Women in prison: unhealthy lives and denied well-being between loneliness and seclusion

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Abstract The purpose of this study is to investigate the well-being of female inmates in Italian prisons. The hypothesis is that stress in women prisoners is strictly related both to "external" networks and "internal" support, and is more linked to the feeling of loneliness than to coping with the difficulties of prison life. Qualitative study involving adult female prisoners in the prisons of three Italian regions (Campania, Lazio, Emilia Romagna). 37 individual semi-structured interviews were conducted. The interviews were processed using the CAQDAS contents (*Computer Assisted/Aided Qualitative Data Analysis Software*) by the software Atlas.ti, to practice the Grounded Analysis method to attain the construction of categories and its relations. The interviews show multiple levels of reflection, crossbreeding mainly two plans: a situational one and a personal one. The main dimensions emerged are: the access to activities in prison (work, projects, sociality) experienced as a deterrent to depression and as an opportunity for the future reintegration into the "free" society; the motherhood, as a spur to a resilience, but also in reference to the difficulties associated with the conditions of segregation. The main theme that crossed all the conversations is the loneliness lived as a prison disease. More attention should be given to the re-socialization aspect of prisons, constructing new ways to guarantee the prisoners a valid alternative to deviant behaviours so as to help restore family relationships and the reintegration in society.

Introduction

In Italy there are seven women's prisons and 72 female divisions located within the male prisons. Although the number of female prisoners is increasing, they are still a minority compared to male prisoners. Official data updated to the year 2015 (31st March) illustrate the presence of 54,122 prisoners in Italian prisons, 2354 are women

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(4.35 %), half of them are foreign prisoners. Only a small number of the women are married, the others are single; however, about 50 % of these female prisoners have children.

The recidivism rate is very high, especially among women detained for drug-related offences, the most common crime after property offences. Most of the inmates serve mild sentences, not over 5 years, and there is a high turnover rate due to the short sentences.

The specificity characterizing women prisoners in Italy is the type of crime: theft, drug trafficking and exploitation of prostitution appear to be the most recurrent. In particular, data from the Ministry of Justice, year 2012, demonstrate that:

1. The rate of women incarcerated for drug-related offences is 33 %; these women are young and the rate of female incarceration is higher than that of men detained for the same offence. The women prisoners for drug trafficking are mostly all foreign, while the drug-users are mostly Italian.
2. 22 % committed property offences; these crimes were committed mostly by young women who wanted to achieve economic autonomy away from the family or women who had to support their young children without a partner's help and the support of social services.
3. 12 % committed crimes against people, this is a low rate compared to males who committed similar offences.
4. 50 % of the female prisoners have children but have interrupted all relations with them, and many, in particular, the Romani women, have dependent children under the age of three living in prison with them. Over the years, new laws have been introduced in Italy which allow mothers and children to live their detention in group homes or in their own houses.

Foreign female prisoners, a minority in Italian prisons, face many factors which make prison life more difficult. The critical conditions are in fact represented by additional factors, such as:

1. it is difficult for a female immigrant, without a house, to have access to an alternative to prison;
2. the condition of clandestine family or relatives minimizes the possibility of having visits;
3. it is difficult to keep telephone contacts with their families;
4. difficulty in raising their children.

The limited number of women's prisons makes the presence of female sections in male prisons necessary; however, this situation often makes women prisoners feel forgotten, especially by intramural educational programs targeted for the average male. In fact, these limited numbers do not allow the realization of projects related to educational or professional courses or, in any case, projects aimed specifically at "women". Being a minority within a minority, being equal but different, being forgotten because not important for statistics: this is the condition that women are forced to face along with their sentence, living in a universe conceived and organized on the needs and characteristics of the average male prisoner, as we will consider *infra*.

This situation also occurs to women prisoners with health problems. They live a condition that I defined "double burden" [1]. In fact, international studies demonstrate, through empirical investigation, not only that the number of women in prison compared to men is increasing significantly [2], but also that for women the presence of disease is often higher than for men; this includes mental illnesses [3], drug addiction [4, 5] and sexually transmitted diseases [6, 7]. Moreover, women are not only more exposed to certain types of diseases, but are often affected negatively by intervention and therapeutic programs created specifically for men [8], therefore making the period in prison less tolerable for women than for men [9].

An interesting Report of the World Health Organization [10] stresses the lack of public health concern for the needs of women in prison considering the following four main issues:

1. Mental health problems.
2. Suicidal behaviour.
3. Substance use problems.
4. Reproductive health.

In particular, the mental health problems "should be comparable with those available in the community, but should take into account the negative effect that prison is likely to have on the mental state of a woman" [ivi: 158].

Regarding the second point, data show that women are 14 times more likely than men to injure themselves while in prison, and that the early period in custody is recognized as the high-risk period for suicide.

Problems linked to substance use are principally determined by the fact that women often neglect their health while free due to poverty and/or addiction behaviours, with the result that after entering prison they make great demands on health services [ivi: 161].

Finally, pregnancy and motherhood - as we will see *infra* - have a sensible effect on the health and well-being of this sample of people, not only from a bio-medical point of view but particularly at a psycho-social and relational level, as Enos asserted [11].

Theoretical framework

Well-being may be considered in two perspectives: the "hedonic" approach, which focuses on happiness and defines it in terms of pleasure attainment and pain avoidance; and the "eudaimonic" approach, which focuses on self-realization and defines well-being in terms of the degree to which a person is fully functioning [(12): 143–147]. Well-being is strongly linked to the health status in both cases: in fact, "sickness is often associated with displeasure or pain, so the presence of illness might directly increase negative effects. Furthermore, illness often presents functional limitations hindering positive effects and life satisfaction" [Ivi: 151].

