

“They hate me now, but where was everyone when I needed them?”:

Mass incarceration, mass projective identification, and creating containers that hold

Seidenberg Prize Paper

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March 1, 2018

“They hate me now, but where was everyone when I needed them?”:**Mass incarceration, mass projective identification, and creating containers that hold****Abstract**

Mass incarceration has been thoroughly explored as a racial, social and economic project. A psychoanalytic lens makes another dimension visible: the ways in which the dehumanization and criminalization of certain members of society forces them to function as repositories for the unbearable aspects of our otherwise shared humanity. Using the concept of projective identification, I argue that the anxieties related to neoliberalism and slavery have led us, however unconsciously, to abandon people to traumatogenic conditions and then criminalize their responses to them. This enables the logic of mass incarceration by taking a problem in the environment — one that implicates the collective — and relocates it to inside the individual — a person to be punished. The fear that dominates prisons derives from both actual and imagined danger – from both the *violence* by the state, staff and inmates and the *anxiety* of coming into contact with the unbearable aspects of our humanity that are embodied, and sometimes enacted, by people there. The need to defend against both is often achieved at the expense of the possibility of transforming either: Institutional “safety and security” practices and the material containment (bars, locks, fences, force) that result from such defenses threatens the transformative potential that psychic containment (integration, reflective functioning, relationality) could otherwise provide. The impact of this on incarcerated people who are suffering from mental illness is doubly felt in that they are denied adequate treatment in the community and then denied it again, ostensibly now because they are *in* prison: their dangerousness having been proven, they are rendered undeserving and we are helpless to do anything but incapacitate them. Mass incarceration becomes a mass traumatic reenactment; the containers don’t hold. And yet, clinicians and advocates fight every day in the “small corners” of mental health treatment programs in prisons around the country for the conditions to practice meaningfully and effectively, the challenges of which reside in both the complexity of the patients and of the setting. In this paper, I rely on my 15 years of clinical work with incarcerated and formerly incarcerated people, as well as from my experiences working within the state systems that immure them, to argue that psychoanalytic theory is crucial to understanding mass incarceration and to figuring out how to help to create containers that actually hold.

Introduction

Despite our differences in location and history, my guess is that it is possible to appeal to a "we," for all of us have some notion of what it is to have lost somebody. Loss has made a tenuous "we" of us all. And if we have lost, then it follows that we have had, that we have desired and loved... (Butler, 2004, p. 20).

When I began working in a state prison, I cried every single day on my drive home. Some days I didn't even know why. As much as prisons are fascinating, frightening, and enraging places, they are mostly just sad, filled as they are with tragedy: people often doing the very best that they can with what they've got, with horrific results. As I write, there are over 2.3 million people sitting inside of jails and prisons in the United States (Wagner & Rabuy, 2017). That we cannot figure out what else to do with them except pay hundreds of thousands of *other* people to keep them there is also tragic and should, I believe, make grievors of us all. Yet, the nature of mass incarceration is one of differential power based on race and class, affecting each of us differently depending on our social locations. I invite readers to tolerate this paradox, of being both an individual and part of an us.

In this paper, I rely on psychoanalytic theory to help to "make thinkable" (Kita, 2011) the phenomenon of mass incarceration in the United States and the ways in which it constitutes a traumatic reenactment both for the inmates there and for us as a nation. I came to psychoanalytic thinking as a clinician in a mental health program in a state prison: without considering the unconscious, the primacy of anxiety, and the centrality of ambivalence, it was impossible to understand what was happening there. I remember talking to a man one day who was in prison for molesting children. While we spoke, he broke apart the plastic rings that held soda cans together. I found myself incredulous: he cared enough about dolphins to engage in this task, but not enough about children to not abuse them? I felt the pressure in myself to split that reality apart, and saw that splitting everywhere I went in the institution: inmates were reduced to their crimes, even the most sadistic correctional officer was always in the right, and the whole place struggled to maintain the simplicity of right/wrong, black/white, in a world of grays. Even the central files were – literally – split: on the left, the rap sheet and various infractions and crimes committed, and on the right, psychosocial histories most often dominated by horrific abuse, neglect and tragedy. Young (1994) states that "the psychic price of admission" to a group is to enter into their defenses (p. 136). As a clinician, I too entered this split and initially focused on trying to get better at arguing at the goodness/deservingness/victim sides of the inmates with whom I worked. But in the recesses of my mind, slips of the tongue, dreams at night, and automatic thoughts, I felt myself registering the other side, too: I hated some of the people I worked with, or at least hated what they did, and often felt more self-protective than protective of them in light of the way that I felt in their presence, the way they treated me on the mainline, or what they'd done to their victims. I could almost feel my mind trying to knit it all together, just to unstitch it all again. I started to wonder if everybody there knew, on some level, this reality, and that it was that knowledge that was precisely too much to know. That complexity that had to be split apart because if it came together, we might all be in danger: I could suffer the same fate as you, you could feel the same as me, and the whole place would break down. How could an officer lock someone up who was just like him? How could an inmate hate someone from another gang if he was just like him? How could I feel unconditional positive regard for someone who murdered someone just like me? I realized that all of us there were trying to manage our own anxieties of identification. We were all afraid of becoming, of being, the other.

Besides, it didn't really work to try to get better at advancing an argument for one side of the split: all it did was reduce me to a "hug-a-thug", as the saying goes. Without tending to the whole, my clinical acumen was dismissed and debased as not an indication of my training, judgment and capacity, but as a consequence of having been gotten over on by the inmates (Hinshelwood, 1993), and only seeing "the side they want you to see" according to the officers. The officers, of course, locked in their roles too, were routinely accused by me and most clinicians of being sadistic, unfeeling, agents of the state who were perpetrating the violence that they sought to judge so harshly. Obviously, none of this was what my patients needed, either: the same splits in the institution were in most of the inmates with whom I worked. I remember being in a group one day and a guy cursing and then apologizing for doing so. I asked him why he apologized and he said that he wasn't the kind of person that liked to curse in front of the ladies. I read his central file and it was full of convictions for domestic violence against his female partners. Another man with whom I worked had found his way into the treatment unit by claiming to be suicidal. He later acknowledged that he needed to get off the yard where he was in debt, and had lied about his symptoms. And yet, he had been diagnosed with schizophrenia for years: the police report noted that when he was arrested for murder (of a 96 year old man, in front of his 96 year old wife), he was still wearing his identification bracelet from the psychiatric hospital from which he'd been released earlier that day. Over time, working with inmates in groups on their trauma histories, it was clear that they too had been the victims that they now disparaged as weak and disposable.

I knew that as a clinician, I had to figure out how to hold the whole in myself if I was ever going to help them to do so too. I can say with certainty that *every single person* with whom I worked had a horrific trauma history. Those stories you hear about on the news about the discovery of children chained up in a basement, barely living, but somehow still alive? These were those men. The people that lock them in those basements? These were those men. I couldn't very well help anyone else to hold the complexity of their own lives if I couldn't hold it either. I had to find a way to tolerate the both/and-ness of the prison and the people immured there, and psychoanalysis enabled me to do that: Just as the same person can care about dolphins and molest children, so can the same person be a victim and a perpetrator, guilty and innocent, deserving and non-deserving, mentally ill and malingering. The same *system* can be caring and controlling, helpful and harmful, serve a legitimate purpose and an illegitimate function. The same clinician can feel love and hate, care and concern. Prisons operate to split these complexities apart, and the work that clinicians need to do is to hold them together in way that allows them to be true, however conflicting, all at the same time.

My experience has taught me that the best chance that people in prison have of receiving the treatment the need is by coming into contact with people who can retain their capacities to think, reflect, and contain. This is so small feat in place where such functioning is under attack (Hinshelwood, 1993). In this paper, I am going to argue that the way that mass incarceration functions in our society is important to understand because it constructs the clinical issues that we find in people in prison. For that reason, treatment needs to focus on the both/and-ness of the people there – the "mad" and the "bad" (all of whom are also sad) – versus the either/or approach favored in prison culture in which you can only be one or the other (Toch, 2004). The reality – in light of the links between mental illness and criminalization, between trauma and violence – is that the vast majority of people in prison are more likely to be both than either. Young (1994) states that psychoanalysis is "designed to make connections - articulations - between the intrapsychic and the socio-economic and ideological factors that largely constitute our characters, personalities and behavior in groups" (p. 133). As I hope I illustrate in this paper, psychoanalysis can and should be

in dialogue with other theoretical traditions that help us to think about the phenomenon of mass incarceration, and the psychosocial dynamics of treatment, so that the individual factors and the environmental ones both can be addressed. It is this integrative potential of holding the whole that a “psychoanalytic sensibility” (McWilliams, 2004) promises.

Rosenfeld (1987) notes that the ability to maintain an analytic stance in the face of the “hypnotic atmosphere” of unbearable experiences and the defenses we engage to protect ourselves from them is dependent on both one’s “emotional resources” and “theoretical understanding” (p. 191). He states that “the two interact together, so that the analyst’s emotional capacities can help him to empathize with what is happening, and his theoretical, conceptual capacity can help him to bear the emotions” (Rosenfeld, 1987, p. 191). In this paper, I hope to provide both in the service of being able to begin to contain what mass incarceration tells us, despairingly, cannot be held.

First, I will review the phenomenology of mass incarceration, following which I will argue that it serves an important (largely unconscious) psychological function for society, which is why we’ve continued to invest in it despite it failing to increase public safety. From this perspective, it is clear that the challenges to the provision of treatment in prison result from the complexities that created the treatment needs in the first place. Next, I will use psychoanalytic ideas to argue that in their current forms, prisons are highly anxious places and as a result, recapitulate the traumatogenic conditions that give way to violence and behavior that is often criminalized, and then explore the ways in which this can be transformed. Throughout the paper, I use clinical examples from my work, in part because it is through my clinical work and listening to the people with whom I work that I have developed my ideas about what works and what does not, and in part because it seems to me that the utility of psychoanalysis is in its application.

As a note, I sought and received permission from the people with whom I’ve worked to share the material from our work together, though it is also disguised. The overriding sentiment has been one of desperation to help others to understand their plight in the hopes that doing so will help others: “Tell them”, one of my patients said, “tell them everything, tell them anything about me, about my life, about what I did, that will help them to understand.” I am grateful for the opportunity that this paper has afforded me to share these experiences, and, to be able to tell them that we are listening.

Part I: Mass incarceration, mass punishment

I’d like to begin with a vignette.

