases, necessary for survival. One example that began to normalize the importance of leisure was the medicalization of spas and thermal baths in Europe in the early 1800s. Doctors prescribed relaxation at community baths to relieve the physical symptoms of overworked and stressed patients.²⁴ This demonstrates that people believed they needed medical justification to take time for themselves and their personal wellbeing. Similarly, midway through the 1800s in the United States, rest cures gained popularity in the healthcare setting after they were introduced by a French psychiatrist, Silas

²³ “About Recreational Therapy,” American Therapeutic Recreation Association, Accessed February 7, 2020, <https://www.atra-online.com/page/AboutRecTherapy>.

²⁴ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 16.

Weir Mitchell, with the intention of “restoring mental health.”²⁵ These new treatment options initiated the ideology that leisure could offer medical benefits if used effectively as a therapy prescribed by a doctor.

There were some early trailblazers in the field of therapeutic recreation that helped institutionalize its restorative benefits. In 1855, a British nurse named Florence Nightingale created the Inkerman Café. Nightingale observed the prevalence of war trauma in the soldiers and their tendency to resort to unhealthy coping mechanisms like drug and alcohol use. This inspired her to create the café as an alternative to going to bars and using drugs and alcohol while still offering an enjoyable leisure experience. Nightingale instituted a variety of recreation programs, including music, theater, needlework, and many other activities. The programs were incredibly popular and helped the soldiers through their recovery process.²⁶ Similarly, Jane Addams founded the Hull-House Settlement in Chicago in 1889 with the goal of diverting immigrants in impoverished urban areas from saloons to a more productive environment. The Hull-House offered a variety of programs to European immigrants in the Chicago community, including both recreational and educational activities. Its main goals were described as helping its members escape their problems, finding friendship, and becoming educated citizens, all through recreational initiatives.²⁷ Both of these programs were inspired by the long-term therapeutic benefits of recreation initiatives, and they were applied in an institutional setting to maximize their potential outcomes.

²⁵ Rodney Dieser, “History of Therapeutic Recreation,” in *Foundations of Therapeutic Recreation*, ed. Terry Robertson and Terry Long (Champaign, IL: Human Kinetics, 2008), 17.

²⁶ Dieser, “History of Therapeutic Recreation,” 17.

²⁷ Brian L. Kelly, and Lauren Doherty, “Exploring Nondeliberative Practice through Recreational, Art, and Music-Based Activities,” *Social Work with Groups* 39, no. 2 and 3 (2016): 223, <https://doi.org/10.1080/01609513.2015.1057681>.

Therapeutic recreation gained widespread public regard as a result of wartime efforts in the twentieth century. Many countries adopted strategies similar to Nightingale's Inkerman Café and implemented therapeutic recreation on a large-scale during World Wars I and II. The American National Parks Services created Recreation Demonstration Areas for British and French soldiers.²⁸ The American Red Cross set up recreation huts on military bases with the support of more than 5,000 employees and 140,000 volunteers. They offered a short training program for women with any college degree, then hired them as recreation leaders to provide services in military hospitals and on bases at home and abroad. These women offered a variety of entertainment initiatives, including movies, games, and libraries.²⁹ Despite the popularity of this type of recreational programming in many countries involved in the wars, they were removed from most hospitals once fighting ended. At this point, therapeutic recreation was only used as a needs-based treatment option, and it was not fully integrated into many large, institutionalized settings. However, there was a postwar resurgence of public support led by nurses and passionate volunteers that began the professional field development.

In the U.S., this support resulted in the creation of two primary professional organizations, the American Recreation Society (ARS) and National Association of Recreational Therapists (NART). Slowing down the field's expansion, the organizations experienced ideological conflicts. ARS leaders believed that recreation should provide general benefits to everyone, and leaders at the NART thought that initiatives should be targeted for therapeutic benefits. Regardless, they managed to successfully integrate recreational programming into military and veteran hospitals and supported community-based programming like sports

²⁸ National Park Service, "Morale, Welfare and Recreation in WWII National Parks," Accessed February 9, 2020, <https://www.nps.gov/articles/wwiirecreationinparks.htm>.

²⁹ American Red Cross, *World War II and the American Red Cross*, Accessed February 9, 2020, <https://www.redcross.org/content/dam/redcross/National/history-wwii.pdf>.

initiatives and outdoor parks.³⁰ In 1966, the field received governmental support when the National Recreation and Park Association federal division was given the additional responsibilities of promoting therapeutic recreation to the general public and establishing its use as a rehabilitative tool.³¹ Shortly after, the Kennedy Foundation introduced the Special Olympics, reflecting the cultural acceptance of therapeutic recreation benefits for individuals with a wide variety of disabilities.³² These major developments brought more funding and public attention, allowing the professional field to grow substantially. Throughout the late twentieth century, therapeutic recreation in the U.S. gained government support, institutionalized treatments with widespread clinical applications, and became popular in casual contexts with community-based support.

It is important to note that all of the aforementioned historical developments occurred in Western cultures. For example, the professional developments of the therapeutic recreation field were spearheaded by progressive women. This is reflective of cultural developments surrounding gender roles in the United States throughout the twentieth century, but these roles do not look the same everywhere. Some cultures associate recreation or leisure with different gender stereotypes that limit the accessibility and acceptance of recreation initiatives. Others have negative perceptions of recreation or leisure based in societal beliefs and values. Therefore, Western versions of therapeutic recreation cannot be blindly applied to in other parts of the world. While this type of treatment might exist and be successful in other regions, local values, norms, and popular activities for leisure and recreation must be at the center of the initiatives. In addition, cultural barriers to access and acceptance should be considered and used to modify treatment

³⁰ David R. Austin, "Therapeutic Recreation: A Long Past, but a Brief History," *Palaestra* 20, no.1 (Winter 2004): 37. *Gale Academic OneFile* (Accessed February 7, 2020).

³¹ Austin, "Therapeutic Recreation": 37.

³² Austin, "Therapeutic Recreation": 40.

methods. The ideology of therapeutic recreation must result from public acceptance as a viable treatment option. Fukushi recreation, a type of long-term therapeutic recreation for the elderly in Japan, is an example of a regional application of therapeutic recreation that was inspired by Western practices but altered for the local cultural context.³³ In order for the field to develop professionally in other cultures, it must be integrated into existing structures. Therapeutic recreation as a clinical treatment in South Korea resulted from a governmental push for leisure and recreation to stimulate the economy in the 1960s.³⁴ The institutionalized support for this type of programming allowed it to develop as a profession in Korean medical and community settings. Therefore, therapeutic recreation is historically relevant in the global context, and there are many opportunities for it to reach new regions and develop in them as well.

Current State of Therapeutic Recreation in Mental Healthcare

Since its professional validation, therapeutic recreation has evolved into a well-developed treatment option in many healthcare sectors. Specific needs-based criteria have been put into place to define what constitutes as recreational therapy. These criteria shed light on the usefulness and effectiveness of recreation as a treatment method for various wellbeing issues. First and foremost, the recreation should be grounded in leisure experiences.³⁵ The nonobligatory and enjoyable components of the experience offer necessary relief from the strains of traditional therapy, whether they are physical or, in the case of mental health, psychological.³⁶ In addition, without preestablished therapeutic outcomes based on individual diagnoses, it would be too difficult to conduct clinical assessments of the treatment's results. Recreational therapists use a

³³ Rodney Dieser, Heewon Yang, Shane Pegg, and Shinichi Nagata, "A Global Perspective of Therapeutic Recreation," in *Foundations of Therapeutic Recreation*, ed. Terry Robertson and Terry Long (Champaign, IL: Human Kinetics, 2008), 218.

³⁴ Dieser, "A Global Perspective of Therapeutic Recreation," 214.

³⁵ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 6.

³⁶ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 6.

mix of philosophy, psychology, the arts, physical therapy, and occupational therapy to tailor their initiatives for specific health outcomes. In the healthcare context, observable outcomes are vital for clinical applications.