The theoretical model of this article is the Self-determination Theory, that is under the umbrella of the "eudaimonic approach". This Theory describes three main needs:

autonomy, competence, and relatedness. This study is focused especially on the relatedness need. The model helps us to build our research hypothesis: stress in women prisoners is strictly related to both "external" networks and "internal" support. Furthermore, it is generated by the feeling of loneliness rather than having to cope with the difficulties of prison life. The main issues of this article concern stress and loneliness that women prisoners experience in Italian prisons.

In general, wellness is not simply defined as the absence of psychopathology, but as an array of positive functioning aspects promoted by attainment of relations of strong attachment, acquisition of age-appropriate cognitive, interpersonal and coping skills, and exposure to environments that empower the person, as discussed by Cowen [13].

A significant indicator of well-being, especially from an "eudaimonic" point of view, is relatedness: quality and quantity of relations are fundamental to achieve well-being outcomes. Relatedness is one of the most significant factors that influences happiness [14]. Specifically, the quality of relatedness is a more important predictor of well-being than quantity, in fact, people who have more intimate relations tend to perceive greater well-being. Reis et al. [15] showed that people experienced greater relatedness when they felt understood, engaged in meaningful dialogue, or enjoyed themselves with others.

Social support and positive relations also have an important effect on individual health: as Uchino et al. [16] asserted, social support influences mortality via changes in the cardiovascular, endocrine and autoimmune system.

According to the "eudaimonic" approach, another indicator of well-being is self-efficacy: therefore, on average, goal progress predicts enhanced well-being, in particular goals that are rated as important [17].

Scientific literature defines stress as "any environmental, social or internal demand which requires the individual to readjust his or her usual behavioural patterns" [18]. Peculiarities of total institutions, which constitute a real fracture with the prisoner's precedent life, can surely be an obstacle for the health and well-being of these people.

In the prison environment, it is possible to differentiate first-level stress (or the "primary stressor"), due directly to the "internal" experience of incarceration, and second- level stress (or "secondary stressor"), due to the "external" experience (post-release life and return to the free world) of social stigma, reduced job opportunities and problems in the family [19]. As a primary stressor, life in prison requires the inmate's capability of "adjustment" and ability to cope from the first moment and in relatively short time periods, something that rarely happens to people who live what we called "double burden".

More specifically, loneliness is defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some significant way, either quantitatively or qualitatively. Loneliness can be mild and fleeting but it can also be a persisting, distressing experience" [20]. Since loneliness is linked to a lack of interpersonal relations, it should also be related to measures of physical health.

Weiss [21] described two forms of loneliness: loneliness as social isolation and loneliness as emotional isolation. The former results from an absence of supportive social networks, the latter stems from the absence or loss of close attachment relations [22]. Such loss of relations "certainly occurs with prisoners. Both solitude and social interaction are self-chosen states that prisoners can only experience in a restricted manner. Because of this limitation, prisoners may be even more vulnerable to loneliness" [(23): 6].

Loneliness is also an important indicator of suicide in prisons: "isolation from family members and outside contacts, as well as not being able to make new friends in prison, for example, are loneliness related factors which potentially make a prisoner more vulnerable to suicide. For many prisoners incarceration is where relations are interrupted and bad news is not uncommon. These situational triggers may evoke a sense of loneliness in some prisoners" [(24): 435].

Carcedo et al. [25–27], according to Lopez's study [28], categorize human needs in three main groups:

1. *Social needs*. It means belonging to a community and implies friendship networks. When people cannot satisfy this need, they experience social loneliness, a feeling of marginalization and boredom.
2. *Emotional needs*. It refers to the attachment bond that individuals activate first with parents and then with a partner when mature. If not fulfilled, feelings of emotional loneliness, insecurity, sense of abandonment and lack of protection may appear.
3. *Sexual needs*. That is sense of intimacy and body contact. It is associated with attraction and desire. If not fulfilled, individuals may live experiences of sexual frustration and sexual dissatisfaction.

Relatedness, social support and emphatic relations are fundamental to explain the well-being of women inmates. According to Lopez's categorization [*Ibidem*], social needs are specially investigated to understand the sense of boredom and seclusion of the prisoners.

Literature review

In prisons, many needs should be satisfied to avoid loneliness and seclusion. Toch [29] identified seven environmental needs for prisoners:

1. Privacy. Some prisoners may choose to escape from crowds and noisy settings.
2. Safety. Inmates may prefer a safe environment to minimize chances of being attacked.
3. Certainty. Prisoners may express needs for clear and consistent rules and procedures.
4. Assistance. Inmates may ask for help to solve practical problems or to obtain services.
5. Support. Prisoners may have needs for understanding, empathy, warmth, emotional support.
6. Activity. Prisoners need to be occupied.
7. Autonomy. Prisoners should be able to control their lives, minimizing restraint.

Prisoners may obtain social support from two main groups: outside the prison from family, professionals and friends; inside the prison from staff and fellow inmates. If the relations outside prison may be informal, in prison they become formal and top-down directed.

Compared to Goffman's intuition of total institutions [30], contemporary studies show a different picture: an interesting empirical research [31] shows a new role

perception among prison officers. Many prison officers have pro-inmate orientations and strive to encourage inmate rehabilitation while Fuller suggests that prison officers now encourage a greater level of effort, support, and openness and are interested in expanding the supportive aspects of their duties [32].

This support may be considered as [(33): 122]:

1. Emotional support: warmth, empathy.
2. Instrumental support: a practical response to the contingent needs.
3. Informative support: institutional communications.
4. Appraisal: negotiation between environmental pressures and individual possibilities.

Regarding relations with other fellow inmates, many researches show that prisoners are not a critical core, but rather atomistic and distressed, with no determination in activating deep relations. This is explained by Zamble & Porporino [34], who argue that inmates are cautious about opening themselves to possible entanglements for fear of getting involved in fights in order to help another inmate. What is more, Biggam & Power argued that "the nature of the prison regime – with limited hours for social contact in privacy – hinders the formation of close friendship" [(35): 226].