Mr. Hawkins and I had been meeting for a few months after he was referred to me at the parole clinic for clinical case management services. An African American, black-identified, heterosexual, cisgender man in his 40s, he had been in the system for a very long time, convicted of numerous nonviolent and violent crimes, while both in and out of prison. He had been diagnosed with almost every disorder in DSMs II-IV: borderline personality disorder, antisocial personality disorder, major depression, bipolar disorder, and even schizophrenia. His field file was 3 folders deep: decades of arrests and convictions for truancy, trespassing, DUI, theft, petty theft, petty theft with priors, battery on a peace officer, burglary, domestic violence, possessing controlled substances, manslaughter. This particular day, he arrived to my office furious after not being able to get his anti-psychotic medication from Rite-Aid. He’d tried to pick up a refill and was told that he’d have to pay out of pocket. He could not afford the \$40 copay, and became verbally assaultive towards the clerk. The police were almost called. I eventually figured out that since he’d applied for Social Security Insurance and his benefits were pending, he’d been kicked off of General Assistance and

subsequently lost his Medi-Cal benefits. But the more I tried to explain what happened, the more furious he became – why wouldn't I give him his medications? I tried to tell him that I couldn't really do anything about getting him his bottle of medications – they were at the pharmacy at Rite Aid, and we are sitting here in my therapy office in the parole building – when he exclaimed, “I don't know what the problem is, I'm a system baby, man!” I asked him what he meant by that and he said, “Department of Corrections, man, Department of Corrections - I was raised by them! I'm a corrections system baby!” I realized that to him, the “system” was an actual system, and his lifetime of being in and out of foster care, Child Protective Services, juvenile hall and prison, his entire personhood and everything about it were woven together by a vast network of cops, social workers, benefits, punishments, and dependencies, a collective caretaking system of “depriving institutions” (Comfort, et al., 2015). When he went into Rite-Aid to get his meds, the clerk was part of this system and he was *in the* system, so why was she withholding what he had coming? I was part of that system, too, so why wasn't *I* giving him his meds? No wonder he was pissed.

Our conversation drifted, and he told me about a friend of his, a man named Myron, who had been murdered the week before. “Yep, I watched the Superbowl with him just the other day and now he is in a body bag.” Mr. Hawkins knew the boys who had murdered his friend. Part of a loosely organized group brought together by their housing project, these boys were notorious for terrorizing others. They had robbed Myron's apartment and stolen his dog. Myron wanted his dog back, and as someone who was in recovery from drugs and crime himself, he decided to confront the boys. He thought he could connect with them, reason with them, and get his dog back. Instead, right in the middle of a crowded street, in broad daylight, one of the boys shot him to death. Mr. Hawkins said that the boy ran around the corner and said, “I just killed somebody. What do I do?” The adults in the area instructed him how to get rid of the gun and where to hide. About these boys, Mr. Hawkins described their entrenchment in the politics of respect and retaliation, the ways in which they were consumed by their neighborhood dynamics (and perhaps their neighborhood dynamics consumed them). He continued, “Those boys, they're already in prison: they can't even go to the corner store without packing a gun, so they in prison anyway”. I told him about Loic Wacquant's (2001) work on “structural equivalence” and the ways in which the hyperincarceration of Black men has blurred the distinctions between prison and the ghetto, abandoning both to violence and disenfranchisement. Mr. Hawkins said he knows it is true because youngsters in prison don't care, and prisons are scarier because of it. “All for a dog, for a dog and now one little boy don't have a father. And another little boy is going to prison now, he gonna have problems there because you don't get no stripes for killing an innocent. He's gonna have problems in there. He's stressing now.”

He paused and then said, “They wanted that dog. And they could have gone and bought a pit bull but they wanted that one, his dog. I see that shit. I was in prison when they were raping real bad. They do that. I saw this one guy give this other guy a candy bar and then he came back 3 days later and said “where's my candy bar?”. The guy said “I'll give it to you today when I get my canteen.” And the guy said “but that's not going to be *my* candy bar, I want *my* candy bar” and then he raped him for not giving him his candy bar. That shit is fucked up. That's why I did my time in the hole. I didn't have no problems, I just didn't want to be involved in all that. I stabbed a guy once though, yes, I did. He was in there raping that boy, this little 18 year old boy, for 3 days when he came out over to my cell, and I stabbed him right there. I'm not down with that shit, man. I was raised catholic. That ain't right. These youngsters out here, they just don't care. Its tit for tat, you kill my dog I'll kill your cat. The wretched of the earth, man, the man wretched of the earth.”

Violence on all levels of life was normative for him, whether in prison or out, whether intrapsychic experiences of past traumas, interpersonal dangers, or institutional reenactments. Structural equivalence brings psychic equivalence, and there was no escape from the traumatogenic conditions in which he was entrenched – inside, outside, internal, external: those boys were already in prison. It was clear to me then that prisons were not only serving an economic function – managing the market rejects (Wacquant, 2001) - or maintaining white supremacy (Alexander, 2012) - but also managing the “psychological rejects” as well, the people who carry for us the unbearable aspects of our shared humanity. Enacting behaviors that are sometimes abhorrent, yes, but doing so while trapped in conditions that are traumatogenic – conditions that are created and maintained by our larger society. Both mad *and* bad, the criminalization of men like Mr. Hawkins serves a psychological function for society in that the precarity, dependency, and vulnerability that all of us would be subjected to in traumatogenic conditions like the ones in which he lived are shifted from a collective risk to evidence of his individual failing. If he didn’t want to do the time, he should not have done the crime (never mind the crimes done to him).

In his germinal work on prisons, *Discipline and Punish*, social theorist/philosopher Michel Foucault suggested that

since the proclamation of the failure of the prison has always been accompanied by its maintenance...one should reverse the problem and ask oneself what is served by the failure of the prison; what is the use of these different phenomena that are continually being criticized; the maintenance of delinquency, the encouragement of recidivism, the transformation of the occasional offender into a habitual delinquent, the organization of a closed milieu of delinquency (Foucault, 1977, p. 272).

Foucault was writing about his research on prisons in the 19th and 20th centuries, but at the same time that he was asking that question in the 1970s, a new age was dawning, one that we’ve come to refer to as “mass incarceration.”

For most of the 20th century, the average incarceration rate in the US was about 100 for every 100,000 people, which was similar to other countries like the US (Canada, the UK). Criminologists figured out that it seemed to be the rate of incarceration that the populace would tolerate; it was a homeostatic one (Cole, 2011). Yet, in the 1970s through the early aughts, there was a dramatic and stunning rise in incarceration rates: we now incarcerate over 700 people out of every 100,000. The impact of this has been disproportionately borne by African American men, Latino men, and poor people (and the people that love them). The fiscal impact has been far reaching – one researcher found that NYC spends \$1 million a year to incarcerate people from one single block in Brooklyn (Cador, Swartz & Gordon, 2003). Equally far reaching has been the way in which incarceration has become a normative event for certain groups of people. In Chicago, being born into three particular zip codes gives you a 90% chance of going to prison during the course of your lifetime. Millions of children have lost parents to incarceration and are saddled with the disenfranchised grief it brings (Arditti, 2005), and the overcrowding of prisons has made them even less humane than usual. The school to prison pipeline is well documented (Children’s Defense Fund, 2007). There are more people who have been identified as meeting criteria for major mental illness in our nation’s prisons and jails than there are in our nation’s psychiatric hospitals (Torrey, Kennard, Eslinger, Lamb & Pavle, 2010). Including post-incarceration supervision, there are 7 million people under the gaze of the justice system in the US – 1 out of every 31 adults (Pew Charitable Trusts, 2009). Scholars have noted that deinstitutionalization was an illusion; the reality was transinstitutionalization (Prins, 2011).

And, we are really mean about it: 1 out of every 9 inmates is serving a life sentence - 1 out of every 7 if you include those serving “virtual” life sentences, which is 50 years or more (Nellis, 2017). For those who eventually return home, they are often “condemned to ‘civil death’ and denied core liberties” and faced with stigma and political disenfranchisement (Gottshalk, 2015, p. 2).

Criminologists noted that this phenomenon emerged in the wake of massive changes of the 1960s and 1970s. Crime rates – including violent crime - were soaring, culture was changing, power relations were shifting, mass media was emerging, and the gains of the civil rights movement were rattling white supremacy. The “ontological insecurity” (Garland, 2001) that flooded society had numerous tributaries but flowed into one: fear of crime. “Neoliberal penalty” (Harcourt, 2015) was taking hold and with it, the social safety net was being deknitted. Coupled with a

collapse of faith in correctionalism.... a wave of demoralization [began] that undermined the credibility of key institutions of crime control, and, at least for a period, of the whole criminal justice system... Influenced by negative research reports and increasing crime rates, but also by a pervasive sense of disillusionment and pessimism, one institution after another began to be viewed as ineffective or counter-productive” (Garland, 2001, p. 61).

Despite “its uneven social distribution...crime [was] now widely experienced as a prominent fact of modern life.... The threat of crime has become a routine part of modern consciousness, a standing possibility that is constantly to be ‘kept in mind’” (Garland, 2001, p. 106). Various measures such as three strikes laws, get tough on crime measures, mandatory sentencing, quality of life policing, zero tolerance, and the war on drugs slowly and steadily became the rallying call of politicians, on both the Left and the Right (Murakawa, 2014) who read a preoccupied public as a punitive one (whereas research suggests a public perspective more nuanced and conflicted; see Kury, 2008). Keeping the danger of crime in mind, of course, requires constructing a criminal – and keeping them in mind, too, of course. Wacquant (2009) states that the punitive policies at the heart of mass incarceration

... were the object of an unprecedented political consensus and enjoyed broad public support cutting across class lines, boosted by the tenacious blurring of crime, poverty, and immigration in the media as well as by the constant confusion between insecurity and the ‘feeling of insecurity.’ This confusion [was] tailor-made to channel toward the (dark-skinned) figure of the street delinquent the diffuse anxiety caused by a string of interrelated social changes (p. 3).

Alongside a call for more humane treatment of people identified with major mental illness, and the efforts to replace institutional treatment with outpatient care, “tough on crime” platforms became increasingly popular, and crime control became a populist cause (Garland, 2001). For people identified with major mental illness, the gains unfolding from the deinstitutionalization movement were simultaneously being eclipsed by the growing trend towards the “criminalization of misery” (Mitchell, 2012). This, despite the effectiveness of community-based treatments (Prins, 2011). Whatever humanity was being extended to people diagnosed with mental illness was simultaneously being retracted by the growing criminalization of both their symptoms and their circumstances (Barrenger & Canada, 2014). As a result, an increasing number of people were coming to depend on getting their treatment needs met by a system least designed to do so (Prins, 2011).