Therapeutic recreation programs can result in many positive outcomes, including benefits to physical health and health maintenance as well as cognitive functioning and psychosocial health. Regardless of the specific program aims, these initiatives usually result in personal growth and improved life satisfaction, contributing to the overall wellbeing of participants. Therefore, therapeutic recreation not only improves the symptoms of many mental illnesses, it also helps to prevent them in general populations. The American Therapeutic Recreation Association's organization overview reports that therapeutic recreation also has a positive impact on communities and healthcare systems by improving access to care and affordability of treatment.³⁷ This is a notable benefit to mental healthcare systems, which are often understaffed and underfunded.

There are three main categories of recreation that are popularly applied for therapeutic benefits: expressive arts, sports, and bibliotherapy. Expressive arts such as music, writing, and performance art contain a wide variety of possibilities for the clinical field. The most basic component of this category is the intent of producing and achieving a final product of some sort.³⁸ This gives clients many positive benefits, including freedom, resiliency, and self-determination. Finding pride in one's own work is also a profound way to build self-confidence, especially when it happens on a recurring basis. In addition, the social components of expressive

³⁷ About Recreational Therapy," American Therapeutic Recreation Association.

³⁸ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 18.

arts, such as dances and other events, allow patients to bridge cross-cultural differences and create positive socialization opportunities.³⁹

Bibliotherapy, on the other hand, focuses more on internal benefits and cognitive changes. It can be defined as the use of reading materials, such as novels, plays, and short stories, to broaden the horizons of clients and offer new perspectives.⁴⁰ Bibliotherapy acts as a cognitive time-filler, keeping the mind active and disciplined in an entertaining manner. One of its main outcomes is showing clients that other people share similar problems through the stories in reading materials, helping them realize that they are not alone. The therapeutic goals of bibliotherapy can also be observed in educational activities that are aimed at personal development such as working towards a certification or academic degree. Similar to expressive arts, clients gain self-respect and confidence as a result of their work in educational programming, which can improve their overall mental state. Bibliotherapy offers methods of self-improvement and growth through new insights, instruction, and motivation for how to better structure their lives.

A 2008 study on the ability of leisure to treat trauma at a health center in Ontario, Canada exemplifies one of the categories of therapeutic recreation benefits to mental health that are applicable to this paper. The authors defined trauma as “the result of life-threatening or emotionally overwhelming events generally beyond the scope of normal human experience” that continue to exert negative effects on thinking, feeling, and behavior even after the event is in the past.⁴¹ For the study, trauma patients from a posttraumatic stress disorder treatment program participated in a two week recreational initiative called the Leisure Connections Group. The

³⁹ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 19.

⁴⁰ Frye, *Therapeutic Recreation: Its Theory, Philosophy, and Practice*, 19.

⁴¹ Susan M. Arai et al., “Leisure and Recreation Involvement in the Context of Healing from Trauma,” *Therapeutic Recreation Journal* 42, no. 1 (December 2007): 38.

therapy incorporated activities like tug of war and bean bag toss alongside educational programming about the benefits of leisure to help maximize the therapeutic benefits of the activities. The pain and conflict resulting from trauma can lead individuals to develop psychological coping mechanisms and social strategies that are aimed to protect them, frequently resulting in social isolation and mental illness.⁴² Healing from trauma is a very complex process that requires individuals to seek out a new state of being and a better understanding of self in the context of their personal lives, professional lives, and leisure activities. This short, simple study resulted in significant positive changes for eight of the participants; the remainder of the group experienced slight improvements, but they were not statistically significant. Most patients showed positive growth in their behavior and personal perception, an increased appreciation for leisure, and a desire to incorporate more leisure time into their lives regardless of time constraints.⁴³ This study demonstrates that even small initiatives can have a valuable impact on individuals' perceptions of leisure and mental wellbeing in the context of treating mental illness.

Mental Health in Prisons

The prevalence of poor mental health in prisons is a chief concern according to the World Health Organization's *Prisons and Health* guidebook. In order to assess the possible treatment options that could meet this need, an understanding of the historical and present mental health conditions in modern prison systems is necessary. First, it is important to remember that good mental health can only be obtained when individual rights and basic needs are consistently met. Most of these needs are physiological, and they involve institutional processes and provisions. For example, individuals in prison are entitled to sanitary and sufficient living environments as

⁴² Susan M. Arai et al., "Leisure and Recreation Involvement in the Context of Healing from Trauma," *Therapeutic Recreation Journal* 42, no. 1 (December 2007): 38.

⁴³ Arai, "Leisure and Recreation": 44.

well as access to proper nutrition and clean water. Freedom from discrimination in these areas and others is another important right.⁴⁴ Core human rights are increasingly viewed as an international standard, yet they are still not maintained in every prison system; therefore, this should be a primary global health goal. Upholding this responsibility is a penal institution's first step to ensure inmate mental wellbeing.

The majority of the research available on the prevalence of mental illness in prisons has been conducted in developed countries. It shows that the proportion of incarcerated individuals with poor mental health in these regions is much higher than that of the rest of the population. In the United Kingdom, 90 percent of adult inmates had at least one mental health challenge: an illness, addiction, or personality disorder. 70 percent had two or more.⁴⁵ These numbers are staggering. They are the result of the structural issues within the justice system and society at large, specifically in regard to disproportionate incarceration rates that correspond with race, education, and income.⁴⁶ Anthropologist Paul Farmer has researched these correlations and their contributions to suffering that oftentimes affects marginalized groups at much higher rates.⁴⁷ This relationship can partially explain the high prevalence of mental illnesses within incarcerated populations.

These high rates of mental illness are consistent throughout most varieties of diagnoses. The categories that are most common in prison populations are alcohol and drug misuse according to a systematic review of globally available literature, published by a group of psychiatric professionals in a 2016 issue of *Lancet Psychiatry*. These were followed by major

⁴⁴ Enggist et al., *Prisons and Health*, 2.

⁴⁵ Her Majesty's Prison Service, and Department of Health, *Prison Health Policy Unit Task Force Annual Report 2000/2001* (London: HMD/DoH, 2001).

⁴⁶ Penal Reform International, *Global Prison Trends 2020*, 10.

⁴⁷ Paul Farmer, "On Suffering and Structural Violence: A View from Below," *Race/Ethnicity: Multidisciplinary Global Contexts* 3, no. 1 (Autumn 2009): 22, Accessed April 28, 2020, www.jstor.org/stable/25595022.

depression, anxiety, and attention deficit hyperactivity disorder, all of which were relatively common. Major psychotic illnesses like personality disorders represented the smallest category of prison mental health diagnoses, but they were still more prevalent than those in the general public.⁴⁸ It is important to consider the limitations of this study because while it reviewed globally available literature, there is limited data and publications regarding mental health conditions of prisons in the Global South. In addition, mental illnesses also frequently remain undiagnosed in inmates in all parts of the world because of low rates of self-reporting and ineffective health assessment procedures. Therefore, these numbers can only be viewed as estimates based on the data that is available, but it is appropriate to assume that similar trends exist in regions with limited official reporting.

Prison populations also tend to have high rates of substance abuse and learning and communication disabilities, imposing additional challenges when approaching treatment and symptom management.⁴⁹ The cognitive obstacles that are present vary greatly, and they require personalized and adaptive strategies to circumvent impediments that may threaten the effectiveness of mental health care. It is also important to acknowledge that substance abuse can cause many mental and physical health issues. Those working to treat prisoners must understand the severity of drug usage and dependency, as it can have catastrophic effects on the mental, social, and emotional wellbeing of inmates and the overall safety of individual facilities.⁵⁰ Despite all of the obstacles that are present in this unique environment, correctional facilities aspire to maintain the level of mental healthcare that is available in the general public.

⁴⁸ Seena Fazel et al., “The mental health of prisoners: a review of prevalence, adverse outcomes and interventions,” *Lancet Psychiatry* 3, no. 9 (September 2016): 21, [https://doi.org/10.1016/S2215-0366\(16\)30142-0](https://doi.org/10.1016/S2215-0366(16)30142-0).

⁴⁹ Enggist et al., *Prisons and Health*, 88.

⁵⁰ Fazel, “The mental health of prisoners.”

