

YOGA AND MUSIC THERAPIES IN PRISONS: A PSYCHO-LEGAL ANALYSIS

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I. Introduction

Imprisonment or incarceration is a legal punishment that may be imposed by the state for the commission of a crime or disobeying its rule. The objective of imprisonment varies in different countries and may be punitive and for incapacitation; deterrence; rehabilitative and reformative. The primary purpose and justification of imprisonment is to protect society against crime and retribution. In ancient times, a prison was considered a house of captives. Prison was for punishment. Now the focus is changing. Prison is no longer about punitive measures alone; it is viewed as a correctional institution for rehabilitation.² In current thinking, punitive methods of treatment of prisoners alone are neither relevant nor desirable to achieve the goal of reformation and rehabilitation of prison inmates. The concept of Correction, Reformation and Rehabilitation has come to the foreground and the prison administration is now expected to function in a curative and correctional manner.³ Imprisonment as punishment is now rethought of as “rehabilitative” punishment. This involves a philosophy that individuals are incarcerated so that they have an opportunity to learn alternative behaviors to curb their deviant lifestyles. Correction, therefore, is a system designed to correct those traits that result in criminal behaviour. The rehabilitative model argues that the purpose of incarceration is to reform inmates through educational, training, and counselling programmes. This development and growth requires certain human rights without which no reformation takes place.

Human rights approaches and human rights legislations have facilitated a change in the approaches of correctional systems, and they have evolved from being reactive to proactively safeguarding prisoners’ rights.⁴

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² The new outlook on prisoners is: Criminals are not born criminals, society makes them that way; Prisoners are sent to prison not for punishment but for rehabilitation; People in prisons are still human beings. They still possess all of the rights they possessed before being imprisoned, except for those taken away by virtue of being imprisoned; People should hate the crime, not the criminal.

³ In the new outlook, the prison management should have the objectives of Maintaining security and discipline; Using time spent in prison for reformation and rehabilitation; Providing the basic minimum facilities to prisoners to ensure human dignity.

⁴ The areas of focus for correctional administration are: Improving vocational training facilities in prisons; Providing better training and professional skills to

According to the UN Global Report on Crime and Justice 1999, the rate of imprisonment in our country is very low, i.e. 25 prisoners per one lakh of population, in comparison to Australia (981 prisoners), England (125 prisoners), USA (616 prisoners) and Russia (690 prisoners) per one lakh population. India stands at the 21st place in the rate of incarceration whereas USA is at 2nd in the world among the 52 nations covered in the survey.⁵ A large chunk of prison population is dominated by first offenders (around 90%) The rate of offenders and recidivists in prison population of Indian jails is 9:1 while in the UK it is 12:1, which is quite revealing and alarming. Despite the relatively lower populations in prison, the problems are numerous.

Jails in India are plagued with myriad problems. Some of these are over-crowding, under-staffing, lack of adequate medical care, physical mistreatment of prisoners resulting in custodial deaths, inadequate conditions for female and juvenile detainees, poor administration, long detention of those awaiting trial and the inability of prisoners to communicate with counsel, administrators and family. The 2007 Report of the National Crime Records Bureau, Ministry of Home Affairs, reports over-crowding in a large majority of jails, some operating at 200 per cent of their available capacity, with under-trials accounting for two-thirds of prison population.⁶ The problem of over-crowding is also prevalent in the case of female prisoners.⁷ Women, with children, and the mentally ill are among the worst-affected groups. According to available statistics, 1,400 five year old children find themselves in jails along with their mothers. The absence of adequate medical and psychiatric services contributes to the deplorable conditions. Individuals with severe mental illnesses, also referred to as “non-criminal lunatics” are often imprisoned. A mentally ill prisoner has a double disadvantage. Even when quality psychiatric care is provided, the

prison staff with a view to improving the quality of correctional programs; Promoting better prison management skills and disseminating information and valuable experiences to other prisons; Providing better housing, kitchen, sanitation, water supply, cultural and educational facilities to prisoners as well as prison staff.

⁵ Mauer. (1994). The international use of incarceration.

⁶ The maximum over-crowding was recorded in the jails of Uttar Pradesh (201.3 per cent), followed by Chhattisgarh (193.3 per cent), Delhi (185.7 per cent), Gujarat (181.7 per cent), Kerala (179.1 per cent), Jharkhand (167 per cent), Madhya Pradesh(160 per cent), Orissa (144.9 per cent), Lakshadweep (137.5 per cent), Assam (136.9 per cent), Punjab (136 per cent), Bihar (133.9 per cent), A & N Islands (133.7 per cent).

⁷ For the year 2007, the State of Gujarat (220.9 per cent) was reported to have the highest number of female inmates, followed by Uttar Pradesh (164 per cent), Bihar (159.5 per cent), Jharkhand (158.3 per cent), Delhi (121.3 per cent), Jammu & Kashmir (117.1 per cent).

inmate/patient still has been stigmatized both as a mentally ill person and a criminal (Lamb, 2009). He may not be able to defend his/her case. Many times, a person with mental illness may not receive proper treatment and remains in the custody for years. This may be an account of being unfit to stand trial, lack of support, or because the family is able but unwilling to bail out the person because of the illness. Human rights violation itself can have a severe impact on a person's mental health and lead to a vicious cycle. A lot of mentally ill prisoners are languishing in jails. The rate of suicide is very high, given the backdrop of brutality and violence in Indian jails.

