Is there a recognizable post-incarceration syndrome among released "lifers"?

Article *in* International Journal of Law and Psychiatry · April 2013

DOI: 10.1016/j.ijlp.2013.04.012 · Source: PubMed

2 authors:

Marieke Liem
Leiden University
175 PUBLICATIONS **2,153** CITATIONS
SEE PROFILE

Maarten Kunst
Leiden University
65 PUBLICATIONS **826** CITATIONS
SEE PROFILE

International Journal of Law and Psychiatry xxx (2013) xxx–xxx

Contents lists available at SciVerse ScienceDirect

International Journal of Law and Psychiatry

Is there a recognizable post-incarceration syndrome among released "lifers"?

Marieke Liem [a,*], Maarten Kunst [b]

[a] Harvard University, United States
[b] Leiden University, Netherlands

ARTICLE INFO

Available online xxxx

Keywords:
Post-incarceration syndrome
Post-incarceration effects
PTSD
Effects of imprisonment
Lifers

ABSTRACT

It has been suggested that released prisoners experience a unique set of mental health symptoms related to, but not limited to, post-traumatic stress disorder. We sought to empirically assess whether there is a recognizable post-incarceration syndrome that captures the unique effects of incarceration on mental health. We conducted in-depth life interviews with 25 released "lifers" (individuals serving a life sentence), who served an average of 19 years in a state correctional institution. We assessed to what extent the symptoms described by the participants overlapped with other mental disorders, most notably PTSD. The narratives indicate a specific cluster of mental health symptoms: In addition to PTSD, this cluster was characterized by institutionalized personality traits, social–sensory disorientation, and alienation. Our findings suggest that post-incarceration syndrome constitutes a discrete subtype of PTSD that results from long-term imprisonment. Recognizing Post-Incarceration Syndrome may allow for more adequate recognition of the effects of incarceration and treatment among ex-inmates and ultimately, successful re-entry into society.

1. Introduction

To date, numerous studies have shed light on the *prevalence* of mental disorders among inmates (Fazel & Danesh, 2002; Lamb & Weinberger, 1998). We know much less, however, about the influence of imprisonment on the *development* of mental disorder. The long-term effects of exposure to powerful and traumatic situations, contexts, and structures mean that prisons themselves can also bring about psychological problems resulting from prison trauma. The majority of previous studies have described these problems in terms of Posttraumatic Stress Disorder (PTSD) (Goff, Rose, Rose, & Purves, 2007). PTSD was first introduced in the third revised version of the Diagnostic and Statistical Manual for Mental Disorders (DSM-III, 1980) as an anxiety disorder and is characterized by persistent re-experiencing, avoidance, hyper arousal and emotional numbing. In a recent study on the living conditions of prisoners serving long-term (>5 years) sentences in 11 European countries, Dudeck et al. (2011) found that 14% developed PTSD subsequent to traumatic events experienced in prison (Dudeck et al., 2011). Much higher rates have been reported for prisoners of war (Lindman Port, Engdahl, & Frazier, 2001; Speed, Engdahl, Schwartz, & Eberly, 1989), wrongfully convicted and politically motivated ex-prisoners (Jamieson & Grounds, 2005) and detained asylum seekers (Ichikawa, Nakahara, & Wakai, 2006).

A major problem with the description of detention-related psychological problems in terms of PTSD is that its characteristic diagnostic features do not fully grasp the complex nature of trauma resulting from incarceration. Based on a review of the literature, Herman (1992) argued that traumatization among prisoners and other high risk groups is characterized by chronic and repeated exposure, heterogeneous symptoms, and enduring personality changes (Herman, 1992). To emphasize this complexity, Herman introduced the diagnosis *complex* PTSD.

More recently, ex-prisoners and groups working with them suggested that there may be a separate cluster of psychosocial problems, a Post-Incarceration Syndrome (PICS) that shares characteristics with PTSD, but is specific to incarcerated and released prisoners in that it is caused by prolonged incarceration.