Not only was incarceration apparently the only way to control crime and contain fear, it also had to do something else, which was punish. Having no purpose except incapacitation, and having “nothing coming” as the saying goes, prisons and prisoners both were subjected to a slow and steady stripping of anything remotely generative, anything remotely indicative of deservingness or

hope. Remaking institutions so that life's small pleasures – good food, cable TV, - and society's small handups – Pell grants, college courses, mental health help – became important ways of signaling to the public and to criminals that “crime doesn't pay” (though Gottshalk (2004) points out that when one considers the prison industrial complex, it is clear that it actually does pay, and quite well). Despite an increasing number of inmates identified as mentally ill (up to around 60% by some estimates) (Kim, Becker-Cohen & Serakos, 2015), treatment programs were increasingly confined to the “small corners” of prisons (Saunders, 2001), and usually provided only reluctantly. Punishment had to be punitive – ongoing, fresh, winning the race against the ordinary adaptations that human beings make to their surrounds. As Fox (1997) states about the dynamics of prisons:

Plants crack concrete with growth, so this cap must be active rather than passive, or growth would triumph, and prisons would change. The paranoid consciousness equate growth with escape, hence the maturation of inmates as potentially threatening to the very solidarity of the walls, and to the correctional mission (p. 45).

It wasn't enough to have one's liberty taken away, to live in a cell, to be cut from the social fabric, to be removed from the daily lives of one's loved ones, to have one's choices and freedoms restricted. Prison had to hurt. Criminals had to hurt. And if they didn't, we had to punish them more until they did. Murakawa (2014) argues that “mass punishment” is a more apt characterization of this age.

The term “mass incarceration” was coined to capture the distinctiveness of this late-20th century trend. The “mass” refers to both the sheer scale of incarceration rates in the US during this time and to the way in which policies and practices shifted away from targeting individual offenders and onto targeting groups – “masses”. Imprisonment was no longer expected to accomplish anything for the offender, mentally ill or not. Rather, it was expected to accomplish something for the *public* - namely, freedom from *fear of crime*, if not crime itself (Garland, 2001). As a result, classes of people who are *at risk*—people who are poor, addicted, mentally ill, homeless, kids struggling in school, etc.—became targeted as sources *of risk* to be preemptively and unequivocally incapacitated via incarceration.

Since the United States now incarcerates more people than any other country in the world (The US is 5% of the world's population and we have 25% of the world's prison population), since incarcerating more people does not actually reduce the crime rate (Chettier, 2015), since we have spent the past 40 years nurturing a criminogenic justice system – the recidivism rate has held steady somewhere between 60% and 70% (Durose, Cooper & Snyder, 2014)- instead of implementing policies that we know are actually really tough on crime - universal preschool, a living wage, mental health treatment, universal health care, the list goes on - we now must expand Foucault's question and ask: what is gained by the failure of the uniquely American modern phenomenon of *mass incarceration*?

Part II: Mass incarceration as mass projective identification

Haney-Lopez (2010) argues that amid the cultural changes described earlier, “mass incarceration *took on a life of its own*, gaining legitimacy as a *seemingly obvious* framework for managing diverse problems and eventually permeating our social architecture, metaphorically but also literally” (p. 1036).

Psychoanalysis positions us to consider how and why this occurred by being curious about how “...certain public values and structures got into the unconscious before they got projected and rationalised as the public interest” (Young, 1994, p. 136).

The idea that we project *onto* others our undesirable characteristics is not new, nor is the idea that we

construct capital “O” Others for this very purpose. The rhetoric of mass incarceration – the archetypal violent Black man represented by Willie Horton, the Welfare Queen, the child “superpredator”, the schizophrenic murderer – makes obvious that the psychological building blocks of mass incarceration are our projections onto the poor and psychologically vulnerable – especially if those people are people of color. But what I am suggesting, and what I hope furthers our understanding of mass incarceration/mass punishment, is that we are doing something more nefarious than just *projecting* onto Others: we are coercing people into *identifying* with those projections by creating and maintaining social conditions that are traumatogenic, conditions that “nudge” certain groups of people into actions that we then criminalize. Once criminals, we subject people to a slew of punishments that then keep those identifications in place. Rather than a me/not-me defense, mass incarceration represents an us/not us defense against collective anxieties related to race and class.

Klein (1946) first developed the idea of projective identification to explain how we dealt with our aggression when we are very young. Young (1994) describes the concept of projective identification as akin to “gravity” in terms of its utility in clinical work: even if you don’t understand it completely, you recognize it when it is at work. Conceptualized as the way in which we communicate our unconscious experiences to each other, projective identification can be defensive or communicative, and speaks to the way in which we can somehow get a feeling inside of ourselves into another person. Ogden (1982) defines projective identification as both an intrapsychic and an interpersonal process, consisting of three steps:

The first step must be understood in terms of wishes to rid oneself of a part of the self (including one’s internal objects)... In the second phase, the projector exerts pressure on the recipient to experience himself and behave in a way congruent with the unconscious projected fantasy... In [the third step], the recipient experiences himself in part as he is pictured in the projective fantasy (p. 14-16).

The first step: what parts of our collective self might we want to be rid of? One need only to look at the people of which we dispose in our prisons to begin to answer that question: they are majority of color and poor, and since the explanatory power of eugenics has been thoroughly debunked, race and class must be symptomatic of something else that is causative of incarcerated people being mostly poor and of color. Gottshalk (2015) states that “the grand narrative of neoliberalism and race...helps explain the resiliency of the carceral state...” (p. 139). Psychoanalysis tells us that we repeat what we cannot remember; DeGruy’s (2017) work on posttraumatic slave disorder argues that as a country, we have not allowed ourselves to truly know the trauma of slavery, and are thus destined to reenact it until we do. Psychoanalysis also tells us that interdependency is an innate aspect of our humanity, and yet economic class in this country is determined by the hand that neoliberalism deals, and the odds are better for some only because they are worse for others (Layton, 2009, 2015). The double helix of race and class in this country is found in our prisons because the anxieties of both are found in all of us. Without a collective holding environment that helps us to bear our anxieties around perpetration and precarity, dependency and desperation (Layton, 2009, 2015; Peltz, 2005), they become the psychological building blocks of mass incarceration.

Wacquant (2001) argues that the hyperincarceration of Black people serves an extrapenological function, that is, to keep them in subordinated social positions in the tradition of slavery, Jim Crow and the creation of ghettos. This supplies capitalism with the low wage labor market it requires, and “disposes” of the problem of what to do with “market rejects.” Though the “punitive management

of poverty [is a crucial] component of neoliberalism”, it is also raced (Wacquant, 2014, p. 1693). He states the “carceral continuum that entraps a population of younger black men ... also plays a pivotal role in the remaking of ‘race’, by making Black men into criminals and substituting social welfare with “penal management.” (Wacquant, 2001, p. 52). Alexander’s (2012) new Jim Crow analogy furthers this argument. She demonstrates that the punishment of Black people by the justice system begins long before any crime is committed and continues long after incarceration ends.

The irony of this is stunning when one considers how, the racial domination of black people by white people, has always been enforced through violence on all levels - physical, emotional, psychological and institutional – yet mass incarceration rests on the alternate reality that it is black people who are violent. The “control theories” that have come to dominate the era of mass incarceration “assume that individuals will be strongly attracted to self-serving, anti-social, and criminal conduct unless inhibited from doing so by robust and effective controls” (Garland, 2001, p. 15). Code for “black people are lazy and violent unless we control them”, to say that this is ironic is an understatement: Our history demonstrates that it has been white people, actually, who were quite violent (Garland, 2005) and quite uninterested in doing our own chores (Gay, 2017).

The same control theories are cause and consequence of class-related anxieties as well. Over the past 40 years, concurrent with ballooning incarceration rates, neoliberalism has been “exhaustively configuring human beings as market actors, always, only, and everywhere...” (Brown, 2015, p. 31). Rising alongside mass incarceration has been the total and unrestrained affirmation of the free market as the main organizing principle in society. More than just an economic policy, neoliberalism is a social, political and economic ideology. Brown (2015) writes that neoliberal rationality enacts an “ensemble of policies” that include

deregulation of industries and capital flows; radical reduction in welfare state provisions and protections for the vulnerable; privatized and outsourced public goods, ranging from education, parks, postal services, roads, and social welfare to prisons and militaries...the end of wealth redistribution as an economic and social-political policy; the conversion of every human need or desire into a profitable enterprise, from college admission preparation to human organ transplants, from baby adoptions to pollution rights, from avoiding lines to securing legroom on an airplane; and, most recently, the financialization of everything and the increasing dominance of finance capital over productive capital in the dynamics of the economy and everyday life (p. 28).

As Layton (2009) argues, this requires that we compete with each other all the time, in almost all aspects of life, to secure needed goods whose value rely on their scarcity. “[F]ear is constantly stoked, yet vulnerability is deemed shameful” (Layton, 2009, p.109). By eroding empathic capacities that would otherwise allow us to see that we are “mutually implicated” (Layton, 2009)– and perhaps experiencing the *shared* loss of a holding environment by a neoliberal government (Peltz, 2005) – neoliberalism makes our relational needs unbearable. She writes:

When public institutions abandon their responsibilities toward their citizenry ... there is a pressure to create ever more individualistic identities that repudiate the vulnerable and needy parts of the self. This, in turn, blocks awareness of the ways that we are mutually interdependent (Layton, 2009, p. 106).

Privilege is pitted against precariousness. Neoliberalism not only leads to increased precarity (Neilson, 2015), it criminalizes it too. One might think that under neoliberalism, finding ways to

meet one's needs might be considered enterprising. But rather, doing so outside of the mainstream market is punishable, and increasingly, punished harshly. Simultaneously creating conditions of precarity and attributing their effects to individual character defects is a core feature of neoliberalism: if you are poor, it is because you didn't work hard enough, if you are mentally ill...well, it is because you aren't working hard enough, if you are homeless, you *definitely* aren't working hard enough. By then criminalizing the adaptations that people are forced to make to a neoliberal society, and its inherent inequality, we relocate the precariousness to which we are all vulnerable into them. Perpetual punishment ensures that those projections stay put.

In short, growing racial *equality* and growing class *inequality* have ramped up two sets of American anxieties, the unbearable aspects of which we are motivated to rid ourselves of. Much as a fire follows fuel and burns whatever is in its path, mass incarceration has emerged as a way of handling these anxieties for us. Coates (2015) states, "race is the child of racism, not the father" (p. 7). Perhaps, too, mass incarceration is the child of mass perpetration, not the father.