Therapeutic Recreation in Prisons

As human rights viewpoints have become more prominent in the realm of incarceration, goals have slowly shifted from strictly punitive approaches to incorporating reform. Throughout this transition, the concept of prisoner recreation has changed from being viewed as merely a time-filler grounded in privilege to an intrinsic component of inmate wellbeing. It was used as a way to keep inmates busy, and positive outcomes like decreased social tensions were viewed as secondary. Currently, around 44 percent of inmates' awake time is spent in recreation. Prison staff and administration have always determined how this time is spent; therefore, it can be managed in a productive manner or it can be underutilized and ineffective. Most institutions choose to use recreation as a component of social control. It is viewed as a privilege that inmates must earn, and guards and other personnel have the authority to take it away from individuals who do not behave appropriately.⁵¹ The present context of restorative justice, however, puts more of an emphasis on recreation's applications for rehabilitation, social support, and reintegration.

The Creatives Use of Leisure Under Restrictive Environments group at Bowling Green University surveyed U.S. prisons in 1981 about their recreational programming and its institutional applications. 63 percent of the prison administrations responded, and around half of them reported programming in basketball, softball, volleyball, and weightlifting. Other areas such as expressive arts were lacking, but they were available in a smaller portion of institutions. Prison staff expressed overall positive views of recreation; 73 percent of correctional officers said that they encourage inmates to participate in recreation because they have observed the positive benefits of said activities. In addition, more than 90 percent of administrators view

⁵¹ Bryson, "Correctional Recreation and the Self-Esteem": 90.

recreation as an integral part of rehabilitation.⁵² This demonstrates that recreation is already a widely accepted and important component of prison life, and administration and staff are generally willing to support therapeutic programs that make better use of already existing leisure structures.

U.S. prison recreation administrators have many programmatic goals that do not always center around therapeutic benefits; however, almost all of them have clear applications to personal wellbeing and rehabilitation. First, they address the leisure problems that may have already existed in inmates' lives. Through these programs, prisoners receive information about how to spend their time in a constructive way and, thereby, acquiring new, improved behaviors. This effectively discourages perceived deviant patterns that can lead to criminal behavior. It offers prisoners a tangible connection to life and community outside of prison, and it can help inmates get through the day to day experiences of life in prison. This can alleviate some of the boredom and monotony that inmates tend to experience as a result of their limited freedom. Partaking in recreational activities can increase morale and improve positive outlooks by simply providing inmates with things to do. Recreation also offers a constructive outlet for emotions, helping to reduce convict-on-convict violence and self-harm.⁵³ Leisure programming in prison environments aims to better the physical and mental health of incarcerated individuals while also providing institutional and community benefits.

Examples of prison programming shows that the introduction of recreational activities even after individuals have gotten into trouble with the law can engender positive changes in their lives. One program, named Stride Night, was offered by the community group Circle of

⁵² Julie Lengfelder, Jennifer Slate, and David Groves, "Coping Strategies of Prison Inmates in Correctional Institutions," *International Review of Modern Sociology* 22, no. 1 (Spring 1992): 15.

⁵³ Bryson, "Correctional Recreation and the Self-Esteem": 91.

Support at the Grand Valley Institution prison in Ontario, Canada. A recreational therapist invited community members to join participants in the prison for a variety of activities, such as scrapbooking, poetry readings, and volleyball tournaments.⁵⁴ Results from the study underscored five key principles. The first, “meaningful and responsible choice,” was demonstrated by allowing participants to pick and choose when they participated in activities so that they would see the personal value of their decision to engage in positive leisure. The principle of “respect and dignity” reflected their tangible creations were designed to bring them pride. Inmates also highlighted the importance of the supportive environment offered by Stride Night. They expressed appreciation for the community members that participated with them and the volunteers that created the opportunity. The companionship in the program helped participants change their self-perception and realize that they were not any different from the rest of the community. Empowerment was another important outcome of the program; participants were able to create and see beauty in the environment and their work, promoting a sense of self-esteem. Lastly, Stride Night facilitated a feeling of “shared responsibility” by creating a lasting sense of community and creating opportunities for the inmates to support and help one another when they were struggling.⁵⁵ In the long-run, the Stride Night program instilled the value of recreation in its participants while also supporting their personal success and eventual community reintegration.

Another example was studied in a doctoral dissertation from the University of Illinois at Urbana-Champaign in 2011. The researcher, Davila Figueroa, applied therapeutic recreation to stress management in a women’s prison, the Escuela Industrial de Mujeres in Vaga Alta, Puerto

⁵⁴ Alison Pedlar, Felice Yuen, and Darla Fortune, “Incarcerated Women and Leisure: Making Good Girls Out of Bad?” *Therapeutic Recreation Journal* 42, no.1 (2008): 28.

⁵⁵ Pedlar, “Incarcerated Women and Leisure: Making Good Girls Out of Bad”: 29.

Rico. The 45 participants were experiencing stress as it related to their incarceration, including feelings of loss of control and worry about family members. In addition to benefitting mental health and stress, this intervention utilized the capabilities approach to create a perception of freedom that Davila Figueroa found to be just as important as actual experiences of freedom for incarcerated individuals. The program applied concepts like social connectivity and personal capacity so that inmates could “increase their capabilities and better cope with incarceration.”⁵⁶ The benefits of the study were discovered through the coding of individual interviews, and outcomes included self-reflection, self-esteem, agency, empowerment, and positive future outlooks on life. One participant in particular discussed the applications of these benefits to her life, stating that the new recreation opportunities forced her to look at her old leisure habits, such as partying and taking drugs, and reevaluate better strategies for the future. She said that this realization not only made her realize that she could do better and achieve success in other areas, but also that she could support her community, friends, and family with positive leisure activities.⁵⁷ Therefore, therapeutic recreation initiatives have been proven to produce similar benefits to overall wellbeing and mental health in prison settings with various cultural backgrounds. Further investigation into different program types can demonstrate the wide range of potential outcomes and applications in different incarceration contexts.

REVIEW OF EXISTING PROGRAMS

Four distinct types of recreation based on Western cultural contexts have been researched for their therapeutic benefits for the mental health of incarcerated individuals. There is little

⁵⁶ Marizel S. Davila Figueroa, “Using Leisure as a Coping Tool: A Feminist Study of the Recreational Experiences of Incarcerated Women in a Puerto Rican Prison” (PhD diss., University of Illinois at Urbana-Champaign, 2011), iv.

⁵⁷ Davila Figueroa, “Using Leisure as a Coping Tool,” 129.

research regarding the impact of bibliotherapy on prison inmates, but there is ample data in the categories of expressive arts and sports. Art, music, and writing programs represent the expressive arts category, and a variety of sports initiatives also exist as a result of their deep integration in prison culture. Similar types of recreation are present in the prison systems of other cultures, but there are variations, for example, in the types of sports or music that are popular in other regions. Because of this, a wide variety of activities exist, but their encompassing therapeutic outcomes remain relatively consistent. Examining the therapeutic basis of these initiatives demonstrates how they are best applied to institutionalized setting, and a review of existing programs demonstrates the widespread benefits that they offer in the prison environment.

Art programs

While it may not always be at the center of formal programming, art is ingrained in prison culture through official and unofficial channels. Evidence of its impact is apparent in prison scenery through decorative envelopes used to send letters, inmate tattoos, and personal artwork brightening cell walls. Not only does the ability to create good art improve individuals' statuses among one another in the prison setting, it also offers an escape from difficult emotions. In fact, prison officials have found that the prevalence of art in a prison community actually decreases the number of disciplinary reports, confirming that the emotional outlet of art lowers levels of conflict and poor behavior.⁵⁸

In the twentieth century, prisoner art and craftwork began to gain public acclaim as a viable art category. This should not be surprising since prison art touches on similar topics to

⁵⁸ David Gussak, "The Effectiveness of Art Therapy in Reducing Depression in Prison Populations," *International Journal of Offender Therapy and Comparative Criminology* 51, no.4 (August 2007): 446.

those explored by traditional artists, discussing broad cultural and political issues relevant to the time. Some incarcerated artists have even gained mainstream popularity in the art community.⁵⁹ “Inside,” an exhibition hosted by the organization Artangel at a prison in Reading, England, showcased some of these prisoner artforms to the general public in 2016. Some of the most notable works of art were in the prison’s chapel, including a grand statue by Jean-Michel Pancin that was inspired by the confined special arrangements in prison cells.⁶⁰ Governmental and correctional authorities reacted to this positive attention by further integrating art into vocational and educational programming in institutions. However, these programs experienced a sharp decline around the 1980s when there was an increase in public demand for prisons to curtail providing unwarranted privileges to their inmates.⁶¹ Despite this decline, prison art programs still exist, and some facilities have created initiatives to tap into the therapeutic benefits that artistic expression can offer.