So far, it is not known whether there exists such a recognizable and distinguishable post-incarceration syndrome. Scholarly research on this topic is nonexistent. This is particularly timely given the recent reflections on PTSD's future in DSM-V, including the discussion on allowing for PTSD subtypes (Rosen, Lilienfeld, Frueh, McHugh, & Spitzer, 2010). It is not known to what extent a specific constellation of psychosocial problems is manifested among released offenders (Bogaerts & Polak, 2012), and more specifically long-term incarcerated offenders. This is particularly relevant given the speculated causal relationship between the period of incarceration and the severity of the symptoms (Bogaerts & Polak, 2012; Gorski, 2001): Those having been incarcerated longest may be most likely to exhibit symptoms of PICS. Therefore, the aim of this study was to explore to what extent there is a recognizable post-incarceration syndrome that captures the effects of incarceration among released lifers: Individuals having

* Corresponding author at: Program in Criminal Justice, Kennedy School of Government, Harvard University, 79 JFK Street, Cambridge, MA 02138, United States. Tel.: +1 617 495 8255.
E-mail address: Marieke_Liem@hks.harvard.edu (M. Liem).

0160-2527/$ – see front matter © 2013 Published by Elsevier Ltd.
http://dx.doi.org/10.1016/j.ijlp.2013.04.012

served a minimum life sentence of 15 years before having been eligible for parole. Because of the dearth of empirical knowledge on this topic, we opted for a qualitative approach.

2. Material and methods

2.1. Procedure

This study is part of a larger international research project on the effects of long-term incarceration on the life course and criminal recidivism of homicide offenders. The larger project aims to assess the influence of criminal past, length of imprisonment, and key life events on recidivism patters among homicide offenders in the United States and Europe. The overall project combines quantitative and qualitative techniques to develop a new model through which future offending of homicide offenders can be understood. The study at hand is based on interviews with 25 released homicide offenders in Boston, Massachusetts.

Participants were selected by contacting local organizations that provide services for ex-offenders. They were given a letter that they could present to the individuals who met the following inclusion criteria: (a) committed a homicide in the Boston metropolitan area; (b) had served and completed a life sentence for this offense; (c) were released or paroled following their sentence and (d) were currently not incarcerated.

Upon the individual's consent, the researcher informed the participants about the study and gave them the choice to opt in. All individuals were given an opportunity to ask questions about the study and their participation. All gave informed consent to participate on the basis that their disclosed material would be made unidentifiable. We conducted in-depth, one-on-one, semi-structured life history interviews. Interviews took place in private at their attorney's office or at one of the local organizations for ex-offenders over the course of 10 months (November 2011–August 2012). Most research participants were interviewed once; for two participants, there was a follow-up in-person interview and for 10 participants a follow-up phone interview. The interviews were 2 to 5 h long, depending on the participant's responses. The questions were developed to obtain a thorough description of factors that characterized the individual's life before, during and after incarceration and included relations with family and friends, education, employment, physical health, mental health, and criminal behavior. A subset of questions specifically addressed the effects of imprisonment on mental health. The majority of the questions were open-ended (e.g. “Could you describe some of the challenges you initially faced after being released?”). After the interview, the participants were de-briefed. Findings were shared where this was requested. All interviews were audio-recorded and transcribed ad verbatim.

2.2. Participants

Interviews were conducted with 23 men and 2 women. Participants' ages ranged from 39 to 70 ($M = 55.8$; $SD = 9.3$). 12 participants were Black, 11 were White and 2 were Hispanic. Most committed the homicide in their twenties ($N = 17$), others in their late teens ($N = 6$) or thirties ($N = 2$). The time spent in prison for the homicide was on average 18.8 years ($SD = 8.4$). Many interviewees were exposed to the particularly harsh circumstances of confinement that characterized Massachusetts' penal climate in the 1970s. Seven individuals were re-incarcerated after having been imprisoned for a homicide. Seven interviewees reported to have been officially diagnosed with mental illness, of which four were diagnosed with PTSD.

At the time of the interviews, 20 were on lifetime parole, while 5 had never been on parole. The median time between release and first interview was 6.5 years (range: 3 months to 23 years). The majority had an extensive criminal history before the homicide, being involved in activities such as (car) theft, drug dealing and (armed) robberies. Most interviewees resided in (poor) urban and suburban housing in the Boston Metropolitan area. There was little divergence in socio-economic terms — most were unemployed at the time of the homicide or were working in manual jobs. The majority lived alone or with non-family members.