Studies on stressors in the prison environment revealed common factors for both men and women. These are loss of freedom, lack of opportunities for heterosexual activities, no support from family and friends, depersonalizing experiences, loss of autonomy, lack of privacy and security [36].

The most significant stressor for female inmates is linked to their role as mothers: the separation from their children. This stressor is often associated (see *infra*) with feelings of guilt, anxiety and fear of losing mother-child attachment [37]. In a longitudinal study, Fogel & Martin [38] compared anxiety and depression longitudinally between mothers and non-mothers in prison. The findings showed that although anxiety levels decreased over the length of incarceration for both groups, it decreased much more for non-mothers than it did for mothers.

Female inmates are more distressed than men as they have to cope with more stressful events, such as the separation from their children [39], and having to find someone to take care of their children. This situation "is stressful for mothers because of the possibility of losing the custody of their children added to the worries associated with the well-being, education, and raising of their children" [(25): 646].

Studies on loneliness in female prisoners show heterogeneous findings. Ann Desmond's research does not support the hypothesis that the frequency of family and friends' visits decreases loneliness. On the contrary, the research indicates that "the presence or absence of a friend and the number of friends within the prison did make a significant difference in the loneliness experienced by women prisoners. Women with a friend in prison were less lonely. Women who had more friends were significantly less lonely than those who had few friends. It also appears that women are more likely to make friends in prison than men" [(23): 9]. Moreover, women show higher participation rates in groups and clubs in prison, and "their lives seem to be organized around small, intimate and make-believe families" [(25): 650]. Therefore, according to Desmond, it seems that having external social support did not decrease loneliness, while having internal social support was associated with lower levels of loneliness. Contrarily, men are more focused on making time pass and solving their problems by

themselves. "Men do not search for support as much as women do inside prison, which implies that men inmates receive less support and therefore may suffer more social loneliness" [*Ibidem*].

Regarding relations with the outside world, Lindquist [40] found that being married, being a parent and receiving social support within the prison were all associated with poor or low mental health. Therefore, the authoress concluded that social integration is negatively correlated with mental well-being. Specifically, married inmates reported higher levels of depression and anxiety, and inmates with closer social relations inside prison reported higher levels of hostility.

Schmid & Jones [41] suggest a way of adapting to prison life: reducing contact with the outside world because these ties make "doing time" more difficult. Inmates are tempted to discontinue outside contacts, which may become painful reminders of what they left behind upon entering prison. Contrarily, Biggam & Power [35] found that the discrepancy between "expected" support and "received" support may predict mental health: emotional discrepancy may be the best predictor of anxiety, depression, and hopelessness.

Aim and hypothesis

The aim of the article is to investigate, through an empirical survey, the health and well-being of women inmates in Italian prisons. An important issue is the loneliness and seclusion that these inmates experience inside prisons.

The hypothesis is that stress in women prisoners is strictly related both to "external" networks and "internal" support, furthermore, it is generated by the feeling of loneliness rather than having to cope with the difficulties of prison life.

Methodology

Participants

A qualitative study involving adult female prisoners in three Italian regions was conducted (Campania: prison of Benevento, Lazio: prison of Rebibbia-Rome, Emilia Romagna: prison of Dozza-Bologna) based on 37 individual semi-structured interviews.

The interviewees are mostly all Italian women, except for five, two from Africa, one from Albania, one from Romania and one from Spain. Their average age is over 40 (42.6) and the majority have motherhood in common (33 mothers were interviewed).

The sample is not representative in statistical terms of all female inmates in Italian prisons; nevertheless, it surely constitutes a reliable sociological sample from a qualitative methodological perspective.

Procedure

The qualitative research was based on semi-structured interviews, aimed at investigating mainly the experience of women prisoners in regards to living collectively and their

well-being, but with the specific intent to explore new themes through their answers. In literature, life history narratives are considered as the optimal method to collect data from incarcerated women and other marginalized populations [42].

The interviews were recorded and then transcribed *verbatim* (word by word, without additions or omissions). The recordings were heard repeatedly before their transcription to grasp even the prosodic aspects of the narratives.

Analysis

Analysis was conducted through the CAQDAS contents (*Computer Assisted/Aided Qualitative Data Analysis Software*) by the software Atlas.ti. Using the Grounded Theory model [43, 44], the text was analysed from the data and returning back to the text, in order to complete the construction of concepts and relations among them, letting the prisoners' words suggest the priorities. Accordingly, during the first stage of analysis there was not a plan *ex ante* but simply leaving recurrences emerge from the text in order to extrapolate one or more topics of investigation.

The contents were then initially encoded with an Open coding, creating categories mostly reporting the words of the participants; and only later were the "quotations" coded for recurrent themes in Code Families, in order to build families of concepts that could address reflections, also through the definition of relations within the Network themes. By crossbreeding the Family Codes, operative Super Codes were derived (by Boolean operators) which enabled to observe significant relations. This procedure allowed us to build reliable categories, in a bottom-up direction.

The role of the researcher is fundamental in this methodology; in fact, "while computer software can help with various stages of analysis, it will not perform analysis. The intellectual work of devising coding schemes and developing theory about the data is the responsibility of the researcher. Software is simply a tool that can help with the systematic sorting of data, if appropriately applied" [(45): 98].

Results

From the conversations with the prisoners, what mostly draws our attention is a concept, which, to summarize the complexity, could be defined as "emotional dimension".

This concept especially regards the daily and personal experience of each detainee, and emerges in most of the conversations with the respondents: over 440 quotations (Citations within the text related to the concept) can be counted within this vast dimension, so articulated to offer the analysis a network of over 300 inter-connected concepts.