Art therapy is widely accepted in the therapeutic realm, but it is less well developed as a treatment option in prisons. Recreational therapists define it as “the therapeutic use of art-making within a professional setting by people who experience illness, trauma, or other challenges in living.”⁶² Because of barriers to mental health treatment in prisons such as the high prevalence of low education levels and illiteracy, art therapy overcomes verbal communication challenges that limit the effectiveness of traditional therapy methods. Art can allow expression of complex thoughts, feelings, and emotions in a simple manner, which can be helpful in the prison

⁵⁹ Lee Michael Johnson, “A Place for Art in Prison: Art as a Tool for Rehabilitation and Management,” *Southwest Journal of Criminal Justice* 5, no. 2 (2008): 103, Accessed February 13, 2020, <https://www.semanticscholar.org/paper/A-Place-for-Art-in-Prison%3A-Art-as-A-Tool-for-and-Johnson/3250140df443dc9924cd0e6ade1cc3642526f19b>.

⁶⁰ Artangel, “Inside: Artists and Writers in Reading Prison”: 8, Accessed March 17, 2020, <https://drive.google.com/file/d/0B4QLXfJyUL6KYWRfNVRFd0psbkU/view>.

⁶¹ Johnson, “A Place for Art in Prison”: 106.

⁶² Gussak, “The Effectiveness of Art Therapy”: 446.

environment. It can also help address the issue of trust that some inmates face when disclosing personal issues to a therapist. Art does not directly require the admittance of any specific problems but still provides a way to work through mental health challenges. These types of programs also fulfill the leisure role that is integral to therapeutic recreation by providing a necessary diversion from regular routines and an emotional escape that may not be otherwise available.⁶³ For these reasons, art therapy is an effective treatment method to overcome some of the specific challenges of the incarceration environment.

Art can facilitate many positive outcomes when approached from a healing lens under the supervision of a therapist. First and foremost, artistic expression can result in an improvement in mental health. Gussak defines art as a visual activity framework, referring to art therapists' goal of facilitating an experience where patients see and materialize what they feel and think. The creative component of the therapy gives the client a means of self-expression, and it allows them to explore their inner thoughts and emotions that they may avoid otherwise. During this self-exploration, destructive feelings such as anger and aggression can arise; however, the therapeutic and safe environment allows prisoners to express and effectively deal with these emotions. In addition, the physical work that is created in art therapy helps to build a bridge between the patient and therapist when working through complex situations that might be uncomfortable or instill fear of retaliation in the patient. Art products can also be referenced later to observe developments and changes that have occurred in the patient over time.⁶⁴ Art somewhat hides the therapeutic process, offering protection for apprehensive clients.

Art therapy can also improve inmates' perceptions of themselves and their personal identity. It helps patients gain self-confidence by giving them a reason to feel productive and

⁶³ Gussak, "The Effectiveness of Art Therapy": 446.

⁶⁴ Liebmann, *Art Therapy with Offenders*, 122.

accomplished. In general society, self-identifying as an artist is something to be proud of, and this type of therapy creates that opportunity for incarcerated individuals. It is a learnable skill with constant areas for improvement, and successful growth opportunities lead to improved self-image. Art therapy can also be applied to the prison environment by offering a way for offenders to take responsibility for their crimes. The alternative outlet that it offers can be used to come to terms with the hurt their crimes may have caused others. It helps offenders cope with residual feelings of shame in relation to their offenses. This is often a relieving experience that may be difficult for inmates to have in many other manners.⁶⁵ Lastly, creating art is an enjoyable leisure pastime that can boost mood and one's overall outlook on life.

There are also many institutional benefits for offering art therapy to prison inmates. Art can be interesting and educational, which can help improve the overall culture of a prison. It encourages clients to look at the world in a fresh way, something that can be very beneficial in an environment without frequent changes. Art teaches about other cultures and can bring awareness and appreciation for diversity to its participants. This has the potential to affect institutional culture by bridging divides and offering new insights. Art therapy is effective in group settings and community-based programs, equating to a cost- and resource-saving opportunity for prisons. Group treatment options further contribute to responsible citizenship by making patients work as a team, depending on and valuing the contributions of others.⁶⁶ This has been shown to build cooperative relationships among prisoners and staff and reduce violent behavior. All of these prison-specific benefits support the integration of this type of programming in the carceral context.

⁶⁵ Johnson, "A Place for Art in Prison": 104.

⁶⁶ Johnson, "A Place for Art in Prison": 105.

Existing published studies demonstrate the potential effectiveness of art therapy initiatives for mentally-ill people who are incarcerated. A study at a Florida prison analyzed an initiative that added an art therapy program to the treatment plans of 48 inmates with general mental illness diagnoses. All of the participants were already receiving individual counseling, and 51 percent were prescribed psychotropic medications. The intervention involved a four-week art therapy program that developed from initial, simple, individual tasks to complex, interactive group projects as time progressed and participants' skills improved. The results of this program were measured through self-evaluations based on individual experiences in the program and an art therapy-based assessment called FEATS, which consisted of fourteen scales that compared mental and emotional states to the tangible components of artwork. After partaking in the initiative, the participant survey results reflected improvements in attitude, compliance with staff and rules, and socialization skills. They also reported decreases in depressive symptoms. The researchers observed significant improvements in seven of the fourteen FEATS areas: prominence of color, color fit, implied energy, space integration, details of objects, and environment and line quality. Improvements in these areas indicate a decrease in depressive symptoms and an elevation of mood. The improvements of increased space, more colorful details, and greater compositional integration demonstrate improved awareness of surroundings and self-perception.⁶⁷

A similar program for schizophrenic inmates in two Chinese prisons was studied by researchers at the Guangzhou University of Chinese Medicine between July 2012 and February 2015. Three art therapists led an initiative called Go Beyond the Schizophrenia, which consisted of weekly recreational art activities in a group therapy setting. The quantitative results of the

⁶⁷ Gussak, "The Effectiveness of Art Therapy": 450.

study proved similar outcomes to the Florida study. In addition, individual examples bolstered the potential successes of such programs. One of these examples included a man who was incarcerated for killing his own child during a schizophrenic episode. His first work of art was a bleak painting of a broken stump that he eventually said represented his feelings of guilt for his crimes. At the beginning of the initiative, this inmate was unwilling to discuss his life experiences or the motivations of his work. However, after ten weeks in the program, he created a drawing of his family, depicting a woman weeping with a dead child in her arms. When presenting the artwork to the group, he opened up about his conviction and was able to verbalize the themes of guilt that were recurring in this piece and his previous work. He later told the program therapists that the expression of guilt and acceptance he felt from his peers helped him overcome suicidal ideations and find a meaningful purpose in his life.⁶⁸ This patient represents just one of many similar stories that demonstrate the full impact of art therapy programming. In addition, the Eastern geography of this example demonstrates the cross-cultural applications of art therapy in prisons.

Music programs

Music therapy is less professionally developed than art therapy, but it holds many of the same therapeutic benefits when appropriately applied to carceral settings. Recreational therapists define it as an experience where “the therapist helps the client to promote health, using music experiences and the relationships that develop through them.”⁶⁹ Music is a pervasive sensory

⁶⁸ Hong-Zhong Qiu et al., “Effect of an art brut therapy program called Go Beyond the Scizophrenia (GBTS) on prison inmates with schizophrenia in mainland China—A randomized, longitudinal, and controlled trial,” *Clinical Psychology and Psychotherapy* 24, no. 5 (September/October 2017): 1075, <https://doi.org/10.1002/cpp.2069>.