2.3. Data analyses

Following content analyses used in previous work (Appleton, 2010; Giordano, Longmore, Schroeder, & Seffrin, 2008), initial data analyses consisted of reading the text several times, and then noting connections, associations, and preliminary interpretations. We paid particular attention to the effects of incarceration on mental health, and the way in which the individual dealt with these effects. The next step consisted of identifying to what extent the psychological effects described by the participants presented overlapped with other mental disorders, most notably PTSD. Analytic conclusions were formulated by coding and then categorizing similar statements of experiences from data, replicating qualitative methodologies described in other studies on paroled offenders (Appleton, 2010). With the aid of qualitative software (NVivo 9- QSR International, 2010), these statements were grouped into categories and were then compared across all transcripts to identify connections, patterns or contradictions.

3. Results

The narratives indicate a specific cluster of mental health symptoms: In addition to chronic PTSD, effects of incarceration reported by the interviewees included institutionalized personality traits, social–sensory disorientation and social/temporal alienation.

3.1. Post traumatic stress disorder from (pre)-incarceration trauma

The most prevalent features of chronic PTSD reported by the interviewees were recurrent distressing dreams; hyper arousal (sleep disturbances), persistent avoidance of stimuli and emotional numbing. Recurrent distressing dreams mostly involved the prison experience:

> When I got out, I was tormented by nightmares that I was still in prison. I'd wake up sittin' and screamin'. Cold sweat pouring down my face, literally, and my pillow soaked […] They were all prison nightmares and some of them were me… seeing myself waking up in prison […] Those were really bad, when I [first] got out, they were almost debilitating.
>
> [Male, age 53]

> I do have nightmares about going back to jail […] that's like my nightmare, my nightmare is I'm in jail.
>
> [Female, age 60]

Signs of hyper arousal mainly included sleep disturbances, which interviewees attributed to a disturbed sleeping pattern in prison:

> Yeah every time they [the correctional officers] make rounds. 45 min to an hour […] you wakin' up, alright… To this day, I do not sleep a straight night. I wake up every 45 min to an hour.
>
> [Male, age 70]

Additionally, signs of hyper arousal included started responses, at times accumulating into full-blown panic attacks:

> Like, you know I take the ride here, and if I get into crowds or I'm in open spaces or things like that… It brings on panic attacks. And the panic attacks bring on the seizures.But, cause to me, it's like I

Please cite this article as: Liem, M., & Kunst, M., Is there a recognizable post-incarceration syndrome among released “lifers”? *International Journal of Law and Psychiatry* (2013), http://dx.doi.org/10.1016/j.ijlp.2013.04.012

can't go outside, and walk around the compound because I'm in wide open spaces and there's nothing around me to like to hold onto if I start feeling panicky […].

[Male, age 64]

Almost all interviewees mentioned that they avoided places and situations, particularly crowded spaces:

Going into the subway, when the door opened and the people poured out: Instant panic attack. […] I wasn't used to people in my space. It was overwhelming; it was hard to breathe, and [I had] to get away from them.

[Male, age 41]

I don't like being with a lot of people in a small space. It distracts me. It makes me aware.

[Male, age 52]

A fourth trait that was reported by the majority of the interviewees was emotional numbing, a coping mechanism in which they had created a permanent and unbridgeable distance between themselves and other people. While 'this prison mask' may have been self-protective during incarceration, it becomes maladaptive post-release:

It's just, you, in prison, you learn not to show your emotions. You don't wanna be weak, you know, you need to be strong, you need to continue to be strong, and always strong […]. Those coping mechanisms in relationships is where I struggle. Is where I fall short. And it's like you just, you, you don't wanna show that emotion, that vulnerability, that is the damage of prison […] you're always trying to protect that vulnerability.

[Male, age 40]

Thus, each of the four characteristic PTSD feature clusters (intrusion, hyper arousal, persistent avoidance and emotional numbing) was represented in our study population.

3.2. Institutionalized personality traits resulting from incarceration

All interviewees mentioned that prison had changed them in profound ways:

I do kind of act like I'm still in prison, and I mean you [are] not a light switch or a water faucet. You can't just turn something off. When you've done something for a certain amount of time […], it becomes a part of you.