For example, it is possible to organize the network so that only the main connections emerge, which allow to understand this aspect in detail.

A bipartition of this Codes Family is further identified in the light of this inherent polarity in the dimension itself, which is split in the presence of a positive or a negative approach to incarceration. It concerns fundamental assumptions that recur throughout

the investigation as sensitive issues regarding the life of imprisonment, according to the literature review above mentioned:

1. internal support by the specialized staff and/or by other prisoners, and external family support;
2. health and quality of medical care in prison;
3. activities to keep busy (projects, courses, work or training) and post-prison reintegration.

In particular, the prisoners without family affections, not finding a support network in the professional staff (due to staff shortage, little or no counselling with psychologists and social workers and mistrust of medical care) and solidarity with other prisoners, become dramatically demoralized. They also show severe forms of depression and even attempt to commit suicide.

Moreover, the availability of an external or internal psychological support is a decisive factor in the individual experience contributing to a positive re-elaboration of the prison experience, according to Toch [29].

The "positive emotional dimension" alludes to the individual disposition to live prison as a possible redemption (we find quotations as: *"prison saved my life"*, *"positive future"*, and so on). These prisoners take advantage of work opportunities and internal courses in the institution to build and plan their own future.

They also have total trust in the prison staff and have established good relations with the other prisoners. When interviewed they are positive about the opportunities they will encounter outside prison, but this is mainly due to the stable external support of their family. In fact, supportive social networks, together with close attachment relations, are fundamental to cope against loneliness, as we described in the theoretical framework in the re-examination of Weiss' typology of loneliness by DiTommaso & Spinner [22].

Here below are the answers to the question "How do you see your future?":

"I'm not worried. I have a family waiting for me outside and supporting me, so I am calm. I believe that my future will be positive: my mother has put some money aside for me and I think I will open a business, so I can work and have a life like everyone else".

"I still believe in my future, even if I am 52 years old, I imagine it positive, I am confident, I want to believe that life continues for me, I will find a job, because here I have learned a lot from my mistakes, and now I want to start all over again. If I have any problems, I will find my children who are now grown-up and have their own life, if they have children I can take care of them, and we can start again together, I want to believe this".

On the contrary, the absence of support, which can derive from long distances from family members or due to distrust of prison staff, becomes the core of the "negative emotional dimension", in which loneliness is experienced as the real "illness" of prison life. In fact, higher levels of social loneliness are correlated with higher levels of poor mental health [46].

Without strong emotional support, the prisoner does not have the necessary motivation to deal with the trauma of incarceration. In these cases, the threat is not only in

the future but also in the daily life of the present: imprisonment itself often becomes the "disease", especially at the first experience of imprisonment, as we discussed in relation to Pearlin's concept of the "primary stressor" [19], due directly to the management of everyday life in prison.

Here below are the answers to the question "Tell us about a typical day here in prison":

"That's it, I fell into a deep depression, I was in bed every day, thinking, thinking again, then I had terrible headaches, dizziness, palpitations, I never slept, I was terrified of everything around me. I just did not want to stay here, I really felt bad, and I started like this here, taking anti depression drugs, I took so many, which, on one hand, calmed me down and did not make me think, but then, at the end of the therapy, as my inmates suggested, I started to do gymnastics, yoga, to attend courses in order to make time pass and enjoy myself a little. When I came to prison, it was the first time for me and I found myself alone, frightened, and then I also suffered a strong emotional stress, because they came to arrest me when I was breast feeding my baby, and I can never forget that scene, it was hard for me, I can still see my baby in my mind, and this has made me feel very bad here".

"You have to be careful here because we are not all strong: there are inmates who hurt themselves, how do you say it? self-harmers, I think, here, there are so many that it is also dangerous for those who are around them, they must be helped".

The experience of discomfort and never-ending fear

Studying the contents of the network analysis in depth, we can detect a new dimension, that is, the discomfort experienced by women in prisons. It is particularly intense both as an "existential discomfort", deriving from loneliness, from being away from home and the family, and as a "concrete discomfort", deriving from living their daily life in prison.

Creating a Codes Family with the quotations from the conversations referable to this concept, over 340 quotations and over 130 links emerge, allowing to consider this theme central in regards to the actual analysis. Clearly connected to the negative emotional dimension, discomfort is entirely centered on the above-mentioned sense of deep solitude and seclusion lived in prison and the difficult condition that prison life imposes. The feeling of loneliness [20, 21] dominates the narratives together with the widespread fear regarding health [46].

Illness, in fact, is present in prison even when there are no severe pathologies, but rather psychological discomforts like the "fear of getting ill". Environmental, material (humidity, forced cohabitation, hygiene) and psychological conditions (physical constriction, lack of affections) influence the individual experience and, therefore, psychological support becomes more urgent than material support. According to Cowen [13], environment is a basic issue to understand the level of empowerment experienced by the individuals.

Here below are the answers to "Do the living conditions here (environmental, hygienic etc.) influence your health and well-being?":

"Yes, the conditions of life here influence our state of health greatly, especially at the psychic level, there is a lot of stress here".

"I am convinced that prison, living here, greatly influences our health, regarding me, very much, because as soon as I came here I had depression problems, many of us suffer from depression here. It was hard, actually, it is hard".

"I am convinced of this, according to me, the conditions of life here influence our health, look at me, I was in good health out of here, I got ill here".

"Yes, there are some inmates that have quite serious illnesses even if I am healthy and I am counting on leaving healthy from here. There was an inmate here with Aids before, she was honest about it and told us right away, many have hepatitis".

Cohabitation in the same cell with people with transmitted diseases, the general hygienic and environmental conditions of prison worry the detainees who believe they do not have sufficient information regarding eventual prevention measures. However, all the detainees refer to an "information sheet" which is given to them when entering prison and in some (rare) cases a course on prevention measures is organized *ad hoc*. Nevertheless, it is mainly their own common sense and self control which help the prisoners to avoid the risk of being contaminated.