⁶⁹ Christian Gold et al., “Music Therapy for Prisoners: Pilot Randomized Controlled Trial and Implications for Evaluating Psychosocial Interventions,” *International Journal of Offender Therapy and Comparative Criminology* 58, no. 12 (August 27, 2013): 1522, <https://doi.org/10.1177/0306624X13498693>.

stimulus, meaning that it has the ability to help people recreate life experiences and emotions. It acts as a medium for communication with a focus on expressing and exploring individual emotions. Oftentimes, music can help individuals conceptualize feelings that may be too intense or painful to deal with otherwise. It encourages patients to deal with feelings of guilt, depression, shame, anger, loneliness, and frustration in a more manageable way. Cheerful music promotes healthy feelings as well, such as joy, love, hope, and gratitude.⁷⁰ Overall, a pervasive sensory stimulus can improve patients' psychosocial functioning and their adjustment to the surrounding reality, both of which are vitally important components of the therapeutic process in a correctional facility.

Incarceration detaches individuals from reality, and reconnecting inmates to reality through music can help them heal. Music therapy places a heavy emphasis on relationships, whether between the client and the therapist or between multiple clients. Because of this, it is frequently administered in a group setting which in turn reduces the common resistance to treatment found in one-on-one therapy. The group atmosphere offers positive structures of social feedback and interaction that are crucial to personal rehabilitation. It also promotes vulnerability, social competencies, and socially adequate personal agency.⁷¹ Since music therapy is an adaptive and enjoyable manner to express personal thoughts and feelings, it can be adjusted to fit the prison environment quite well.

There are many positive mental health effects that can result from music therapy. Randomized controlled trials by researchers at the Greig Academy Music Therapy Research Centre in Bergen, Norway have proved that therapeutic music initiatives can improve the

⁷⁰ Michael H. Thaut, "A New Challenge for Music Therapy: The Correctional Setting," *Music Therapy Perspectives* 4, no. 1 (1987): 44, <https://doi.org/10.1093/mtp/4.1.44>.

⁷¹ Thaut, "A New Challenge for Music Therapy": 45.

symptoms and day-to-day functioning of individuals with mental health problems, including depression, psychotic disorders, and substance abuse. They have also been evaluated as a means to help people who are resistant to other types of therapy. Overarching goals of music therapy are broad, meaning they can be applied to many different circumstances, patients, and cultural contexts. First, through self-expression of feelings, thoughts, and memories, music interventions aim to improve self-esteem and overall emotional health. It also provides a way to release tension and frustration, thereby facilitating mood changes and reducing aggressive behavior.⁷² Lastly, music therapy promotes group cohesiveness and awareness of others, improving social interaction and interpersonal support systems, which have a large impact on mental wellbeing.⁷³

Existing program studies have demonstrated that music therapy initiatives are a viable option for mental health treatment in prisons. A 2013 study at the Bjørgvin prison in Norway compared the mental and emotional states of a group of inmates who participated in a music therapy program in addition to their normal treatment plans with a control group that was also being treated for general mental illnesses. The study group attended group sessions multiple times a week that incorporated goals of self-expression, personal achievement, social relationship building. Activities were flexible, including recording music, improvisation, songwriting, and playing in bands. The outcomes of the intervention were observed through the use of self-report scales for anxiety, depression, and social relationships that are widely used in hospitals and clinical settings around the world. Prior to the study, the participants' levels of anxiety and depression were higher than the normal average, but only to a subclinical level on average. After the study, all participants scored lower on these scales, but the results varied in terms of statistical significance. However, participants in the therapy group experienced

⁷² Gold, "Music Therapy for Prisoners": 1524.

⁷³ Thaut, "A New Challenge for Music Therapy": 44.

significant changes in their states of anxiety and depression, while the control group showed no change.⁷⁴ Because this study was relatively short and did not involve follow up, it failed to prove any long-term effects of music therapy in this specific context.

In an analysis of a community prison choir at the Iowa Medical Classification Center in Coralville, Iowa, similar quantitative results demonstrated that program participants experienced positive outcomes in four subcategories: “self-confidence, enjoyment, self-expression, and a realization that they can contribute positively to the outside world.”⁷⁵ The choir director, Dr. Mary Cohen, detailed personal accounts of choir participants to strengthen her claims regarding these benefits. One participant in particular discussed their initial apprehension in the choir program, unwilling to interact with community members and speak out amongst the group. However, throughout their involvement, they have emerged as a leader in the program. Their skills improved significantly, and their confidence in regard to their social role in the group. Cohen also reflected on how community participants’ perceptions of the inmates evolved as they grew more comfortable with one another and their differences that caused separation dissolved.⁷⁶

Writing programs

Similar to art, writing is an important creative medium in the prison environment. For some inmates, written communication is the primary or only way they communicate with the world outside. Writing, however, is a bit more complicated than art due to challenges that exist. A systemic problem with literacy exists around the world, and it is even more prevalent in at-risk populations that are incarcerated at a much higher rate. The U.S. estimates that between fifty and sixty million adults in the U.S. do not have functional literacy, defined as “the ability of a person

⁷⁴ Gold, “Music Therapy for Prisoners”: 1525.

⁷⁵ Mary L. Cohen, “Harmony within the walls: Perceptions of worthiness and competence in a community prison choir,” *International Journal of Music Education* 30, no. 1 (2012): 50, <https://doi.org/10.1177/0255761411431394>.

⁷⁶ Cohen, “Harmony within the walls”: 51.

to read, write, and compute effectively enough to cope personally and function adequately in society.” These individuals often include those who live close to the poverty line, are unemployed or homeless, and people of color, and they are heavily represented in prison populations as previously discussed.⁷⁷ In a 1985 study, J. Kozol found that 60 percent of inmates could not read above grade-school level.⁷⁸ This represents a large challenge, as inmates often have an urgency to and difficulty communicating with the rest of the world. In addition, there is a “tradition of silencing” in the prison system due to prisoners feeling as though they are not permitted to share their experiences and thoughts.⁷⁹ While these barriers might limit prison writing programs, they also demonstrate the importance of these initiatives for the personal success and development of inmates.

Writing as a therapeutic option is grounded in the affective component of literacy. Writing facilitates self-expression and introspection, allowing patients to think critically and reflectively about their own lives. Research has shown that individuals who write about their inner thoughts and feelings have an observable reduction in stress, which has the power to improve both mental and physical health. Writing boosts self-efficacy and empowers individuals to strengthen their self-image through the agency of creation and confidence that emerges as skills are developed and acknowledged by others. Sharing with others and collaboration are essential components of writing therapy programs, and this social dynamic builds a sense of

⁷⁷ Zandra Stino, “Writing as Therapy in a County Jail,” *Journal of Poetry Therapy* 9 (September 1995): 14, <https://doi.org/10.1007/BF03391464>.

⁷⁸ J. Kozol, *Illiterate America* (Garden City, New York: Anchor Press/ Doubleday, 1985).

⁷⁹ Diane Kendig, “It is Ourselves that We Remake: Teaching Creative Writing in Prison,” in *Colors of a Different Horse: Rethinking Creative Writing Theory and Pedagogy*, ed. Wendy Bishop and Hans Ostrom (Urbana, Illinois: National Council of Teachers of English, 1994), 159.

community when it is shared with others, and this is an essential component of writing therapy programs.⁸⁰

There are three main types of writing therapy programs: journal writing, autobiographical writing, and poetry. Journal writing is therapeutic because it instills the value of reflection, encouraging patients to draw conclusions about themselves based on their daily experiences. Similarly, autobiographical writing encourages patients to reflect on past events in order to reveal hidden or repressed memories and the impacts these have had on their lives. It can help patients deal with past traumas and acts as an avenue towards healing. Poetry is slightly different in that it is usually more creative and less literal, but it relies heavily on emotional understandings and applications.⁸¹ Poetry has been successfully used in initiatives focused on recovery and self-improvement because of its characteristics of honesty and emotional intensity.⁸² All forms of writing offer an opportunity to individuals to process and experience deep emotions, making it applicable to the therapeutic setting.

Therapeutic writing has many positive effects on prisoners' mental health. It offers its patients a mental escape from imprisonment. Writing connects patients to the rest of the world through self-expression and creativity. As a new outlet for thoughts and feelings, writing therapy helps patients process a variety of emotions. Studies cite applications to grief, pride, love, and shame, depending on the individual experiences of the patient. Unloading significant emotions with pen and paper is a cathartic experience regardless, but another emotional relief in writing therapy comes from either submitting or sharing writing projects with a group. While this can be

⁸⁰ Barbara C. Palmer, and Zandra H. Stino, "Improving Self-Esteem of Women Offenders Through Process-based Writing in a Learning Circle: An Exploratory Study," *Journal of Correctional Education* 49, no. 4 (December 1998): 143.