Step Two: "The projector exerts pressure on the recipient to behave in the way that is congruent with the projector's fantasy." Unlike in a dyad, the psychological pressure exerted on groups of people – the masses of mass incarceration – is done so through the creation and maintenance of traumatogenic conditions. To illustrate this, let's take those "boys who are already in prison" that Mr. Hawkins told me about. First, they are born Black in America. That alone gives them a 1 in 3 chance of spending at least a year of their lives in prison. Second, they are growing up in a violent and traumatogenic neighborhood where our collective contempt for them is shown to them every day. They are likely suffering, as individuals, from symptoms associated with posttraumatic stress disorder. Next, they attend carceral schools that are already socializing them to institutional life. While developing in all the ways that humans do, they are constantly being interpellated as criminals – from the white lady crossing the street when they round the corner, to watching the police shoot people who look like them, to, as Coates argues, the history that is in every moment, these boys see themselves being seen by others. They grow up in a capitalist, neoliberal culture – like all of us – where success and worth are measured by things. Their legal access to such things is limited by low wages, high costs of housing and other basic goods, and racial bias that dramatically limits their access to education and mainstream employment. They have to want, but they cannot have. All of this takes place in a neighborhood where sadness and dreams deferred are rampant. Racism is relentless, chronic stress is constant. Families have been decimated. Yet drugs and alcohol are available even in the most barren of food deserts, and everyone is coping the best they can. These conditions pressure the people in them to feel all of the things that neoliberalism requires us to disavow: dependence, desperation, and despair. The denial of the impact of slavery creates an emotionally invalidating environment. When people find ways of coping with these feelings – and god forbid actually expressing them – they are the problems, not responding to the problems.

Of course, as individuals, "those boys" have personal agency, are resilient and often resist. But even resistance takes on a topsy-turvy logic in traumatogenic conditions. Rios (2012) writes about "resistance identities" among the disenfranchised Latino boys with whom he worked and saw their petty acts of crime as less symptomatic of budding antisocial personality disorders than as acts of resistance to the web of inevitable criminalization in which they can feel themselves trapped (from which, perhaps, antisocial functioning can result). He writes about an incident in which a boy, Mike, and his friends were being racially profiled in a corner store, which ended in Mike stealing a bag of potato chips and being arrested and remanded to juvenile hall. Rios (2012) says:

I asked Mike, “Why didn’t you steal something more expensive?” He told me that he thought about it, but, in the moment, he didn’t care what he took. He wanted to prove a point to the clerk: “Not to fuck with me.” It wasn’t about saving a quarter, accumulating the most valuable commodity he could get his hands on, or stealing because he was poor and wanted to eat a bag of chips. Although he may have had a desire for any or all of the above, he stole the chips to redeem himself for being shamed and feeling disrespected. In the end, despite facing further punishment, Mike and his friends felt that their actions were not in vain; they had won a small battle in a war they were so tired of losing. Authority figures expected the boys to follow their rules, and the boys expressed a deep desire “to be left alone” and remain free; one of the only resources they had to feel respected within the system was to actively engage in behaviors that defied the rules of the game (p. 62).

As Bion (1959) describes, the in projective identification moment between patient and therapist, the therapist feels they are ‘being manipulated so as to be playing a part, no matter how difficult to recognize, in somebody else’s’ game (p. 149). Perhaps sometimes flipping the board over before the other person can win is worth losing the game yourself.

Despite likely suffering the grief, worry, depression, and anxiety that such “truncated life horizons” (Wacquant, 2001) bring, boys like this are unlikely to be recognized as suffering. Instead, they are seen as objects of risk – their anger, their guns, their choices (not ours) – to be feared and punished. When they enact violence, their actions are seen as the proof in the projections. This delinking of the individual and the environment, the psychological and the social, leave them, and us, helpless. All we can do is incapacitate. And all they can do is resist.

And finally, step three: “The recipient experiences himself in part as he is pictured in the projective fantasy.” It is one thing to deprive people of liberties and goods and life chances, but to create conditions that then put the responsibility for those deprivations inside of them? A twist of the knife. Thinking back to Mr. Hawkins: instead of seeing him and his life choices – however problematic – in the context of traumatic adaptations to extremely demanding conditions, he is a criminal: simultaneously a frightening perpetrator and a needy loser, both undeserving of our help and helplessly dependent. Relegated to this role, Mr. Hawkins exclaims “I’m a system baby!” and just wants what he has been told he has coming. Living in a topsy-turvy world where stabbing someone is the Catholic thing to do, he does his best to hold on to some sort of humanity while playing the role of bad and needy object. Despite essentially coercing Mr. Hawkins – through systematically limiting his life chances and saddling him with the effects of traumatogenic conditions – we see *him* as embodying dependency, need, and perpetration. He is a criminal and all of these things, so we who are not criminals are none of these things.

Freud said about criminals that the guilt precedes the crime. What if, in light of this projective identification process, the *punishment* precedes the crime? Another vignette:

Mr. Morris, a 55 year old cisgender, white man was referred to me because he was struggling after being released from prison after serving three decades there. His guilt was almost as unbearable as his crime. During a session in which we were talking about his experience of being both a victim and a perpetrator (“Everyone hates me now but where were they when I needed them?”, asked me), he described how at 15, he was living with his mother, who had been sexually abusing him for years, and her boyfriend. Severely depressed his whole life, he remembers running away from home for the first time at 4 years old. This day, he was smoking pot in his room, and his Mom’s boyfriend

burst in, enraged at Mr. Morris because he (the boyfriend) was on parole and could get sent back to prison for having marijuana in the house. He burst into Mr. Morris' room, picked him up and kicked him down the stairs with his steel toed boots. Mr. Morris said: "He was holding me by my hair – I had long hair at the time – and he pulled a knife from his belt, like a hunting knife. He held the knife to my throat and I let out this scream, like this guttural, primal scream and I think it, like, brought him back – it was like he was in a trance he was so enraged – and he took the knife and cut off my hair. My Mom was screaming at him. I think he was going to kill me. I think I interrupted him. I went upstairs, I tied my sheets together and I climbed out my window. I didn't bring anything, I just ran. I ended up in an empty lot watching this guy on PCP have seizures for like 6 hours. I just watched him. When it was light out again, I walked to the police station. I told the cop, I don't want to go home. They must have known something was wrong – it was obvious, my hair was chopped off, and I had leaves all over me. The cop brought me to juvenile hall because my Mom had reported me as a runaway. I rotted there for the next 4 years. I got emancipated and I went and got a job and got married... but I think I was already dead. I think that some part of me died that night, like my soul. After that, it was like I was in a zero state, just watching myself go through the motions, but not really being... alive."

What might have been different if the police officer – not him as an individual, but any officer or any person with authority – had seen this boy and allowed themselves to empathize with the look on his face and someone had said, "oh my gosh, what happened to you? Hurry, everyone, everyone gather – call everyone - and let's find out what happened to this boy." What if that officer knew that if he called a local clinic, a clinician would be available to meet with him for as long as it took to help him to work through the trauma that led to this moment? What if that clinician knew that she could see him as long as she needed, would have whatever supervision she needed, and would be paid as long as she needed to figure out how to help him? What if the administrators at that clinic knew that they would have enough funding to support the clinician to see the patient, to support the supervisors to supervise the clinician, and to care for their staff in the ways that they wanted to, in light of the very hard work they were doing? What if community members knew that they were also going to have to participate in helping Mr. Morris heal, and participate is helping the healers to heal him by supporting the work, however messy it was? Would our prisons still be bursting at the seams? Would the family of his victim be celebrating her birthdays instead of grieving her death?

Mr. Hawkins, Mr. Morris, those boys already in prison: trauma theory tells us that the "bad self" formed long before any crime was committed by them. As Grand (2002) argues, the traumatized self that is left alone and abandoned and unrecognized by another is often compelled to reenact, compelled to recreate the catastrophe, the suffering self. Once the traumatic reenactment is complete, the disavowal is legitimized: he who was the victim is now the perpetrator. However innocent and deserving he once was, guilty and undeserving he now is.

A psychoanalytic perspective helps us to understand that the "extrapenological" (Wacquant, 2001) function of mass incarceration is at once economic, racial, *and* psychic: Modern anxieties around precariousness and the shame of perpetration incentivize projective identification as a social defense. We have a wish to rid ourselves of these anxieties, and we do so by creating and maintaining traumatogenic conditions that exert pressure on the people who live within them to adapt in ways that we then criminalize and punish. From a psychoanalytic perspective, mass incarceration isn't failing at all, but rather succeeding wildly at solving a totally different problem, that is, the problem of what to do with the unbearable parts of our humanity, the psychic rejects. We have to keep

punishing criminals to keep the projective identification defense in place. If criminals can become uncriminalized – redeemed, reformed, rehabilitated – the “phobic objects” (Cavelli, 2012) of our dissociation are unleashed. We thus use mass incarceration/mass punishment to contain them – all 2.3 million of them. Davis (1998) says that we cannot disappear social problems, only people. We can, however, disappear our projections – and then lock both people and projections in our prisons.

Part III: Creating containers that hold

So imagine what happens when we are successful at this kind of projective identification?: 2.3 million people that embody all of our disowned parts – despair, aggression, dependency, precarity, vulnerability, trauma, rage – are locked away into big concrete buildings, hidden in plain sight all over the country, where we pay people to make sure that they don’t get out. Despite our unconscious wish to do so, those embodied projections do not simply disappear. Instead, they are *disappeared* into our prisons or jails.

It is thus no wonder that prisons are traumatic places, filled as they are with the unbearable aspects of ourselves, enacted, often violently. Trauma engenders fear, undermines protective capacities, and leaves everyone feeling bombarded by frightening affects and a reliance on primitive defenses that distort reality. And just to keep it complicated, feelings of fear are in the mix with actual danger. Day after day, it is routinized. During a recent assessment, I asked a patient of mine – who had recently been released after serving a long sentence for murder - whether he ever experienced symptoms of mental illness during his years in prison. He said, “I went nuts in there. And I know the day it happened. There was an alarm on the yard, and they started shooting. I’m laying on the ground, and I see the guy next to me holding his throat, blood everywhere, he’s trying to hold shut his own neck where he’d been slashed. I see him, and I turn to the guy on my other side and say, ‘So what are we having for dinner tonight?’ I knew I’d finally lost it. I’m still trying to come back. I mean, how cold is that?”