Here are the answers to "When you entered prison, were you given general or specific information on disease prevention?":

"I must say no, there is not enough information, when you come in here, they do not tell you to be careful here and there, everyone here has to take care of themselves because we all know we must be careful, now they are doing prevention programs for cancer, Aids, hepatitis and so we are better informed".

"No [*no information at the entrance*] not even here, no. In fact, the questionnaire I filled in, I answered in any case. It would be nice if we had a meeting with the nurses too. Well, with the people with hepatitis, I do not drink in the same glass, this is normal, but I… that is, I am a mother, a grandmother, I have experience and know these things, but what happens when a young girl of 18 comes here and has to take care of herself ?".

Not having the possibility to choose their own doctor nor the time for their treatment, they find themselves forced to face the difficult moments and have to trust the prison staff available totally.

In this sense, the trust that doctors are able to establish with the prisoners seems to be decisive in regards to the perception that the treatment prescribed is effective or inadequate. Likewise, communication becomes a crucial point to establish the doctor-patient relations, as asserted in a more general sense by Zani & Cicognani [33] relatively to "emotional" and "informative" forms of support. In fact, inadequate treatment is often associated with insufficient information in our narratives. Therefore, the prisoners who are able to understand that, for example, the waiting period for a medical visit is due to bureaucratic reasons and not to the disinterest of the medical staff, live their condition better. Besides, a very urgent request driven by prisoners is that related to an increased presence of doctors, psychologists and nurses.

Here are the answers to "What is your relationship with your healthcare staff like? Do you trust them? Why?":

"I have a good relationship with the doctors and nurses, yes, I trust them, but I have to, it is not like out of here where you have your own family doctor, so, I must say I trust them".

"I needed a recovery, I also applied for examinations by a consultant, but nothing, they refused. I have blood tests but they never let you know anything, they could at least let you know the results, instead nothing".

"Not only for me, what I am asking for is more visits for women, especially gynaecological visits for the women who need it, on a regular basis not only when you ask for it, visits that women should have to check their uterus, their breasts. Because what was not there yesterday can be there tomorrow… and then when we ask for a medical visit they ask us what problem we have and according to what you say they give you a pill, and then that pill could be bad for you. I cannot say "I have a cough" and they give me an antibiotic, because I might not have bronchitis but something else. The health care officers should be more present".

In general, the level of treatment received is considered good, but - as said *supra* - the evaluation is strongly influenced by the affective and personal relationships between the patient and medical staff. The internal treatments are principally considered good, not too different from those received outside. The problem arises when there is the need for a specialist visit, considering the waiting time (code: "too long waiting time"), for the double bureaucratic problem regarding pharmaceutical stocks and availability of specialized interventions.

Here are the responses to "Do you think these treatments are well-timed/fast/efficient?":

"I believe that the treatments are the same as out of here, because I am continuing the same treatment, I am followed by them, but I am sure that outside things are different, because you are outside, you are not forced to live here, and it is the environment that changes everything here".

The correlation between the dimensions connected with health (which we coded as "cure") and the affective dimension upholds the consideration that moral support from the medical staff and communication are two important factors for the prisoners' well-being. Discomforts linked to prison life become extreme because of the condition of seclusion, which induces affective vulnerability. According to these findings, in the theoretical framework we saw that in general relatedness strongly influences happiness, according to Argyle [14]. Dialogue and empathy are fundamental indicators of relatedness, according to Reis et al. [15]; and specifically for the prison settings, we considered that Toch [29] recognizes "support" (e.g. responses to needs for understanding, empathy, warmth and emotional support) as one fundamental need for the prisoners.

Future objectives and the fundamental role of motherhood

It is interesting to observe that, although discomfort and loneliness are the most significant constant in the contents analyzed, with fear of illnesses as a recurrent theme, most of the prisoners interviewed consider their future quite positive.

The elements that determine optimism are the following:

1. family support: in many cases this regards women who are not very young and invest their future entirely in the family;
2. having participated in projects, training or educational courses providing skills to utilize outside;
3. motherhood, above all.

Motherhood proves to have a direct influence on the motivations towards the future. It seems to be an excellent sign in the task of serving time in prison and continuing eventual treatments after detention. The sense of responsibility towards their children becomes functional to the assumption of responsibilities towards themselves.

The element of external support and, above all, the presence of children is one of the women prisoners' motivations to resilience, as seen by the relations between the codes "Motherhood" and "Family" and the projection of the future (positive/negative). Unifying the two codes through the AND Boolean operator, a dimension of great confidence in the future emerges, considering that all the quotations concern the code "positive future".

Here we can see the answers to "How do you see your future?":

"My future looks positive, I pluck up courage by myself to carry on every day. This experience has marked me, it has made me understand many things, and I often talk to my children about it, I don't want them to make my same mistakes, they must leave here, from Naples. They are young and can still save themselves, I have paid for all my mistakes, they must not live the life I did, I want them to leave, they must start a new life".

"I imagine my future positive, beautiful, at home, with my husband and children, I imagine it positive, especially for them, I want to make up for the time lost, I want them to have everything, I want to be present every moment, because this experience has made me realize the importance of life, the sense of a family, now I appreciate all that I had before, and when I was out I did not even consider".

Family or motherhood are never considered a problem when referring to the period of regained liberty.

Studying this aspect in depth, through crossbreeding with the Boolean operators, we notice that in the interviews a more frequent relation between the idea of a positive future and the presence of a support outside emerges more often when children are present (example of a quotation: "*my future are my children*"): social rehabilitation is considered possible and actual in this condition.