⁸¹ Stino, "Writing as Therapy in a County Jail": 15.

⁸² Lisa Rhodes, "Poetry and a Prison Writing Program: A Mentor's Narrative Report," *Journal of Poetry Therapy* 15, no. 3 (February 2002): 163.

intimidating, most patients experience relief once they have shared their deepest thoughts and realize that they have commonalities with other individuals. They gain personal confidence when they receive praise and acclaim for their work, thereby boosting self-esteem and self-perception.⁸³

Thorough studies on existing writing therapeutic recreation programs aimed towards inmate mental wellbeing are limited. There is an abundance of initiatives internationally, mostly led by university writing programs, but they rarely include mental health treatment goals. However, a group of researchers led a writing intervention for stress reduction at an unidentified, medium-sized, Midwest county jail in a 2016 study. The participants were limited to county jail inmates, so the sample size was limited. The intervention was brief: the participants simply wrote about topics of their choice for twenty minutes on five consecutive days. Quantitative results were based on daily self-evaluations and a one-month post-intervention assessment. They divulged that challenges to the implementation of the program were minimal, and participant acceptance was high. The post-assessment showed that the intervention had a lasting impact, as participants continued to write three to four days a week on average. Qualitative information collected through participant comments and interviews demonstrated benefits to mental and social wellbeing. All of the participants commented on laughter and joy during group sessions which resulted in elevations of mood and emotional state. Many of them reflected on the positive social environment as well. One participant said that she felt included and knew the program leaders did not look down on her, something she had been apprehensive about prior to the study. Another woman discussed the emotional relief she experienced when writing, stating that “it was a weight off her shoulders.”⁸⁴ In order for a writing program to serve as an effective therapeutic

⁸³ Kendig, “It is Ourselves that We Remake”: 163.

⁸⁴ Pankey, “Stress Reduction through a Brief Writing Intervention with Women in Jail”: 243.

initiative for stress reduction, this outcome should be clearly observable through clinical goals. While clinical goals were not addressed, the program still exhibited therapeutic writing's potential to address mental health needs in prisons.

Sports programs

Sports programs are deeply engrained in prison culture because of their prevalence in prison recreation. Sports have been a common recreational activity in prisons throughout most of history; however, this was not related to therapeutic goals. Rather, prison administrations recognized that sports could be used as an offender management tool. It is important to note that this type of recreation specifically can look significantly different in other cultures since sports are generally based on regional popularity, and this is especially apparent if there are societal beliefs that limit accessibility. Therefore, Western sport initiatives can look very different from those in other areas.

Sports offer a diversion from the rest of the day-to-day experiences that occur in prison as it is an enjoyable and engaging pastime. They also help to alleviate boredom that may lead to deviant behavior as it grows. As a competitive activity, sports can limit the daily aggravations and high levels of aggression and conflict that exist in the prison environment, which can make the roles of correctional officers much easier. Sports are also usually classified as an institutional privilege, meaning that only well-behaved inmates are allowed to participate. Therefore, they are often used as rewards in order to promote positive behavior and discourage interpersonal conflicts.⁸⁵ This can pose a challenge when applied to therapeutic recreation programming,

⁸⁵ David Gallant, Emma Sherry, and Matthew Nicholson, "Recreation or rehabilitation? Managing sport for development programs with prison populations," *Sports Management Review* 18, no. 1 (February 2015): 47, <https://doi.org/10.1016/j.smr.2014.07.005>.

however, because the guidelines require programming to be available to participants regardless of their privileges.

Sports programs are already frequently used in community-based initiatives to offset antisocial behavior and reduce crime rates, especially amongst youth and in schools in at-risk communities. Applying these potential benefits to carceral settings is a logical step to address inmate wellbeing. Sports almost always include strenuous physical exercise, and, for some individuals, they are a strong incentive to increase activity levels. Therefore, initiatives provide some of the benefits of regular physical activity, including increased levels of serotonin production, higher energy levels, and better sleep. Gallant's study demonstrates a positive correlation between minutes of physical activity and high rates of functional capacity, as well as reduced rates of depression and anxiety. Additional benefits for mental health come from the recreational component of sports programs, and they include increased happiness, self-esteem, and hopefulness. Since sports are often competitive and challenging, they serve as a healthy outlet for anger, and the resulting reduced levels of aggression aid social health by improving inmate behavior and decreasing tension.⁸⁶ Because of these outcomes, therapeutic recreation sports programming is attractive to prison administrations and can effectively treat mental health conditions in their prisoners.

Researchers from La Trobe University in Australia performed an analysis of four different sports initiatives in Australian prisons and their respective benefits to overall wellbeing for different types of inmates. The participants represented five different substantial prison populations in the region: male, female, Indigenous, those with intellectual disabilities, and general population prisoners. The programs included a ten-week soccer program, an ongoing

⁸⁶ Gallant, "Recreation or rehabilitation?": 45-53.

softball league, an organized exercise program with rotating activities, and a community-based football competition. The programs were all viewed as an incentive for good behavior, which can potentially complement their functionality as therapeutic recreation initiatives. Physical health benefits were also consistently acknowledged. Both the softball and football programs resulted in significant social health improvements, likely because the program structures emphasized recurring teamwork and relationship building. The football competition even included a community member mentorship component that supported rehabilitative goals to reduce recidivism. All of the initiatives also resulted in mood improvements and reduced feelings of stress, anxiety, and depression.⁸⁷ This analysis showed that sports therapy outcomes can be manifested through a variety of programming types, and their benefits are equally experienced by different types of individuals in the Australian cultural context.

A study at a young offender institution in the south of England used qualitative measures to investigate the experiences of participants and prison staff during a two-year football and rugby initiative. The program consisted of a recreation therapist, prison personnel, community volunteer coaches, and 79 male participants between the ages of 18 and 21 years. One participant reflected on significant growth in self-awareness, saying that playing football allowed him to express aggression constructively and led to a deeper awareness of his emotional state off of the field. Prison staff commented on the same individual and noted that he had significantly less disciplinary reports and less outbursts as a result of his involvement in the program.⁸⁸ This example draws on the same principles as the study on sports initiatives for high school students, and the benefits are observable on both an individual and institutional level.

⁸⁷ Gallant, "Recreation or rehabilitation?": 50-53.

⁸⁸ Rosie Meek, and Gwen Lewis, "The Impact of a Sports initiative for Young Men in Prison: Staff and Participant Perspectives," *Journal of Sport and Social Issues* 38, no.2 (2013): 93-103, <https://doi.org/10.1177/0193723512472896>.

Program Analysis

This typology of therapeutic recreation programs and research examples are far from comprehensive. However, they support the claim that there are observable benefits associated with these initiatives that could make it an effective mental health treatment option. The positive effects of recreation on general wellbeing are abundantly clear, but the prison environment has the capability of amplifying these benefits if they are appropriately applied and effectively researched. The specific types of recreation detailed in this section are highly relevant in the treatment field, and they are also relatable to existing recreational structures in prisons in a variety of cultural contexts. These existing structures are what make the programs such a powerful option, as they are positioned to overcome the typical institutional challenges that often overwhelm other therapeutic treatments. Art, music, writing, and sports programs are also well-represented in diverse cultures around the world, making them valuable from a global health perspective. A few other programs used recreation options such as pet training, theater, and yoga, but they were not as consistently applicable to existing prison structures and mental health goals as they occurred sporadically with little institutional integration. They were also less studied in the professional field, so I did not include their potential applications in this typology.