And for most incarcerated people, it didn’t begin there. Kupers (2005) writes that

Prisoners are in double jeopardy for posttraumatic stress disorder (PTSD). On average, their preincarceration backgrounds include much more trauma than the average person experiences, and then when they go to prison new traumas await them, possibly including beatings, sexual assault, and/or time spent in segregation. Harsh prison conditions and new traumas that occur behind bars are more difficult to cope with because of the past history of multiple traumas (p. 10-2).

Briere, Agee & Dietrich (2016), in their study of cumulative trauma among incarcerated people, found that 70% of women and 50% of men who were incarcerated had been exposed to trauma; almost 50% met criteria for Posttraumatic Stress Disorder. Harner & Burgess (2011) cite studies that found 94% of a sample of incarcerated women to have significant trauma histories. The relationship between Posttraumatic Stress Disorder and Antisocial Personality Disorder is clear (Martens, 2000), as is the relationship between violence and trauma (Levinson & Fonagy, 2004). The high rates of trauma among incarcerated people is so well recognized that “trauma-informed care” – a paradigm that calls for recognizing and tending to the high rates of victimization and potential revictimization of people in the justice system - is increasingly accepted and approaching industry standard in community corrections. But Miller & Najavits (2012) caution that:

Prisons are challenging settings for trauma-informed care. Prisons are designed to house perpetrators, not victims. Inmates arrive shackled and are crammed into overcrowded housing

units; lights are on all night, loud speakers blare without warning and privacy is severely limited. Security staff is focused on maintaining order and must assume each inmate is potentially violent. The correctional environment is full of unavoidable triggers, such as pat downs and strip searches, frequent discipline from authority figures, and restricted movement (p. 1).

The traumatogenic environment of the institution is a total one; no one escapes its influence. Staff too are exposed to constant fear, and witness why there is so much to be afraid of: stabbings, hangings, fights, riots, the horrifying effects of serious and protracted mental illness. I remember working with a man in prison who had attempted suicide by injecting himself with HIV infected blood. Who sold him HIV infected blood? I wondered. How did they even *find* each other? And what did the correctional officers have to think and feel as bystanders to this? The violence is atmospheric as is the despair – prisons are tense, tearful, fearful places filled with thousands of tense, tearful, fearful people all locked into a building together, everyone doing the very best they can to survive.

But the countertransferential responses to the traumatic anxieties of prisons are not experienced as such. Rather, they are thought to be things-in-themselves that exist but are only visible to people who work in prison. The normalization, and perhaps naturalization, of such defensive responses comes to be felt like insider knowledge, built into the culture, furthering the gap between those inside and those outside. I was talking to a parole agent with whom I work the other day about a patient of mine whom he supervises. The patient left her mandated treatment program via the fire escape, and then was rearrested by police after verbally assaulting them. During what I thought was a conversation based on our mutual investment in and empathy for this person, he leaned in to me and said, “But you and I both know that she is a total hustler. She’s never going to make it out here and probably just wants go back inside anyway – you know, 3 hots and a cot, right?” As a clinician, I heard this as someone struggling to bear the weight of my patient’s complexity: being poor, trans, saddled with a major mental illness, her symptoms are intense, often off-putting, and she struggles to live in the world without the supports she needs and with the trauma she has endured. But all the agent heard was the story of bad masquerading as mad, and of me being soft, falling for the con. The social defense system reduces her to a wolf in sheep’s clothing, someone whose sympathetic outsides are simply masking her criminally dangerous insides. Either/or, never both/and.

About institutions like prisons, Menzies-Lyth (1979/1988) states that

The effects of staff of the humane institutions of the human ‘material’ they work with are especially great in institutions whose clients are people in trouble. The clients are likely to evoke powerful and primitive feelings and fantasies in staff who suffer through painful though not always acknowledged identifications with clients, intense reactions both positive and negative to them, pity for their plight, fear, possibly exaggerated, about their violence, or harsh, primitive, moral reactions to their delinquency... In so far as feelings cannot be worked with personally or institutionally, they are likely to be dealt with by the development of defenses against them ... and become institutionalized through collusive, implicit interactions between members (p. 230-231).

A growing body of work about organizational life has been built on Menzies-Lyth’s ideas about social defense systems (Armstrong & Rustin, 2004; Hinshelwood, 1993) and the ways in which the task of any given organization brings with it particular anxieties. The practices that emerge within

the organization often serve as defenses against those anxieties, even if they interfere with the actual organizational task itself. Discussing forensic psychotherapy, McGauley (1997) states that the social defence system is a way of “agreeing to work in a particular way with a patient” (p. 263). Toch (2004) details this in his discussion of clinical work with “disturbed and disruptive” patients, and the way in which the anxieties of both pull for defenses that split them apart, undermining the likelihood of either being treated effectively. Hinshelwood (1993) argues that in prisons, the primary social defense is splitting, consistent with being trapped in the paranoid-schizoid position first described by Klein (1946).

Klein argued that early in life, we are challenged to figure out what to do with feelings of love and of hate, and instead of feeling them both at the same time – and risk destroying the person we love with our feelings of hate – we keep them split apart. I thought about this recently when one of my twin daughters was signaling that she wanted (I thought) some cheerios. I gave her a handful and she screamed! I realized that she wanted the box, not the Cheerios inside, and quickly gave her the box. She grabbed it with her little hands, and smiled at me. Klein would say that in the moment that I gave her the cheerios, I was the “bad Mom”, and when I gave her the coveted box, I was the “good Mom.” The emotional experience of those two situations was so distinct that to her, I might as well have been two different Moms. Klein says that if things go well enough, eventually my daughter will start to get curious about the fact that that bad Mom looks an awful lot like that good Mom.... and start to worry about hating the Mom that she also loves. She will try to repair the damage, and if I accept her efforts, she will be less afraid of her aggression. She will, as Klein says, come to believe that her love is stronger than her hate. In the meantime, in this developmental position, good and bad have to be split apart (schizoid) so that the bad doesn’t destroy the good (paranoid).

In prison, anxiety is so high and there is so much fear, it is quite challenging to consider the possibility that a hated inmate could also be loved, that a perpetrator could also be a victim, that a sadistic officer could also be a loving father. There is too much danger that the bad could destroy the good. These complexities remain split apart, not just in the minds of people inside prison, but in the practices in which they engage. There is always a danger that the split will not stay that way, hence the paranoia, the constant vigilance about keeping them apart. About the paranoid prison environment, Fox (1997) states

What the paranoid system cannot produce, like the individual personality disorder, is a creative spiral of healthy behaviors that generate other healthy behaviors... Creativity and love are the products of reparation and developmentally complete (relatively) depression, which then permit the acceptance of hatred in oneself and in others.... The prison, by continually converting depression into paranoia, murders hope and flattens all possibility. As inmates are told, ‘You’ll be back,’ the world is reinforced as a paranoid object [and]the hopeful possibility, of ‘paying your debt to society,’ is canceled. The pressure from an increasingly fearful and ignorant society for longer and less determinate sentences further reinforces the prison as such a paranoid system, a juggernaut of hopelessness and desperation, of pervasive fear and true intrapsychic and societal imprisonment (p. 54).

As a result, our capacity to think, to mentalize, about our minds and those of others is compromised. In traumatogenic conditions, safety is found in making less contact with frightening inner worlds, not more (Allen & Fonagy, 2006). “Mentalizing, we can persuade another person to

step aside; failing to mentalize, we can nudge [push] him or her aside” (Allen & Fonagy, 2006, p. 7). This leads to a reliance on violence. According to Levinson & Fonagy (2004)

Prisons that adopt power-assertive strategies as part of a social defence system, activating organizational defence mechanisms of splitting and projection, too often become a re-enactment of the offender’s early attachment experiences. The splitting and projection of good and bad, of power into the authorities, of helplessness into the inmates, idealization of rigid responses and the denigration of thinking promote further brutalization, humiliation and aggression (p. 244).

In what psychoanalysis recognizes as classic form, the effects of the defenses confirm the anxiety, which then create more of the same and actually interfere with the task at hand. I am thinking of an experience I had working in the acute psychiatric treatment unit in a state prison. An inmate who had been in and out of the unit for months, already transgressing the “acute” aspect of the unit by being chronic in his symptoms and needing more help than he had coming, appeared to be decompensating in his cell. He was becoming more agitated, unresponsive and preoccupied. Custody staff determined that his inability/refusal to heed their commands to put his hands through the food port to be handcuffed indicated that he was a threat to the safety and security of the institution. They suited up in militarized gear, stormed his door and dragged him out of his cell while he kicked and screamed. His resistance confirmed to them that he was a danger. Their behavior towards him confirmed to him that he was *in* danger. This scene repeated regularly, with him and with others until it seemed natural to shackle men, usually Black, and drag them in and out of their cells while they screamed.

The defenses erected to protect from anxiety in prison also preclude the conditions needed for containment, or what Klein (1946) called the “depressive position.” Trapped in the paranoid-schizoid position, the achievements of the depressive position – a both/and world where people can be whole, complex, and where reflection is possible – are forfeited. Where reflection could be, violence is. The “intolerance for any depressive experience leads to a need to act out physically” (Sohn, 1995, p. 573). Violence is not only an affect-regulating strategy but also a rejection of complexity. It is a way of being “hopeless without being helpless” (Menninger, 2007, p. 128).

Hope is reduced to trying to maintain institutional “safety and security”. This mantra is repeated over and over in prison, a rationale for almost any rule or restriction. And yet, it precludes the psychological safety and security that it is perhaps also a wish for (Kita, 2015). Blumenthal (2000) states that

Gilligan (1996) argued that the external conditions of incarceration perpetuate the notion in the minds of offenders that it is something external that needs to change and draws attention away from their own internal state of violence. If the environment were more humane it might assist these men in recognizing that the source of their intolerable distress is rooted in the internal world” (p. 193).

As clinicians, we are leaning into the real anxieties of prison by trying to make meaningful contact with this otherwise unbearable and inaccessible internal world. We often enter our work with the “porousness” that enables us to “soak up and take within” the contents of these internal worlds (Saunders, 2001, p. 31). Not only are the challenges of prison-based work coming from working within the paranoid-schizoid position, they are also coming from the relational traumas that most inmates have experienced. Allen (2012) laments that working with traumatized people is inherently

painful for both clinician and client because of the latter having been in "the ultimate bind of needing yet fearing attachment" (p. xxiii). This requires clinicians to tolerate being both needed and feared in a social defense system that tells them that they should be one or the other, but never both. This is also true of working with *traumatizing* people: the clinician is often in a bind about needing to form a relationship for treatment to happen, but having to manage the self-protective fear of being successful at doing so. The ambivalence that needs to be held together is easily split apart by the social defenses in prison.