The most frequent quotations recall, on one hand, the will to offer their children more and better possibilities (*"think of my children, save them from this world"; "my children have to leave from here"*). On the other hand, the idea to be taken care of by

them, somehow protected from the possible difficulties of post-prison integration (*"I will think about my family and nothing else"; "I have a family that is waiting and supporting me outside, therefore I feel at peace"; "I see my future as a grandmother"*).

In the presence of the family as an external support, the interviewees declare to imagine their future as totally centred around their family life. This offers them a cognitive tool to invest their energies positively and not let themselves go into depression or discouragement for their imprisonment.

Considering the condition forcing them to be far from home and the bad example given to their children (*"you are here and you feel a shitty mother"*), they do not want their children to have their same prison experience:

"they do not have to live my same life; seven children, all with clean records; It is terrible to have to tell your little girl that her mother is in prison. I have not seen her for 1 year, because I do not want or however I am still not ready to receive her in this infernal place".

In fact, two types of problems are considered by mother prisoners:

1. firstly, the difficulties regarding family visits and the possibility of allowing their children to live moments with all the family united.
2. secondly, the absence or shortage of activities for them as a family, which prevents the realization of Toch's need for activity [*Ibidem*].

In the first case, for example, the interviewees refer to the possibility of spending time in the green area during visits, but also to the prohibition of the father participating in the (monthly) scheduled meeting hour between mother and child:

"We have to recreate a home environment in a green area, so why can't my children's father stay? Are we a family or not?".

Moreover, the absence of *ad hoc* courses or facilities to share the growing up period with their children causes a deep sense of failure of the maternal role. This leads women to think about their children nostalgically most of the time, thus exasperating their condition of discomfort in prison life. This lack is caused by contingent causes, but above all by structural factors, i.e. the political choices in management of budgetary resources as Elaine Lord asserted for U.S.A. mentally ill prisoners (but the situation is very similar in Italy): "given that more than 90 % of the budget of any facility is expended in security, this left very little funding for programs to address the underlying issues of the mentally ill" [(47): 940].

Here are the answers to the question "Are you taking part/did you take part in intramural activities?":

"How do I feel? I feel… all right this is my status quo, anyhow, I feel like I do not care anything about myself and here…[*crying*], the issue mother/daughter always comes out and I said, I feel like shit…as a mother, so…maybe many people live motherhood differently than me. My strength inside here, I get it from them because inside here there is nothing that gives me strength, so if I feel bad I keep it to myself".

"Here, I do not spend my day in the best way, because I always have my mind on somewhere else, at home, on my children, but to take my mind off this for a while, to escape from my thoughts that accumulate, I attend courses to help me relax".

Obviously, a mother's imprisonment directly influences her child's life, which becomes more difficult when very small children have to experience imprisonment with the mother. In fact, it seems that appropriate facilities and proper supports for this cohabitation do not exist. In a case narrated by a mother prisoner with a baby of a few months, she said that the treatment for the child was absolutely insufficient and inadequate to monitor his physical and psychological growth during the first months of life, and that the availability of activities or a proper environment for this circumstance did not exist, even when foreseen by the Institute.

Here we can see the replies to "Tell us about a typical day here in prison":

"For my child I do not get the cure he needs".

"There is no support among the women prisoners. Only groups are formed, therefore you must not talk to that prisoner otherwise you will risk being hit by that other one. You are threatened, but I do not care, therefore, if I feel like talking to someone I do it unhesitatingly. The only thing that I feel sorry for is the baby who suffers prison life conditions. I frequently ask myself what he is thinking, how he is living this period inside prison. I always try to transmit peace and tranquillity, even if inside here it is difficult. For example last Wednesday, a prisoner who looked possessed, for the love of another convict at the other building wing (where they await trial) started to scream like crazy, she started banging everything, four officers had to intervene to stop her and after hitting her, put her in solitary confinement. While all this was happening I tried to make my child think it was all a game, but it was very hard. Then, what makes me feel really bad is the moment we have to be locked in the cell, he starts crying. It is not easy at all, I hope they will let me leave. They could make me wear an electronic tag, force me to stay inside, move only from the bathroom to my room, but the important thing is that I get out from here".

International research confirms the central role of motherhood in prisons [11], showing that mothers consider separation from their children to be the hardest aspect of imprisonment [48]. They often feel "enormous grief" about the time lost with their children. Children continue to have a fundamental role in women's lives during incarceration, especially because they are considered the sole and true motivation for change and their primary purpose in life [42].

The principal correlations emerged

Related to the theoretical framework described and linked to the scientific literature in this research field, the principal correlations which emerged from our research confirm a few findings briefly reported below:

Positive Emotional Dimension is strongly correlated with:

1. External support, especially in relation with family support, according to Argyle [14] and Enos [11].
2. Internal activities, particularly courses and projects, according to Carcedo et al. [25–27]. These activities are fundamental to fight loneliness as social isolation, according to Weiss [21] and Toch [29].

Positive Future is strongly correlated to:

1. Self-efficacy, active when the daily activities are meaningful and goals are realistically attainable, according to Brunstein [17] and Dodge & Pogrebin [48].
2. Motherhood, considered as sense of responsibility, according to Fogel [39] and Ferraro & Moe [42], and also to overcome the feelings of guilt for the failure of the maternal role and time lost with their children, according to Fogel & Martin [38] and Lindquist & Lindquist [37].

*Health and Well-being*, in an "eudaimonic" sense [12], are strongly correlated to:

1. General prison environment, linked to the nature of prison regime, according to Cowen [13] and Biggam & Power [35].
2. Relations with officers and health professionals, according to Reis et al. [15].
3. Effective information at entrance on the procedures and health risks, linked to the presence of physicians and psychologists, according to Malloch [9].

These findings can be confirmed by the following networks, built through the Boolean operators (Figs. 1, 2, 3 and 4):

Lack of external support is linked to: stigmatization/exclusion/prejudices; social disadvantage; being a woman in prison; anxiety; depression.