[Male, age 42]

The most common personality trait described by interviewees as a result of incarceration was "paranoia", or experiencing difficulty in trusting others and feeling vulnerable to attack:

You cannot trust anybody in the joint […]. I do have an issue with trust, I just do not trust anybody.

[Male, age 52]

Another describes:

Yeah I guess like the constant feeling of, I don't wanna say paranoia, but you're always on edge when you're in prison. You're always feeling like someone's gonna attack you. […]

[Male, age 41]

Interviewer: So what is so bad about taking the T [the subway]? The T is cramped. And you don't know anybody […] I don't trust people, period.

[Male, age 52]

The inability to trust others was also reflected in the inability to engage in social relationships post-release:

And I'm not defected to where I'm crazy. But I think that I maybe be defected socially, in some way.

Interviewer: Can you give an example of that, defected socially? Yeah just like, just me not being able to get close to people. That's what it is. Um, I'm kind of like, kind of like detached, you know?

[Male, age 37]

This inability to engage in relationships was also reflected in intimate relations:

[In prison] you have to distance yourself, so you always have to keep on putting up walls, and putting up barriers, every single day. You have to build like this shell around you, to protect you from your environment. So if you keep on doing this for so long, then once you get let out, it's kind of difficult to bring it down, because it's ingrained in you. [S]o, one of the things she [my girlfriend] has a problem with, is like […] you're unemotional. And I tell her, I'm like, listen I'm defective right now, I'm messed up right now.

[Male, age 37]

Another institutionalized personality change included hampered decision-making, and was encountered in the majority of the interviewees.

[…] [I]n prison you really don't have to think. Not about your day to day activities.

[Male, age 59]

So now I go down to the grocery store down the street: It was like crazy. It was just like millions, millions of the color, I was like, like shocked, there is so many things, so I go to the shelf, so I want this, I picked this up, and automatically I got a put down, and I grab something over here, and I put this up and put that down and then all the sudden I just started bursting crying

[Male, age 52]

As soon as you get out there's all these sort of decisions… And now your bombarded with all these decisions it's like what, what, am I supposed to do here, you know? […] You know, and that's scary […], to many men it can be daunting, you know, for many it can be frustrating and sometimes men go back to prison just because they're so frustrated they just can't handle this too much. It's just so much easier to just sit back and say "okay".

[Male, age 59]

3.3. Social–sensory deprivation syndrome

Effects of social and sensory deprivation while incarcerated were predominantly manifested in spatial disorientation post-release:

[…] for years it was very difficult on me to go somewhere and come out the other way, I'm lost. I have to turn around and come back the same way and try to figure how I got there and come back the same way 'cause I didn't have a sense of direction.

[Male, age 59]

Others emphasized difficulties in social interactions post-release, judging people's intentions. They attributed this to the lack of physical closeness and visual contact while in prison:

So when you come to my cell, this is all I see [holds hands on both sides of his face, partially obscuring cheeks]. I don't see body

Please cite this article as: Liem, M., & Kunst, M., Is there a recognizable post-incarceration syndrome among released "lifers"? *International Journal of Law and Psychiatry* (2013), http://dx.doi.org/10.1016/j.ijlp.2013.04.012

> language […] [and] in the yard, we got fences between us. We talked hands down. Nobody talked with body language.
>
> [Male, age 70]

Solitary confinement was not a prerequisite to experience this syndrome: Also individuals who were not subjected to solitary confinement during incarceration reported experiencing difficulties as a result of social and sensory deprivation.