Psychoanalysts talk a lot about containing – the way in which clinicians “contain” our patients’ anxieties, the ways in which a caregiver did or failed to do, the way in which the therapeutic relationship is, as Bion (1959) says, between “container and contained.” Juxtaposed with the literal sense in which prisons contain people, the containing *function* – from a psychoanalytic perspective – is what enables us, early in life, to be able to think our thoughts, understand our inner experiences, and to make meaning out of what happens to us. Bion first described this as the relationship between the caretaker and the child: unable to think without yet having developed the capacity to do so, the caregiver does this for the child, and the child eventually takes in this function for themselves. We can observe this all the time in the way that most people behave towards babies: “Oh! You look like you need a little blanket? Are you cold? Okay, I’m going to tuck you in. There – does that feel better? That feels better.” The baby doesn’t *think*, “I am cold” let alone, “Wow, I was cold, that’s so great that someone showed up with a blanket.” Instead, they have bits and pieces of an experience that they can then think of as “coldness” and “warmth” because the caregiver thought it for them by taking in their experience, treating it as real, and responding accordingly. Bion thought this a crucial experience to our eventual capacity to be curious, to seek knowledge, and understand our inner worlds (Ogden, 2004). About a patient whose suffering he thought came from not having a mother who provided this containment Bion (1959) said,

My deduction was that in order to understand what the child wanted the mother should have treated the infant’s cry as more than a demand for her presence. From the infant’s point of view, she should have taken into her, and thus experienced, the fear that the child was dying. It was this fear that the child could not contain (p. 313).

Having to really feel what about patients are so terrified of feeling that they enact instead of reflect is at the heart of containment, and at the heart of the challenges of forensic work. A vignette will illustrate.

Mr. Jackson, a cisgender, male identified, African American man in his 30s, had been in prison for almost 5 years, his second term for assault with great bodily injury. Diagnosed with bipolar disorder, and having a history of suicidality, he was accepted into the program where I worked as a clinician - a prison based mental health treatment program that came into existence after a class action lawsuit proved that the state was failing to provide adequate treatment to mentally ill inmates. Our work began as a textbook story of untreated mental illness and violence. He was clearly in need, but appeared “most refractory to treatment” (Jones, 2006, p. 56). In short, I could not *stand* him. Every session, session after session, he would just go on and on and on, and anytime I was able to say something, he would immediately reject it as being either completely irrelevant or just plain unhelpful. Yet he kept coming back, which was even more frustrating: if I was so incapable of helping him – as it was clear that I was - why did he keep coming to see me, day after day after day? I felt so pressured, so helpless and so ineffective with him. He seemed to agree.

I was, of course, completely ashamed and guilt ridden about these feelings, and only talked about them with my supervisor in the hopes of making them go away. Meanwhile, he was getting into all sorts of trouble of the unit and frankly, everybody was getting sick of him. He was smarter than almost everybody there and was capable of thinking circles around the officers, nurses, and clinicians that staffed the program. They were not amused. Guys in his dorm were complaining about him, worried that they were going to get “triggered” and “punch him out” and “lose their programs”. Other inmates found him a convenient target for their sadism, and besieged him relentlessly. Many staff struggled with their own conscious and unconscious experiences of him, including implicit racial bias. Countertransference reactions ranged from annoyance to contempt, and took on a characteristic forensic hue: staff began to insist that he was behaving this way on purpose, to make them feel bad, to do easy time – no one was really sure but everyone knew it wasn’t good – and obsess over his “real” diagnosis. He was on thin ice, and needed constant advocacy to stay in the program. That I had to provide that advocacy while still dreading our sessions was difficult at best.

This went on for months and months. And I went on for months and months: talking about him in supervision, thinking about him on my way home, resenting how much “space he was renting” in my mind, and despite this, advocating for him to stay in the program all the while trying to make sure that I was not enacting my own countertransference or a reaction formation to it. Finally one day, he came in to our session having just been handed a letter from the CO. It was from his Mom. As he read it out loud, I realized that she sounded just like me: full of support, smart interpretations, helpful suggestions. This was, of course, the same person who has soaked him in a bath tub of ice cubes to get the swelling to go down after a particularly horrific beating by his father, so he could still go to school the next day. This was the same person who, upon picking him up from the hospital where he had been admitted after attempting suicide by breaking and swallowing a light bulb, that told him that he would be fine, that God would provide more than treatment ever could. No matter what her own trauma history was – I have no doubt she thought she was keeping her child as safe as she knew how – her emphasis was on making his feelings go away so that she did not have to feel them either. He had had no way to metabolize or work through any emotional experience because he was never allowed to have one. I realized that I was doing the same thing: I was so terrified of his pain, of his suffering, I wanted to make it go away – not just for him, but for me too. I was pushing him to understand everything through discussion and reframing, trying to induce these “aha!” moments to get rid of any evidence of the more complicated, unthinkable parts of him. I hated that place, I hated that I couldn’t fix it, and I was so desperate for him to feel better that I was making everything worse. I was pushing him towards the dissociative defenses upon which he had relied his whole life.

Around this time, I awoke one morning crying from a dream. In that dream, I had reached into a car to find Mr. Jackson in the backseat, looking like himself but more boyish. As I drew closer, I saw that he was badly bruised. As I peered into the car, his face was that of total fear, and, even more poignantly, resignation. I scooped him up in my arms, and woke up from the dream as I did, crying. I thought about how sad and scared and bruised and alone he looked, I cried some more. Mr. Jackson, in that dream, had the face of a child who had given up on any hope that a parent, or anyone, would show up to scoop him up. I thought about his trauma history, the work we were doing together, the facilitating environment he’d found in the program, and thought that maybe this was a dream about my grieving. If I could do the work of mourning about this place, my limitations, and all of the pain that needed containing, there was a chance that I could hold some of it for/with Mr. Jackson.

I knew at that point that I needed help, too, to help Mr. Jackson, and referred him to a trauma group that had recently begun on the unit. Fiercely protected by the co-facilitators, the trauma group was often the object of paranoid attacks by staff. What were we talking about? Why wasn't anyone else allowed in the room while we were there? Why wouldn't we tell the rest of the team what was discussed? As Fox (1997) described, growth is a form of escape in a paranoid system. The work that took place in that group was the antithesis of the pathology of criminal culture, which equated being vulnerable with being female, and being female with being a sexual victim, and being a sexual victim as being a not-man, and being a not-man as being annihilated. It was also the antithesis of the alienation of trauma: these men were united around their shared experience, instead of marginalized by it. The group was cohesive and the culture of the group had been successfully maintained through the many comings and goings of its members. The group became a force on the unit, with men united around their health and humanity rather than their paranoia and shame.

Mr. Jackson entered the group, as all members did, with the caveat that he did not have to disclose until he was ready to do so. We figured that boundary violations are at the core of an experience that is traumatic – saying no did not matter, your limits did not matter – so to demand a retelling of one's experiences would be a recapitulation of this. This assured members that they were in charge of themselves and their histories, but also confronted them with the fact that they rarely knew how to judge their own readiness for disclosure. This boundary work became the focus of the group, more so than actual disclosures, for most members.

Mr. Jackson was eventually able to disclose, in the group, an aspect of his trauma history about which he was most ashamed, a part of himself that was enacted because it could not be reflected upon. It was clear that his posturing was defensive, which accounted for why it was so alienating to other people and ineffective for him. When he told the group, the growth that trauma halts resumed: With 8 other men, most of whom had spent their lives exploiting the vulnerabilities in other people and denying the humanity of themselves and others, sat with him, bearing witness, tears in their eyes, assuring him that they didn't think of him any differently and that, somehow, they understood. The container held. The group had truly created this alternate space in which men were able to see that it was their own vulnerabilities that were driving their hatred of and attacks on those of others, and that they had done to others the very same things that had been done to them in an effort to survive them. The price they paid was in becoming the people that they most hated, and it was a brutal reality with which to come to terms. The men in the group were not accepting Mr. Jackson based on the "us versus them" mentality of prison. Instead, they were accepting each other based on their shared humanity, a humanity they had been slowly and systematically stripped off on multiple levels. As painful and agonizing as it was to realize it, doing so offered the hope of doing something different with it. This knowledge was a tiny seed of life to which these men could tend in the fertile soil of that group.

Mr. Jackson's experience in the group rippled out onto the unit. He began to be able to use his wit and intelligence to negotiate relationships instead of demean people. He also began to make a couple of actual, real friends with men in the trauma group. His relationships with his son and wife were shifting as well, with him being able to start to acknowledge his ambivalence about fatherhood and his fear of hurting his own son (which imprisonment was functioning to protect him from, he realized).

In treatment, Mr. Jackson was also able to make some meaning out of his incarceration. The normative stance in prison is to treat it as borrowed time, instead of your "real" life. Inmates and

staff project about how different life is going to be when inmates get out, and no one necessarily addresses whether or not how they are living there – here and now - is going to advance or detract from that. I know, from working at parole, that this sets men up for failure, and preserves prison as a place where, paradoxically, their hopes for transformation are persevered. Instead, Mr. Jackson found a container that contained, one that held, one that enabled him to develop the psychosocial capacities that trauma had undermined. He was able to construct a new narrative that was no longer a textbook case of untreated major mental illness and subsequent drug addiction, a two-dimensional story that only a false self could tell. His mood and anxiety disorders, drug abuse, criminal activity, and trauma history began to come together in a matrix in which we could understand how his individual development in his family was contextualized by the historical oppression and sequelae into which he was born, and how his involvement in drugs, crime and prison was an attempt, on some level, to work through his traumatic past.

Our work together took place in a “small corner” of a state prison, a program carved out by a class action lawsuit that had successfully sued the state for failing to provide adequate treatment. This resistance, this force, emboldened me to remember that I had a right to be there, and that we had a right to do the work we were doing. And, it was not easy. Being a clinician on a unit with 40 men, in dorms, with correctional officers, a treatment team, and offering “treatment” was like being in spa in the middle of a warzone: *of course* people wanted in, of course sometimes it was more for the air conditioning than for the treatment they would get. We had a responsibility to hold in mind the both/and-ness of our patients and to maintain a safe milieu. This meant that we had to be available to contain in a psychological and in a material way. It was a constant, iterative process of thinking about countertransference and self-reflection to determine who stayed, who went, who got treatment and who did not. Pressure from administrators to discharge patient to free up precious bed space was constant, as were the daily threats to treatment in the form of alarms, lock downs, and “safety and security” issues that could include moving a patient to another prison 300 miles away with no warning or attention to the impact of that on his treatment. Pressure from inmates was also constant and ranged from testing boundaries around making phone calls to the outside to attacking the milieu by exploiting and terrorizing other inmates. We were “all frightened clinicians” (Gordon and Kirtchuk, 2008, p.8), holding in mind “the terror of being the next victim” (Boyle, Kernohan & Rush, 2009, p. 291) by the very people that we also needed to figure out how to form relationships with. All of this, and in a place that continually attacked that function.