Fatalism is linked to: uncertain future; negative future; depression; long empty days.

Internal support is linked to: relations with the officers and staff; relations with the health professionals; relations with the other prisoners.
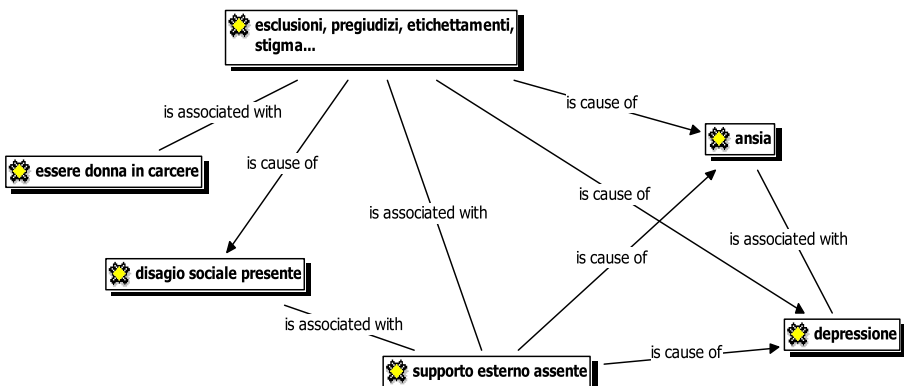
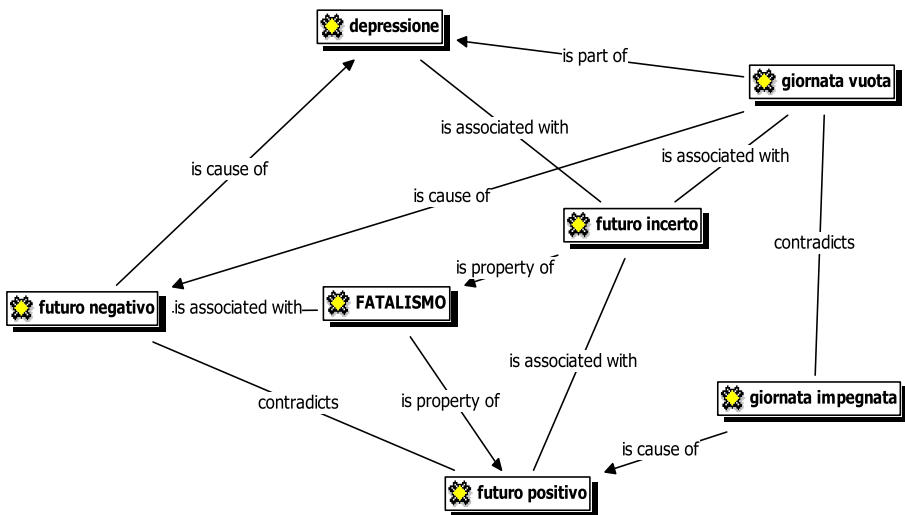**Fig. 1** Network on category: External support

Fig. 2 Network on category: Fatalism

Loneliness is linked to: lack of psychological support; depression; long empty days; separation from the family.

Discussion and conclusion

Considering the theoretical model of the Self-determination Theory [12], data from our interviews show that social rehabilitation is experienced more peacefully when the family offers its support, thus becoming the driver motivating prisoners to face their detention period. As Barbara Bloom and her co-authors asserted: "the dominant theme of connections and relationship threads throughout the lives of women offenders […].
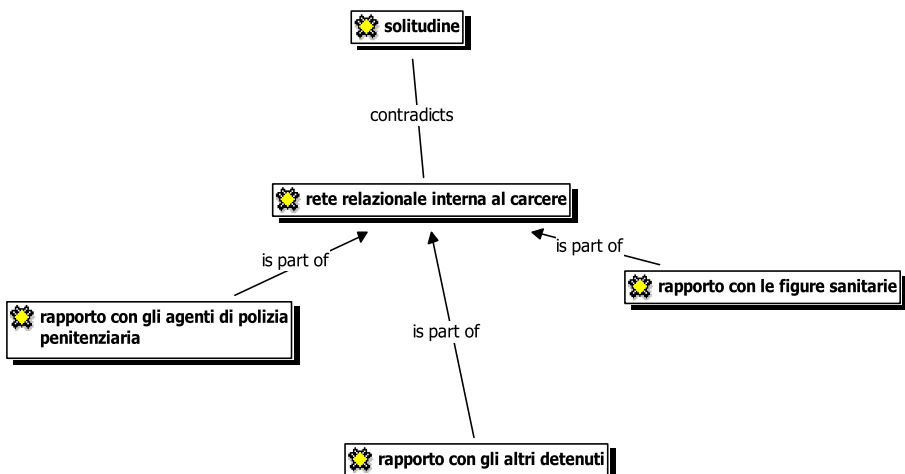

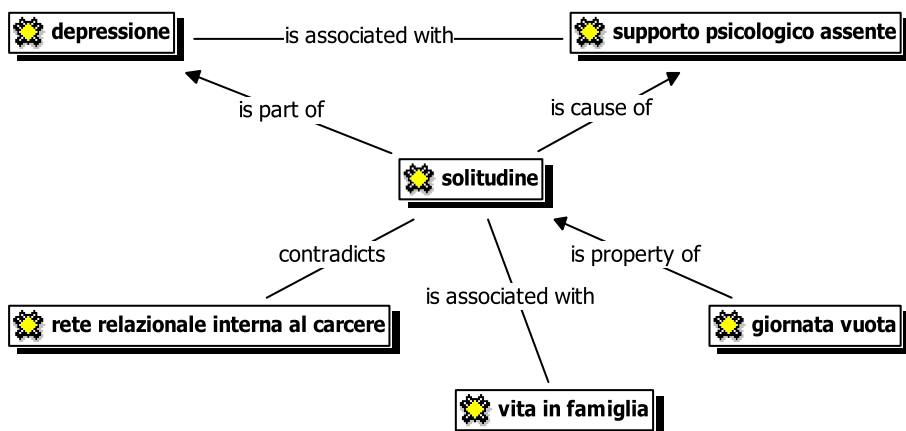Fig. 3 Network on category: Internal support

Fig. 4 Network on category: Loneliness

When correctional policy ignores this theme, the ability to improve women's lives through correctional intervention is significantly diminished" [(49): 9].