3.4. Social/temporal alienation

In addition to the features reported above, the effects of incarceration also included features not captured by PICS. These features include profound feelings of alienation, reflected in feelings of not belonging in social settings. Similarly, most interviewees reported thoughts that their current situation was only temporal, and good things can be taken away at any moment:

> Part of coming out of prison was the idea that eventually, I'll be back there […]. When I was out and good things happened to me, I always thought that 'this cannot last for long'. When good things happened to me, I always thought that: 'Eventually, this will be taken away from me.' […] I thought of freedom as a temporary thing.
>
> [Male, 50 years old]

4. Discussion

4.1. Findings and implications

Released prisoners face numerous difficulties upon re-entry in society, including poor employment prospects (Uggen, 2000), addiction, housing, and troubled family relations (Petersilia, 2003; Travis, 2005). Several studies indicate an elevated mortality rate for after release (Blokland & Nieuwbeerta, 2005; Nieuwbeerta & Piquero, 2008). Long-term incarcerated offenders constitute a group that is exposed to the pains of imprisonment over a long period of time. We sought to explore to what extent there were recognizable effects of incarceration on mental health among 25 released lifers that could be captured in a unique syndrome. Their narratives indicate that we are dealing with a specific cluster of mental health symptoms: In addition to chronic PTSD, this cluster was characterized by institutionalized personality traits (distrusting others, difficulty engaging in relationships, hampered decision-making), social–sensory disorientation (spatial disorientation, difficulty in social interactions) and social and temporal alienation (the idea of 'not belonging' in social and temporal setting).

These findings are particularly relevant in light of two recent developments: First, the findings tie in with present suggestions to modify the PTSD diagnosis in the forthcoming DSM-V (Brewin, Lanius, Novac, Schnyder, & Galea, 2009; Rosen et al., 2010), including the incorporation of special subtypes of PTSD (such as PTSD in preschool children and PTSD with prominent dissociative symptoms). Second, in recent years Western countries have not only experienced an unprecedented growth in their prison populations, but continue to apply increasingly longer prison sentences (Lacey, 2010). This implies that more individuals will be affected by imprisonment, including long-term imprisonment. In this article, we have conducted preliminary fieldwork indicating that there is a possible discrete syndrome, or special subtype of PTSD, that merits further refinement in future developmental work on DSM-V and stress-related disorders. Whereas qualitative research provides a richness of meaning, depth of understanding, and flexibility (Geertz, 1973), further quantitative research is needed to assess to what extent our suggested features of post-incarceration syndrome are also found in other ex-offender populations, to what extent there exist differences between populations, and how traumatization while in prison is related to stresses associated with reintegration into the community post-release. A first step into this direction is the development of an inventory to quantitatively test the sensitivity and scope of the suggested PICS features, laid out in Table 1. Next, broader survey studies should be useful to further validate these findings across previously and currently incarcerated individuals.

In addition, due to the exploratory nature of this research, we cannot make definite causal inferences about the relationship between the reported features and incarceration. Future research should overcome this limitation by employing a longitudinal design in which offenders would be followed from the initial stages of confinement into their senior years and post-release. A qualitative longitudinal design also allows the study of the development of these symptoms over time. Finally, future studies should further attempt to differentiate between pre-prison traumatic effects and the impacts of routine prison experience.

Although variable between countries, prisoners suffering from mental illness do not have access to care to the same extent as non-imprisoned populations. Additionally, to the extent that mental health care *is* available and accessible, mental health professionals are often poorly equipped, both in knowledge and skill, to deal with the unique dynamics of the prison culture. Treatment staff frequently do not have direct access to actual mainline experiences, which limits their ability to prepare prisoners for transition back into society.

Another complicating factor concerns ex-offender's accessibility to counseling. Particularly interviewees who are on parole, expressed fear that seeking help could potentially send them back to prison. Simultaneously, the suspiciousness of others that is usually adaptive in prison deters prisoners from seeking help — both inside and after release (Haney, in press). The residual effects of imprisonment jeopardize the mental health of an individual attempting to reintegrate back into the free world (Haney, 2002). Without proper treatment that is focused on post-incarceration effects, these offenders run the risk of returning to prison — untreated. Recognizing the post-incarceration syndrome as a special subtype of PTSD may assist earlier recognition and more adequate treatment.

4.2. Strengths and limitations

Until now, the post-incarceration syndrome was reported as a mere hypothetical construct by clinicians, ex-prisoners and groups working with them. In this study, we have attempted to empirically assess whether there is a recognizable post-incarceration syndrome that captures the unique effects of incarceration on mental health. Drawing from in-depth life histories from 25 lifers released from prison, this is the first study of its kind.