As in all treatment systems, various institutional and individual barriers can challenge the effectiveness and reliability of therapeutic benefits. Many of the programs in this section ran into occasional setbacks throughout their implementation. The largest challenges can be attributed to the prison ambiance itself. Because most of the programs were led by outside organizations, prison administration always had the final say in who was able to partake in the initiatives. If participation is contingent on good behavior or other criteria not related to therapeutic goals, the integrity of the outcomes may be compromised. In addition, the environment is not always

conducive to the therapeutic milieu, so therapists face the unique challenge of creating a comfortable, safe space from scratch. Prison power hierarchies with outsiders can also threaten treatment possibilities in many ways. Because of the suspect history of healthcare systems in prisons, inmates tend to have distrust towards both prison staff and outside professionals. It is vital that recreational therapists build credibility and rapport with their clients before trying to go further. Many therapeutic recreation programs utilize the support of ex-convicts who can better relate to the participants and help leaders avoid problems created by the systems of power in place. Some inmates may perceive therapists as weak or potential targets, so therapists must be conscious of manipulative techniques that might surface throughout treatment. Power structures between inmates can also limit vulnerability and honesty, which are vital components of the group programming model. Therefore, recreation therapists must take the unique challenges of the environment into thoughtful consideration when planning and conducting initiatives, and their success is contingent on support from both inmates and prison administrators.

Additional challenges may exist on the individual level as well. For example, comorbidity of mental illnesses in certain individuals might make it more difficult for therapists to meet their specific needs through recreational programming. This is why initiatives that are integrated within correctional facilities' existing treatment structures are most effective, for therapists can combine the valuable experiences of group programming with more specific, individualized treatment options if they are available. However, if therapists are adaptable and targeted in their treatment goal planning, these challenges can be overcome to offer the maximum benefits of therapeutic recreation to incarcerated individuals.

CASE STUDY EXAMPLES

The Iowa Medical Classification Center in Coralville, Iowa

A case study in Iowa represents the common example of decentralized recreational therapy programming with both academic and community-based support. Both the Liberal Arts Beyond Bars program and the Oakdale Community Choir at the Iowa Medical Classification Center (IMCC) are recreation initiatives with observed therapeutic benefits; however, they are not fully integrated into the institution's treatment plans. The Iowa Medical Classification Center is a state prison located in Coralville, Iowa. The facility, commonly referred to as Oakdale, houses over nine-hundred offenders on an average day. It also serves as the reception and classification center for all male offenders in the state of Iowa, processing them before sending them to their permanent institution. Between four-hundred and five-hundred inmates go through processing at Oakdale every month, making the facility unique due to its transient population. As a medical classification center, it also has a hospital unit that houses inmates for short-term and long-term medical treatment. It is the only facility in Iowa with licensed mental health and special needs treatment units; therefore, it has a relatively strong treatment system in place.⁸⁹

Recreational initiatives exist at Oakdale, but they are applied based on their overall benefits to the institution and inmate wellbeing, rather than specific therapeutic goals. The Liberal Arts Beyond Bars program (LABB) is a relatively new education initiative providing inmates coursework through the University College at the University of Iowa. It offers degrees through online course collaboration with Iowa Central Community College.⁹⁰ The courses have become deeply integrated in Oakdale's culture as an institutional privilege and a socially

⁸⁹ "Prison Overview and History," Iowa Medical and Classification Center, Accessed February 21, 2020, <http://oakdaleprison.com/>.

⁹⁰ "Liberal Arts Beyond Bars," University of Iowa, Accessed March 2, 2020, <https://liberalartsbeyondbars.uc.uiowa.edu/article/about-us>.

respectable pastime. University of Iowa main campus students are able to participate in the classes as well, adding a community-support benefit to the program. The program acts as a bibliotherapy initiative because it utilizes an educational recreation activity to meet the rehabilitative goals of its participants, mostly centered around their future plans and goals. Some classes also incorporate techniques of writing and art therapies, but the educational benefits are at the center of the program's goals. Oakdale's treatment coordinator often sits in on the LABB courses, suggesting that the outcomes of these courses might be somehow be applied to individual treatment plans. However, it is not clear if the therapeutic applications of the LABB program are fully developed on the institutional level. This could be a result of the initiative's young age; however, doing so and analyzing the outcomes could help the facility to improve their mental health programming and inmate rehabilitation efforts with the community-based support of the LABB program.

The Oakdale Community Choir also originated out of a partnership between the University of Iowa and IMCC in 2009 when Dr. Mary Cohen founded it with the goal of bringing awareness to problems in the criminal justice system.⁹¹ The choir collaborates with the Iowa Department of Corrections' Victim Services and Justice Programs and community organizations to offer a restorative experience to both incarcerated participants and community members. It meets once a week during two separate choir seasons every year. *Redemption Songs* by Andy Douglas, an outsider participant in the choir, showcases therapeutic recreation benefits of the program for him and many individuals that he met during his experiences. Douglas suggests that music is a strong, viable recreational therapy treatment option. His book includes

⁹¹ Mary L. Cohen, and Joan Huyser-Honig, "Mary. L Cohen on Community Choirs in Prisons," Calvin Institute of Christian Worship, last modified August 12, 2019, <https://worship.calvin.edu/resources/resource-library/mary-l-cohen-on-community-choirs-in-prisons>.

stories of people developing self-esteem, overcoming traumatic past experiences, and learning to trust in others.⁹² The benefits of the program come from the established “community of caring” that is at the center of the choir’s goals, creating interpersonal support systems amongst incarcerated and outside participants. When designing the program, Cohen based her goals on criminal justice desistance theories that lead to reductions in crime. The two main components of these theories are “bonding and bridging,” which relate to the powerful relationships that inside and outside participants form through shared choir experiences. Dr. Cohen also cites the theory of interactional singing pedagogy in the program’s objectives, as this theory suggests that singing can lead to personal and social growth. She emphasizes benefits through personal observations, such as developing humanistic and holistic identities and emotional expression in the form of song.⁹³ Because of connections to university departments, the Oakdale Community Choir has been studied for its program benefits by academic institutions, but it is unclear if they are applied to the prison’s current treatment strategies. Further collaboration between the two groups could result in better outcomes for inmate mental wellbeing. In addition, if either of these programs were integrated at a state or federal level, there would be greater support from the treatment systems in place and large-scale benefits could be applied to the global prison epidemic’s manifestations in Iowa.

The Colombian National Prison System

Examining Colombian corrections can be constructive to better understanding therapeutic recreation in a national context. The successful utilization, nationwide, of therapeutic recreation in Colombia shows the profound benefits that could be offered to incarcerated individuals around

⁹² Andy Douglas, *Redemption Songs: A Year in the Life of a Community Prison Choir* (Innerworld Publications, April 1, 2019).

⁹³ Cohen, “Christopher small’s concept of musicking,” 137.

the world, if the proper infrastructure was put into place everywhere. This example is particularly interesting since the country is notorious for its political unrest, challenges with human rights, and history of violence. Most of modern Colombia's problems are the result of a political disorganization and corruption. Power has historically resided in the urban centers of the country, primarily Bogotá. Rural areas were mostly left in the control of provincial elites, as long as they supported the central government. This resulted in political decentralization, and the poor, rural populations were neglected by the country as a whole. Violent power struggles ensued for decades in the form of guerilla warfare led by communist groups and drug traffickers. At one point, Colombia had the highest homicide rate in the entire world because of these problems.⁹⁴

Under the leadership of Álvaro Uribe (2002-2010), however, Colombia steadily rebuilt its local and global reputations. The national military has grown, and the influence and strength of paramilitary groups, such as the Revolutionary Armed Forces of Colombia, have significantly depleted. As a result of these changes for better national security, the homicide and kidnapping rates declined sharply. In 2008, Colombia was identified as a member of CIVETS: a group of countries with emerging economic and political power including Colombia, Indonesia, Vietnam, Egypt, Turkey, and South Africa.⁹⁵ Not only has this improved Colombia's international perception, it has also stimulated a large increase in foreign investment.⁹⁶ While historical conflicts in Colombia still present challenges today, the country has shown steady growth in

⁹⁴ James A. Robinson, "Colombia: Another 100 Years of Solitude?" *Current History* 112, no. 751 (2013): 44.

⁹⁵ Ratna Vadra, "After BRICS, CIVETS as Emerging Markets," *Journal of International Economics* 9, no. 2 (Jul, 2018). <http://proxy.lib.uiowa.edu/login?url=https://search-proquest.com.proxy.lib.uiowa.edu/docview/2234991696?accountid=14663>.

⁹⁶ Robinson, "Colombia,": 48.

recent years that should continue if governmental corruption and violence are kept at bay and human rights are foregrounded politically.