Winnicott (1960) thought that the way we develop into mature, flexible, relatively happy people capable of knowing ourselves and relating positively to others was based on our being “held” psychologically early in our lives. This concept has been used widely in clinical worlds; most clinicians have an intuitive understanding of what it means to try to “hold” their patients. Ogden (2004) states that caregivers do so by “safeguarding the continuity of the infant’s or child’s experience of being and becoming over time” (p. 1362). Constantly tending to Mr. Jackson’s behavior on the unit, the way it was being experienced by staff, and the way that my advocacy for him could be subsumed into the social defenses there was part of the “safeguarding” of his development that forensic clinicians are called to do.

And yet, I could only do this by tending to my own mind, my own countertransference. About the container, Ogden (2004) states that

the container is not a thing, but a process...the capacity for the unconscious psychological work of dreaming, operating in concert with the capacity for preconscious dreamlike thinking

(reverie), and the capacity for more fully conscious secondary-process thinking. Though all three of these types of thinking ... are involved in the containing function of the mind, Bion views the unconscious work of dreaming as the work that is of primary importance in effecting psychological change and growth (p. 1356).

Under both intrapsychic and environmental pressures, with Mr. Jackson I lost my capacity to contain over and over again. But I found it over and over again, through supervision, through the continual legal reinforcement of our right to be there, doing that work, and through working with the patients who helped me to continually expand my capacity to contain. Peltz (2005) says

This capacity to contain teaches the burgeoning baby that its anxieties are tolerable, and that good things can come of having those anxieties contained. When anxiety is thus transformed, not only does a person realize that he or she can survive (go on being), but something exhilarating is taken in—an exciting feeling of agency based on the survival of the infant–parent unit that says, in essence, “We can do it!” Furthermore, an ideal is formed about how goodness can prevail in the face of badness” (p. 355-356).

In our individual session one day, Mr. Jackson told me about the moment in which he decided that he could trust me. That it took place in the trauma group did not surprise me. The trauma group was, for me, a refuge from the “reverie deprivation” (Brown, 2013) of prison, a space in which there was community, a group of minds committed to helping each other to think, dream and yearn for something different. The group sometimes felt like a chance bask in the warm rays of the depressive position during some very long and bleak paranoid-schizoid winters. He said that in a group session several months prior, another group member disclosed a particularly horrific trauma, one that essentially involved a torture chamber. The details of it were almost unbearable, and the group struggled to bear witness. As the group member talked about his trauma, Mr. Jackson watched as my eyes filled up with tears. Anxiously, he worried that I would start crying, and was relieved when I did not. He described feeling hopeful when he saw that I could both be open and contained, emotional without collapsing - the boundary between the two was literally the edge of my eye. It was in that moment - of seeing me be upset enough to have tears in my eyes but in control enough to keep them from spilling over – that he began to trust that I could hold his trauma. I could survive and he could go on being. We could do it.

Conclusion

When I began my career, I learned that our nation’s prisons and jails were the “new asylums” (Shenson, Dubler & Michaels, 1990). Almost 20 years later, they are no longer new. Some of us are surprised to discover this while others of us are fatigued from the cumulative despair at the lack of ability to resolve a worsening problem. As I’ve discussed, the anxieties related to neoliberalism and perpetration continue uncontained. Prins (2011) cites research that shows that the population of people who are incarcerated and in need mental health treatment are clinically different than those who received prior to deinstitutionalization: browner, poorer, more addicted, and more disenfranchised. Knoll (2009) notes that the “forensification” of mental illness will likely mean that anyone trying to provide mental health treatment will likely need to address dynamics that forensic clinicians have typically assigned responsibility for. All of this is to say that we need new models, new ways of conceptualizing our work with people who are entrenched in our nation’s prison.

We need to position ourselves and our colleagues to do really good transformative work with people who are on the receiving end of this process. We need to see that our relentless projections into

people in the justice system is nothing short of traumatic. As a result, we shouldn't expect our treatment to be anything less than complex. We need to move beyond behavioral models that seek only to quell symptoms and insist on opportunities for deep, humanizing transformative work. We need to see folks who are perpetrators as perpetuators, people whose actions - however abhorrent - are part of a longer arc that begins with membership in our collective even if it has ended in their removal from society. Instead of seeing crime and criminalized behavior as the not-me parts of the self, we need to see it as an expression of the there-but-by-the-grace-of-god-go-I part of our human experience. This is not easy, we cannot do it alone, and it will take a fundamental retooling of our theories and practices. It requires us as thinkers, writers, educators, advocates, clinicians and supervisors to take what we know - about transference, countertransference, violence, object survival, trauma, primitive agonies, acting out, etc. - and fight for space to address them. We need to learn from the people who have lived through these systems, and allow their lived experience to inform our theories and our practices.

Returning briefly to Klein's (1975) work on aggression: she thought that it was crucial for us to discover that our love was stronger than our hate and thought that the way that we did that was by trying to repair the damage that our aggressive projections did to others. The child who throws a tantrum and then circles back around with a giant hug is trying to repair the damage that was done, in that moment of fantasied aggression. Without such efforts, her aggression is too frightening to bear because it is too real. There is too much danger. I am thinking of a woman with whom I worked who had been in prison for 19 years after committing a very violent crime. She told me that she had denied the crime for about 10 years. I asked what changed that she finally admitted her guilt. She said, "I don't know what happened, but I know that I had to ask the question, 'Am I a monster?' and I had to be able to ask myself, ask other people, and hear the answer."

In the absence of collective reparation for the harms we have done in the past, it is challenging to believe in our ability to mitigate them now. In the absence of asking and hearing the answers to the questions about our history of perpetration, our creation of precarity, and our reliance on punishment, we can't repair the damage we are doing, the anxiety about that reality remains and we must, psychoanalysis tells us, do something to maintain our denial of it. This illusion is maintained through projective identification: we - the collective we - have used our sociopolitical power to create conditions that pull for adaptations, psychological solutions to traumatic problems, and then criminalize them, disappearing both people and projections into prisons. Once there, trauma is reenacted, and we despair at our helplessness to do anything but incapacitate. Psychoanalytically, this is a wish to rid ourselves of what is unbearable. Our theory tells us that projective identification can be evacuative or transformative. Even if we have to participate in this collective social defense, we can also work to resist it. We can reflect instead of enact, complex(ify) instead of simplify, subjectify instead of objectify, and get curious instead of getting concrete. From a psychoanalytic perspective, we have the capacity to, at the very least, begin asking a different set of questions than the ones mass incarceration has been answering.

As I write, a boy has just murdered 17 members of his school community. The adults in our country, as his surviving peers are pointing out, are failing to provide any modicum of containment. The logic of mass incarceration is at work, again, the double helix of race and class having wound itself into a different shape: The perpetrator is white, so he must be mentally ill (versus a terrorist, a label reserved for people of color). Illness lives inside individuals, and can only be addressed there. And yet, because of his actions, he is undeserving of treatment. Once again, the best we can do is to

create “safety and security” through force. This time, we won’t hire correctional officers, instead we will arm teachers. Again, there is a massive failure to think, to be able to take a both/and position in which crime and conditions are linked, and that violence is a communication about something that cannot otherwise be contained.

How different would this conversation be if we developed our reparative capacities, and could contain the anxieties of neoliberalism and slavery? What would it require of us, and what would we have to require of each other – and our institutions – to be able to do so? What would it require of us as clinicians, to really sit with them suffering and harm that people in prison both endure and cause? What if we, as McIvor (2016) suggests, embraced a practice of “civic mourning” and cultivated our collective capacity to register the harms done and mobilize to repair it? What would be need to feel, to identify with, to acknowledge? Abolitionist Sister Helen Prejean (2008) said of her own trajectory as an activist,

I saw the suffering and I let myself feel it: the sound of gunshots in the night, mothers calling out for their children. I saw the injustice and was compelled to do something about it. I changed from being a nun who only prayed for the suffering world to a nun with my sleeves rolled up, living my prayer” (para.4).

As painful as these realities are for the people living them and for those of us who bear witness to them, our only hope of transforming them is to create containers that hold: in our minds, clinical programs, prisons, and communities.

When the call for this paper contest went out, I received the announcement from a few colleagues who knew about my work with incarcerated and formerly incarcerated people. I remember registering that this was a joint effort by lawyers and a psychoanalytic institute and feeling both slightly puzzled and totally excited. Someone cares, I thought, someone cares enough about this to try to create the conditions under which people will think about what to do, and then go out and fight to do it. It is so promising, and so heartening. Thank you for the opportunity to contribute to this effort.

Bion (1976/2005) once said:

In psychoanalysis, when approaching the unconscious – that is, what we do not know – we, patient and analyst alike, are certain to be disturbed. In every consulting room, there ought to be two rather frightened people: the patient and the psychoanalyst. If they are not both frightened, one wonders why they are bothering to find out what everyone already knows (p. 104).

We already know what happens when we don’t bother to find out: 2.3 million and counting.