It should be noted, however, that the interviewed participants may not be representative of the population of offenders with longer sentences, and offenders who are currently re-incarcerated were not included in this study. Currently we are underway to shed light on the nature of the effects on mental health experienced by re-incarcerated lifers.

Table 1
Proposed diagnostic criteria for post-incarceration syndrome as a subtype of ptsd in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V).

The individual meets the diagnostic criteria for PTSD and in addition experiences the following persistent or recurrent symptoms:
(i) *Institutionalized personality traits resulting from incarceration*, including (I) difficulty trusting others (II) difficulty engaging in intimate relationships (III) difficulty making decisions.
(ii) *Social–sensory deprivation syndrome*, including (I) spatial disorientation and/or (II) experiencing difficulty in interacting socially.
(iii) (iii) *Social/temporal alienation*, including (I) feeling not to belong in social settings (II) thoughts that positive events and situations can be taken away.

Please cite this article as: Liem, M., & Kunst, M., Is there a recognizable post-incarceration syndrome among released "lifers"? *International Journal of Law and Psychiatry* (2013), http://dx.doi.org/10.1016/j.ijlp.2013.04.012

Second, this study relies on self-reported data. Mental health constitutes a sensitive topic (Leigey, 2010). Haney (2006) previously warned that hyper-masculine attitudes resulting from incarceration might potentially lead to the under-reporting of mental problems (Haney, 2006). Even though respondents were informed that their confidentiality would be kept and even though there is no indication that the interviewees were unable to be truthful with the interviewer, such hyper-masculine attitudes may have led to an underreporting of mental troubles. In spite of this, results suggest that respondents still suffered from a constellation of psychological symptoms.

Third, the United States typically applies longer and harsher prison sentences than other Western nations (Appleton & Grøver, 2007; Lacey, 2010) — in this study, the median time spent in prison was almost 19 years. Therefore, applying these findings to inmates in other countries that impose shorter periods of imprisonment should be done cautiously. One should also exert caution in applying these findings to so-called LWOP inmates: Those serving a life sentence without the possibility of parole (Leigey, 2010). Because of the permanency and indeterminancy of their sentences, they are in a unique situation, even among long-term inmates. It has been suggested that inmates with indeterminate sentences report higher levels of suffering (Farber, 1944; Flanagan, 1982).

5. Conclusion

The aim of this study was to explore to what extent the effects of incarceration on mental health among individuals who have been released after serving a life sentence constitute a separate cluster of symptoms. Because of the dearth of empirical knowledge on this topic, we decided on a qualitative approach. Our findings indicate that there is a specific cluster of mental health symptoms: In addition to chronic PTSD, this cluster involves three core features, including institutionalized personality traits resulting from incarceration; social–sensory deprivation syndrome and temporal and social alienation. We believe that recognizing the post-incarceration syndrome in the DSM-V as a subtype of PTSD may allow for more adequate recognition of the effects of incarceration and treatment among ex-inmates and ultimately, successful re-entry into society.

Acknowledgment

This research was supported by a Marie Curie Intra European Fellowship grant for Career Development in the project 299875.