The national prison system in Colombia has experienced similar improvements in recent times. This follows the trends of restorative justice that were prevalent around the rest of the world. After escaping Spanish colonial control in the nineteenth century, Colombia adopted French and Spanish prison models. The National Prison Institute of today is overseen by the Ministry of Justice and Rights and operates 135 prisons across the country.⁹⁷ While the system has improved over the past few decades, there are still many evident challenges. In 2017, there were around 119,000 people incarcerated in this system. Another 69,000 individuals were in pretrial detention as well.⁹⁸ The practice of preventative detention coupled with systemic administrative failures contributed to extreme overcrowding in Colombia's prisons; several facilities still have rates as high as 200 percent. The national overcrowding rate was 53 percent in 2017.⁹⁹ Overcrowding contributes to other problems, including overtaxed sanitary systems, limited living spaces and necessities like beds and blankets, nutrition and water quality deficiencies, and restricted access to healthcare services. In a 2018 report from the U.S. Inspector General's Office, there were more than 500 deaths within the Colombian prison system. There were also 139 disciplinary investigations against guards for various cases of inmate mistreatment.¹⁰⁰ These institutional circumstances make the Colombian example flawed, but that is reflective of prison systems around the world. The Colombian case demonstrates that although

⁹⁷ "Reseña histórica documental," Instituto Nacional Penitenciario y Carcelario, Accessed March 6, 2020, <https://www.inpec.gov.co/web/guest/institucion/resena-historica-documental>.

⁹⁸ U.S. Department of State, "2018 Country Reports on Human Rights Practices."

⁹⁹ "2018 Country Reports on Human Rights Practices: Colombia," U.S. Department of State, Accessed March 8, 2020, <https://www.state.gov/reports/2018-country-reports-on-human-rights-practices/colombia/>.

¹⁰⁰ Fundación Acción Interna, "Informe de Gestión."

countries have not eradicated all of the challenges of the prison environment, progressive steps to improve the overall wellbeing of inmates can be taken.

The Fundación Acción Interna, meaning Internal Action Foundation in English, is one of the largest modern prison initiatives in the world. It is a unique example because it is a progressive intervention with support from the national government and the private sector that has been integrated into all of the prisons in Colombia.¹⁰¹ The organization is surprisingly young, as it was only founded in 2013. However, since then, it has entrenched itself within Colombian society. The internal team is relatively small; it consists of just 18 employees. However, they collaborate with other groups in order to fulfill their interventional goals. High levels of community support from local volunteers allow their initiatives to reach thousands of inmates. Utilizing nearby universities, the organization partners with psychologists to meet the individualized psychiatric goals of their recreational programs.¹⁰² Acción Interna counsels governmental officials and prison administrators to work towards their mutual goals. In 2019, Acción Interna collaborated with the Minister of Justice and Law to produce the Government Plan for the Transformation and Humanization of Prisons in Colombia (2019-2022), which focused on fighting the international incarceration epidemic through restorative justice and crime prevention. The foundation further extends its reach by offering reintegration programming for inmates who have already been released and preventative programming for communities that are known as incarceration pipelines.¹⁰³ This is thanks to support from community-based initiatives and local employers in reintegration efforts.

¹⁰¹ “About Us,” Fundación Acción Interna, Accessed March 15, 2020, <https://fundacionaccioninterna.org/en/about-us/>.

¹⁰² Fundación Acción Interna, “Quiénes.”

¹⁰³ “Resultados,” Fundación Acción Interna, Accessed March 15, 2020, <https://fundacionaccioninterna.org/en/results/>.

Acción Interna has three main prison programs: Arte Interno, Crecimiento Interno, and Trabajo Interno. Arte Interno (Internal Art) is an expressive arts program that has served more than 21,000 inmate participants since its creation.¹⁰⁴ This program represents the recreational component of Acción Interna, and it offers many of the subcategories of expressive arts, such as artistic activities, writing, music, theater, and dance.¹⁰⁵ These programs are mostly led by trained community volunteers. Psychiatric professionals oversee the therapeutic outcomes of the initiatives, facilitating both group therapy and personalized treatments. Crecimiento Interno (Internal Growth) is a more intensive psychiatric treatment option that focuses a bit less on recreation and more on psychological support. This program is smaller, as it is used to help individuals who have more severe mental illnesses, are struggling with substance abuse, or are not experiencing benefits from the Arte Interno programming. It also offers specialized substance abuse treatment. Crecimiento Interno still utilizes some recreational activities like yoga or mindfulness activities to help participants develop new or improved coping skills. In total, this program has helped more than 4,000 Colombian inmates.¹⁰⁶ Trabajo Interno (Internal Labor) is the organization's third program, and it focuses on rehabilitative efforts by providing job training and financial education. 3,800 incarcerated individuals have participated in this program.¹⁰⁷ Since it is work-related, it is not considered therapeutic recreation, but it exposes participants to the skills that will aid in their eventual community reintegration.

¹⁰⁴ "Arte Interno," Fundación Acción Interna, Accessed March 16, 2020, <https://fundacionaccioninterna.org/en/arteinerno/>

¹⁰⁵ Fundación Acción Interna, "Informe de Gestión."

¹⁰⁶ "Crecimiento Interno," Fundación Acción Interna, Accessed March 16, 2020, <https://fundacionaccioninterna.org/en/crecimientointerno/>.

¹⁰⁷ "Trabajo Interno," Fundación Acción Interna, Accessed March 16, 2020, <https://fundacionaccioninterna.org/en/trabajo-interno-eng/>.

Unfortunately, there is little research available about the actual results of Acción Interna's initiatives. This could be attributed to its relatively new introduction to the Colombian prison system. The organization chose to first focus on thorough implementation and integration before exploring scientific outcomes. This is the antithesis of most other initiatives, which were oftentimes started in select facilities just for observational purposes. The limited results of these studies have slowed the potential of long-term, consistent execution in prison therapeutic recreation. The Colombian example has circumvented this delay, and, hopefully, will be able to measure the results on the entire national prison population soon.

CONCLUSIONS

The incarceration epidemic has contributed to overwhelming overcrowding and human rights concerns in prison systems around the world. Addressing these problems through rehabilitation and reformatory justice is a key priority in many countries, supported by historic and recent efforts from international organizations like the United Nations. Providing effective treatment and prevention of mental illnesses is one strategy to meeting these goals, but it faces the many challenges of healthcare facilitation in carceral settings. Dynamic solutions to overcome these barriers and provide adequate mental healthcare are needed just about everywhere in the world.

Recreation has clear therapeutic applications in the mental healthcare environment, and it has earned professional medical credibility as an effective treatment option in Western cultures over the years. Examples in global environments support its future development and growth in other cultures as well. The history of recreation in prison environments makes them promising for these types of initiatives, especially because they meet some of the unique healthcare system challenges in the prison context. Cultures of therapeutic recreation prove that there is academic

and community interest in such initiatives; however, many gaps in data, infrastructure, and support remain.

One of the main challenges identified is the lack of clearly defined programmatic treatment goals, and this has limited the amount of scientific data available to support interventions on a large scale. While the prevalence of therapeutic recreation in carceral settings is high, it is not effectively integrated into mental health treatment options. Small sample size data from small studies and accounts of individual experiences from prison therapeutic recreation programming demonstrate observable clinical benefits to mental health. This is visible in the Oakdale case study. The community-based initiatives had a positive impact on the overall state of wellbeing within the institution, but it was not applied to the entire population. In addition, the initiatives were not integrated at the state or national level, so their benefits did not directly address the systemic conditions of the prison epidemic. The Colombian case study, on the other hand, demonstrates the many possibilities that can result when therapeutic recreation and mental health programs are integrated at an institutional level.

Creating systemic change like that occurring in the Colombian prison system might be challenging, but community organizations can unify under the umbrella of therapeutic recreation in order to expand their reach and reinforce the positive outcomes of their programs. Following the lead of the Acción Interna, other initiatives could explore agreements with academic partners to enlist the help of mental healthcare practitioners. This would help the programs focus efforts and potentially prove therapeutic outcomes, which could increase access to funding and public support. Overall, therapeutic recreation is currently a viable treatment option for the mental health of incarcerated individuals everywhere from the U.S. to Colombia to Europe and beyond, but it could be better organized and systematically integrated to further its effectiveness.

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