References

- Alexander, M. (2012). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York: The New Press.
- Allen, J. G. (2012). *Restoring mentalizing in attachment relationships: Treating trauma with plain old therapy*. Washington, D.C.: American Psychiatric Publishing.
- Allen, J. and Fonagy, P. (2006). *The Handbook of Mentalization-Based Treatment*. England: Wiley & Sons.
- Arditti, J. (2005). Families and incarceration: An ecological approach. *Families in Society: The Journal of Contemporary Social Services*, 86 (2), 251-260.
- Armstrong, D., & Rustin, M. (Eds.). (2014). *Social defences against anxiety: Explorations in a paradigm*. Karnac Books.
- Barrenger, S. L., & Canada, K. E. (2014). Mental illness along the criminal justice continuum. *Journal of Forensic Social Work*, 4(2), 123-149
- Bion, W. R. (1959). *Experiences in groups*. New York: Basic Books.
- Bion, W.R. (1959). Attacks on linking. *International Journal of Psychoanalysis*, 40, 308-315.
- Bion, W.R. (1976/2005). *Interview with Anthony G. Bent, Jr.* Reprinted in: *The Tavistock Seminars*, London: Karnac.
- Blumenthal, S. (2000). Developmental aspects of violence and the institutional response. *Criminal Behaviour and Mental Health*, 10, 185-198.
- Boyle, J., Kernohan, W. and Rush, T. (2009). 'When you are tired or terrified your voice slips back into its old first place': The role of feelings in community mental health practice with forensic patients. *Journal of Social Work Practice*, 23 (3), 291-313.
- Briere, J., Agee, E. and Dietrich, A. (2016). Cumulative trauma and current posttraumatic stress disorder status in general population and inmate samples. *Psychological Trauma: Theory, Research, Practice and Policy*, 3, (4), 439-446.
- Brown, L. (2013). *Intersubjective processes and the unconscious: An integration of Freudian, Kleinian and Bionian perspectives*. United Kingdom: Routledge.
- Brown, W. (2015). *Undoing the demos: Neoliberalism's stealth revolution*. Cambridge, MA: MIT Press.
- Butler, J. (2004). *Precarious life: The powers of mourning and violence*. London: Verso.
- Cador, E., Swartz, C. and Gordon, M. (2003). Criminal justice and health and human services: An exploration of overlapping needs, resources, and interests in Brooklyn neighborhoods. In J. Travis and M. Waul (eds.), *Prisoners once removed: The impact of incarceration of children, families and communities*. Washington, D.C.: Urban Institute Press.
- Cavalli, A. (2012). Transgenerational transmission of indigestible facts: from trauma, deadly ghosts and mental voids to meaning-making interpretations. *Journal of Analytical Psychology*, 57, 597-614.
- Chettiar, I. (2015, February 11). The many causes of America's decline in crime. *The Atlantic*. Retrieved from <http://www.theatlantic.com/features/archive/2015/02/the-many-causes-of-americas-decline-in-crime/385364/>

- Children's Defense Fund (2007). *The cradle to prison pipeline*. Washington, D. C.: Author.
- Coates, T. (2015). *Between the world and me*. New York: Spiegel & Grau.
- Cole, D. (2011). Turning the corner on mass incarceration? *Ohio State University Journal of Criminal Law*, 27-51.
- Comfort, M., Lopez, A., Powers, C., Kral, A. and Lorvisk, J. (2015). How institutions deprive: Ethnography, social work, and interventionist ethics among the hypermarginalized. *RSF: The Russell Sage Foundation Journal of the Social Sciences*, 1(1), 100–119.
- Davis, A. (1998). Masked racism: Reflections on the prison industrial complex. *Color Lines*, 1 (2), 11-13.
- DeGruy, J. (2017). *Post traumatic slave syndrome: America's legacy of enduring injury and healing*. New York: HarperCollins.
- Durose, M., Cooper, A. and Snyder, H. (2014). *Recidivism of prisoners released in 30 states in 2005: Patterns from 2005-2010*. Bureau of Justice Statistics Special Report. Retrieved from <http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>.
- Garland, D. (2001). *The culture of control: Crime and social order in contemporary society*. Chicago: University of Chicago Press.
- Garland, D. (2005). Penal excess and surplus meaning: Public torture lynchings in Twentieth-Century America. *Law & Society Review*, 39 (4), 793-834.
- Gottschalk, M. (2015). *Caught: The prison state and the lockdown of American politics*. Princeton: Princeton University Press.
- Grand S. (2002). *The reproduction of evil: A clinical and cultural perspective* (Relational Perspectives Book Series). London: Routledge.
- Foucault, M. (1977). *Discipline and punish*. London: Allen Lane.
- Fox, W. (1997). The hidden weapon: Psychodynamics of forensic institutions. In D. Gussak and E. Virschup (Eds.), *Drawing time: Art therapy in prisons and other correctional settings*. Chicago: Magnolia Street Publishers.
- Gordon, J. and Kirtchuk, G. (2008). Introduction. In J. Gordon and G. Kirtchuk (Eds.), *Psychic assaults and frightening clinicians: Countertransference in forensic settings*. London: Karnac.
- Haney-Lopez, I. (2010). Post-racial racism: Racial stratification and mass incarceration in the age of Obama. *California Law Review*, 98 (3), 1023-1074.
- Harcourt, B. (2010). Neoliberal penalty: A brief genealogy. *Theoretical Criminology*, 14 (1), 1-19.
- Harner, H., & Burgess, A. W. (2011). Using a trauma- informed framework to care for incarcerated women. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 40(4), 469-476.
- Hinshelwood, R. (1993). Locked in role: A psychotherapist within the social defence system of prison. *The Journal of Forensic Psychiatry*, 4 (3), 427-440.
- Jones, D. (2006). The malign transference: Dealing with the unbearable in the internal world of the murderer. *Group Analysis*, 39 (1), 51-58.

- Kim, K., Becker-Cohen, M. and Serakos, M. 2015. *The processing and treatment of mentally ill persons in the criminal justice system*. Washington, DC: Urban Institute.
<http://www.urban.org/sites/default/files/alfresco/publication-pdfs/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>.
- Kita, E. (2011). Making it thinkable: A psychodynamic approach to the problems of prisons and prisoners. In J. Berzoff (Ed.), *Falling through the cracks: Psychodynamic practice with vulnerable and oppressed populations*. New York: Columbia University Press.
- Kita, E. (2015). Public safety, psychological security: A practice-informed research study exploring how California parole agents experience their work. *Smith College Studies in Social Work*, 85(1), 5-29.
- Klein, M. (1946). Notes on some schizoid mechanisms. *The International Journal of Psychoanalysis*, 27, 99-110.
- Klein, M. (1975). *Love, guilt and reparation: and other works, 1921–1945*. New York: The Free Press.
- Knoll, J. (2009) Treating the morally objectionable patient: Countertransference reactions. *Psychiatric Times*, 26 (4), 45-48.
- Kupers, T. (2005). Posttraumatic stress disorders in prisoners. In: Stojkovic, S. (Ed.). *Managing Special Populations in Jails and Prisons*, p. 10–2 – 10–21. Kingston, NJ: Civic Research Institute.
- Kury, H. (2008). *Fear of crime - punitivity: New directions in theory and research*. Germany: Brockmeyer Verlag.
- Layton, L. (2009). Who's responsible? Our mutual implication in each other's suffering. *Psychoanalytic Dialogues*, 19, 105–120.
- Layton, L. (2015). Neoliberalism and its psychic effects. Reflective Spaces/Material Places Annual Conference, San Francisco, CA, September 16, 2015.
- Levinson, A. and Fonagy, P. (2004). Offending and attachment: The relationship between interpersonal awareness and offending in a prison population with psychiatric disorders. *Canadian Journal of Psychoanalysis*, 12, (2), 225-252.
- Martens, W. (2005). Multidimensional model of trauma and correlated antisocial personality disorder. *Journal of Trauma and Loss*, 10, 115–129.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, D.C.: American Psychological Association.
- McGauley, G. (1997). The actor, the act and the environment: Forensic psychotherapy and risk. *International Review of Psychiatry*, 9, 257-264.
- McIvor, D. W. (2016). *Mourning in America: Race and the Politics of Loss*. New York: Cornell University Press.
- McWilliams, N. (2004). *Psychoanalytic psychotherapy: A practitioner's guide*. New York: Guilford Press.
- Menninger, W.W. (2007). Uncontained rage: a psychoanalytic perspective on violence. *Bulletin on the Menninger Clinic*, 7 (2), 115-131.
- Menzies-Lyth, I. (1988). *Containing anxieties in institutions: Selected essays*. London: Free Association Books.

- Miller, N.A. and Najavits, L.M. (2012). Creating trauma-informed correctional care: A balance of goals and environment. *European Journal of Psychotraumatology*, 3, 1-8.
- Mitchell, J. (2012). Crimes of misery and theories of punishment. *New Criminal Law Review: An International and Interdisciplinary Journal*, 15 (4), 465-510.
- Murakawa (2014). *The first civil right*. United Kingdom: Oxford University Press.
- Neilson, D. (2015). Class, precarity, and anxiety under neoliberal global capitalism: From denial to resistance. *Theory & Psychology*, 25 (2), 184-201.
- Nellis, A. (2017). *America's increasing use of Life and Long-Term sentences*. The Sentencing Project: Washington, D.C.
- Ogden, T. (1982). *Projective identification and psychotherapeutic technique*. New York: Jason Aronson.
- Ogden, T. (2004). On holding and containing, being and dreaming. *International Journal of Psychoanalysis*, 85, 1349-1364.
- Peltz, R. (2005). The manic society. *Psychoanalytic Dialogues*, 15 (3), p. 347-366.
- Prejean, H. (2008). *Living my prayer*. NPR: This I believe series. Retrieved from: <https://www.npr.org/templates/story/story.php?storyId=17845521>.
- Prins, S. (2011). Does transinstitutionalization explain the overrepresentation of people with serious mental illnesses in the criminal justice system? *Community Mental Health Journal*, 47(6), 716-722.
- Rios, V. (2012). Stealing a bag of potato chips and other crimes of resistance. *Contexts*, 11 (1), 48-53.
- Rosenfeld, H. (1987). *Impasse and interpretation*. London: Routledge.
- Saunders, J. (2001). *Life within hidden worlds: Psychotherapy in prison* London: Karnac.
- Shenson, D., Dubler, N., & Michaels, D. (1990). Jails and prisons: the new asylums?. *American Journal of Public Health*, 80(6), 655-656.
- Sohn, L. (1995). Unprovoked assaults – Making sense of apparently random violence. *International Journal of Psychoanalysis*, 76, 565-575.
- Toch, H. (2004). The disturbed disruptive. IN D. Jones (Ed.), *Working with dangerous people: The psychotherapy of violence*, Boca Raton, FL: CRC Press.
- Torrey, E.F., Kennard, A.D., Eslinger, D., Lamb, R. & Pavle, J. (2016). More mentally ill persons are in jails and prisons than hospitals: A survey of the states. *Arlington, VA: Treatment Advocacy Center*.
- Wacquant, L. (2001). Deadly symbiosis: When ghetto and prison meet and mesh. *Punishment and Society*, 3 (1), 95–134.
- Wacquant, L. (2009). *Punishing the poor: The neoliberal government of social insecurity*. Durham, NC: Duke University Press.
- Wacquant, L. (2014). Marginality, ethnicity, and penalty in the neoliberal city: An analytic cartography. *Ethnic and Racial Studies*, 37, 10, 1687–1711, <http://dx.doi.org/10.1080/01419870.2014.931991>
- Young, R. (1994). *Mental space*. London: Process Press.

- Wagner, P. and Rabuy, B. (2017). Mass incarceration: The whole pie 2017. *Prison Policy Initiative*, 14.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *The International journal of psycho-analysis*, 41, 585 – 595.