References

Appleton, C. A. (2010). *Life after life imprisonment.* Oxford: Oxford University Press.
Appleton, C. A., & Grøver, B. (2007). The pros and cons of life without parole. *British Journal of Criminology*, *47*, 597–615.
Blokland, A. A. J., & Nieuwbeerta, P. (2005). The effects of life circumstances on longitudinal trajectories of offending. *Criminology*, *43*, 1203–1240.
Bogaerts, S., & Polak, M. (2012). Slachtofferschap en Posttraumatische Stress binnen het Forensische Domein. In E. Vermetten, R. J. Kleber, & O. Van der Hart (Eds.), *Handboek Posttraumatische Stressstoornissen*.. Utrecht, the Netherlands: De Tijdstroom.
Brewin, C. R., Lanius, R. A., Novac, A., Schnyder, U., & Galea, S. (2009). Reformulating PTSD for DSM-V: Life after criterion A. *Journal of Traumatic Stress*, *22*(5), 366–373.
DSM-III (1980). Washington, DC: American Psychiatric Association.
Dudeck, M., Drenkhahn, K., Spitzer, C., Barnow, S., Kopp, D., Kuwert, P., et al. (2011). Traumatization and mental distress in long-term prisoners in Europe. *Punishment & Society*, *13*(4), 403–423.
Farber, M. L. (1944). Suffering and time perspective of the prisoner. *University of Iowa Studies in Child Welfare*, *20*, 153–227.
Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *The Lancet*, *359*, 545–550.
Flanagan, T. J. (1982). Lifers and long-termers: Doing big time. In R. Johnson, & H. Toch (Eds.), *The pains of imprisonment* (pp. 115–128). Beverly Hills, CA: Sage.
Geertz, C. (1973). *The interpretation of cultures: Selected essays.* New York: Basic Books.
Giordano, P., Longmore, M. A., Schroeder, R. D., & Seffrin, P. M. (2008). A life-course perspective on spirituality and desistance from crime. *Criminology*, *46*, 99–132.
Goff, A., Rose, E., Rose, S., & Purves, D. (2007). Does PTSD occur in sentenced prison populations? A systematic literature review. *Criminal Behaviour and Mental Health*, *17*, 152–162.
Gorski, T. T. (2001). Post incarceration syndrome. *Addiction Exchange*, *3*(4).
Haney, C. (2002). The psychological impact of incarceration: Implications for post-prison adjustment. *Paper presented at the From Prison to Home Conference*.
Haney, C. (2006). *Reforming punishment: Psychological limits to the pains of imprisonment.* Washington, DC: American Psychological Association.
Haney, C. (2013). Prison effects in the era of mass incarceration. *The Prison Journal*, http://dx.doi.org/10.1177/0032885512448604 (in press).
Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged trauma and repeated trauma. *Journal of Traumatic Stress*, *5*(3), 377–391.
Ichikawa, M., Nakahara, S., & Wakai, S. (2006). Effect of post-migration detention on mental health among Afghan asylum seekers in Japan. *The Australian and New Zealand Journal of Psychiatry*, *40*(4), 341–346.
Jamieson, R., & Grounds, A. (2005). Release and adjustment: Perspectives from studies of wrongly convicted and politically motivated prisoners. In A. Liebling, & S. Maruna (Eds.), *The effects of imprisonment* (pp. 33–65). Portland, OR: Willan.
Lacey, N. (2010). American imprisonment in comparative perspective. *Daedalus*, *139*(3), 102–114.
Lamb, H., & Weinberger, L. E. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services*, *49*, 483–492.
Leigey, M. E. (2010). For the longest time: The adjustment of inmates to a sentence of life without parole. *The Prison Journal*, *90*(3), 247–268.
Lindman Port, C., Engdahl, B., & Frazier, P. (2001). A longitudinal and retrospective study of PTSD among older prisoners of war. *The American Journal of Psychiatry*, *158*, 1474–1479.
Nieuwbeerta, P., & Piquero, A. R. (2008). Mortality rates and causes of death of convicted Dutch criminals 25 years later. *Journal of Research in Crime and Delinquency*, *45*(3), 256–286.
QSR International (2010). *NVivo qualitative data analysis software, version 9.* .
Petersilia, J. (2003). *When prisoners come home: Parole and prisoner reentry.* Oxford: Oxford University Press.
Rosen, G. M., Lilienfeld, S. O., Frueh, B. C., McHugh, P. R., & Spitzer, R. L. (2010). Reflections on PTSD's future in DSM-V. *The British Journal of Psychiatry*, *197*(5), 343–344.
Speed, N., Engdahl, B., Schwartz, J., & Eberly, R. (1989). Posttraumatic stress disorder as a consequence of the POW experience. *The Journal of Nervous and Mental Disease*, *177*(3), 147–153.
Travis, J. (2005). *But they all come back: Facing the challenges of prisoner reentry.* Washington, DC: Urban Institute Press.
Uggen, C. (2000). Work as a turning point in the life course of criminals: A duration model of age, employment, and recidivism. *American Sociological Review*, *67*, 529–546.

Please cite this article as: Liem, M., & Kunst, M., Is there a recognizable post-incarceration syndrome among released "lifers"? *International Journal of Law and Psychiatry* (2013), http://dx.doi.org/10.1016/j.ijlp.2013.04.012