People in prison often live what Zygmunt Bauman [50] defines *Unsicherheit*, that is, the sum of their experiences defined by the words uncertainty, existential insecurity and unsafeness. The spiral triggered by these afflictions is a significant impediment to collective remedies. People who feel insecure, mistrust what the future holds for them, fear for their personal safety and seem paralysed by individual tasks to the point of not being able to imagine different ways of collectively tackling their problems.

This mental state of "anomic" alienation in relation to the experience of time in prison is well explained by Erving Goffman, who, in *Asylums* [30] wrote how inmates feel that the time spent in prison is wasted and useless. It is a period of time that seems to be "hibernated", something that must be "passed" or "marked" or "delayed"; it is basically a period, which elongates and retracts itself without passing, and that fundamentally marks the time imposed by the authorities. In fact, "under the prison system, dependence on authority figures is maximized, and opportunities to learn and experience responsible personal decision making are minimized" [(51): 46].

The most significant findings which emerge from data offered by the interviews can be identified in the core concept of loneliness, which is typical of seclusion. It is the greatest difficulty of penitentiary experience, which can degenerate in the absence of a stable affective network or of trust in the prison staff. As we saw in the literature review, emotional, instrumental and informative support [33] are fundamental to cope with the difficulties in the total institution.

Motherhood, in particular, becomes the most delicate issue for women in prison. The maternal role is lived as frustrating due to distances and the actual obstacle in maintaining their educational role in their children's lives. This is the reason why all mother prisoners think about their future as a redemption of their motherhood and intend to spend their liberty period dedicating themselves completely to their family.

Children at home may scarcely influence mother-prisoners' mental health: although regular visits can maintain family links, the frustration and worry of being unable to

interact freely with their children may cause great distress and sometimes desperation for the prisoner. This is often exacerbated by the distance from home due to the comparatively small number of women's prisons, which often results in considerable travelling for their families. The distress experienced by these mothers is another factor raising the risk of self-harm [(10): 165].

Our interviews show multiple levels of reflection, crossbreeding mainly two plans: a situational and a personal plan. The main dimensions emerged are: access to activities in prison (work, projects, sociality) experienced as a deterrent to seclusion and as an opportunity for future reintegration into the "free" society. Motherhood is a spur to resilience, but also in reference to the difficulties associated with the conditions of segregation. The main theme that crossed all the conversations is "loneliness", lived as a "prison disease".

From an interesting survey carried out on female offenders in U.S.A., it emerges that seven strategies are actuated by women prisoners respect to their motherhood: being a good mother, disassociation from prisoner identity, mothering from prison, role redefinition, self-transformation, planning and preparation, and self-blame [52].

Being a good mother is a coping strategy activated by the women to affirm their fitness as mothers.

Dissociation from prisoner identity consists in minimizing "prisonized" behaviours, thereby distinguishing themselves from other prisoners and from a prisoner's image.

Mothering from prison means that they utilize this strategy to sustain their maternal bond maintaining contacts with their children and caregivers.

Role redefinition is a more complex strategy, denoting that children take the roles of parents or peers. So, "by attributing exaggerated maturity to their children, these mothers seemed to neutralize the harms they may have caused their children, while minimizing their own guilt and sense of failure" [Ivi: 462].

Self-transformation, which consists in processes such as becoming spiritual or religious, or being involved in community and helping others, in a sort of "conversion".

Planning and preparation for the future (getting jobs, finding places to live), as adaptive strategy for surviving.

Self-blame, that is admitting feelings of guilt and shame and expressing responsibility for their past behaviour. This strategy may be maladaptive or adaptive; therefore, it "might be self-harmful, especially when no help or assistance is provided to mothers to 'counterbalance' it. On the other hand, self-blame, if followed by real opportunities for self-transformation and a change in circumstances, might be a step toward positive reinterpretation and adaptive coping" [Ivi: 465].

The prisoners of our survey seem to principally adopt the last two above described strategies. They live their life manifesting many fears regarding their well-being in prison, above all, in regards to the upbringing of their children, having to cope with feelings of guiltiness because they have deprived their children of an important source of material and emotional support.

The number of prisoners in the institutions, the continuous-change over due to short sentences and to concessions of alternative measures and the different social-cultural conditions which distinguish them, make the programming of valid rehabilitation and reintegration activities more and more difficult. In fact, considering the intuitions of the Canadian sociologist Erving Goffman [30], total institutions are incompatible with a fundamental element of our society: the family.

Therefore, more attention should be given to the re-socialization aspect of prison. Furthermore, problematic aspects of prison life, such as the distance of women's prisons from cities, costly phone calls, rigid rules of visitation, and so on should be reconsidered [(52): 468].

It is clear that in order to interrupt the vicious circle of social exclusion - prison - new social exclusion, complex interventions supporting gender perspectives are necessary. Therefore, consideration must be given not only to the profile of women prisoners, but also to their backgrounds of social discomfort and exclusion conditions before imprisonment. The creation of support networks, integrated between public institutions and Non-Governmental organisations become a central element and, somehow, predictive of a possible and positive reintegration into society. Restarting from prison means ensuring respect for all fundamental rights outside and inside prisons, promoting social policies and reducing situations of discomfort in order to eliminate the causes "creating" imprisonment.

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