In the 1980s, the All India Commission for Jail Reforms (The "Mulla" Commission) found that the majority of the prison population was from a "rural and agricultural background" and that first-time offenders, involved in "technical or minor violations of law", accounted for a large number of prisoners. A number of people had been imprisoned for non-payment of fines, or because there was no one to bail them out, even if the bail amount was a paltry Rs. 500, or due to inability to afford good legal representation. As a result, first time offenders, or persons held for petty crimes, spent years, or even decades, in the company of hardened criminals.

II. Legal Scenario

The prison system in India is governed by the old Prisons Act 1894 and the Prisoners Act 1900.⁸ The Prisons Act 1894 provides for corporal punishment in cases where a prison offence has been committed. Acts like "wilful disobedience" of prison regulations, use of threatening or intimidating language, "immoral or indecent" behaviour and "feigning illness" constitute a prison offence under the Act. The Act leaves the awarding of such punishment to the discretion of the Jail Superintendent. However, the Act does not provide much help on how these offences are to be examined and whether "due process" will be followed in such cases. The Prison Manuals address some of the anomalies existing in the Prison Act 1894. However most of them date from colonial times and have not been updated since then. The Supreme Court of India, recognizing the problems in the Indian Prison System, has on several occasions ordered the States to

⁸ The existing statutes which have a bearing on regulation and management of prisons in the country are: (i) The Indian Penal Code, 1860. (ii) The Prisons Act, 1894. (iii) The Prisoners Act, 1900. (iv) The Identification of Prisoners Act, 1920. (v) Constitution of India, 1950 (vi) The Transfer of Prisoners Act, 1950. (vii) The Representation of People's Act, 1951. (viii) The Prisoners (Attendance in Courts) Act, 1955. (ix) The Probation of Offenders Act, 1958. (x) The Code of Criminal Procedure, 1973. (xi) The Mental Health Act, 1987. (xii) The Juvenile Justice (Care & Protection) Act, 2000. (xiii) The Repatriation of Prisoners Act, 2003. (xiv) Model Prison Manual (2003).

reform the Prisons Act 1894, to completely overhaul the various State Prison Manuals and to incorporate case laws regarding prisoners' rights.⁹

In 1980, an All India Committee on Jail Reforms, headed by Justice A.N. Mulla, came out with an exhaustive document on prison reforms, which would help restructure the foundations on which the Indian prison system rested.¹⁰ In 1996, the National Human Rights Commission suggested a prison reform bill. The draft Bill was circulated to the states in 1998, a few of which came out with new legislation. Rajasthan was one such state, which incorporated a chapter on the Rights and Duties of Prisoners in its Rajasthan Prisons Act 2001. In 2005, the Bureau of Police Research and Development engaged prison officials, academics and prison experts in drafting a Model National Prison Manual. Some of the most important recommendations of the manual include the creation of new bodies including a department of prisons and correctional services and a full time National Commission on prisons; using alternatives to imprisonment; renewing the focus on prisoner rehabilitation; reducing the prison population; and modernizing the prisons themselves.¹¹ The Manual was shared with the States and various NGOs working in the area of prisons and prisoners' rights. However, little has been done thereafter. Further, prison reforms are essentially a State subject; therefore there is no accountability of any kind from the Central Government.¹²

⁹ In its judgments on various aspects of prison administration, the Supreme Court of India has laid down three broad principles regarding imprisonment and custody. Firstly, a person in prison does not become a non-person; secondly, a person in prison is entitled to all human rights within the limitations of imprisonment; and, lastly there is no justification for aggravating the suffering already inherent in the process of incarceration.

¹⁰ Various Committees, Commissions and Groups have been constituted by the State Governments as well as the Government of India (GoI), from time to time, such as the All India Prison Reforms Committee (1980) under the Chairmanship of Justice A.N. Mulla (Retd.), R.K. Kapoor Committee (1986) and Justice Krishna Iyer Committee (1987) to study and make suggestions for improving the prison conditions and administration, inter alia, with a view to making them more conducive to the reformation and rehabilitation of prisoners. These committees made a number of recommendations to improve the conditions of prisons, prisoners and prison personnel all over the country.

¹¹ The Model Prison Manual has 17 important guarantees that are essential for safeguarding the rights of the prisoners. These guarantees include: Right to a Speedy Trial; Right to Bail; Right of Convict to Appeal; Right to Contact with Outside World; Institutionalized Mechanism to address Grievances; Right to Medical Examination; Right to Living Accommodation; Right to Food/Nutrition; Right to Clean Drinking Water; Right to Environmental Sanitation; Right to Personal Hygiene; Right to Clothing.

¹² "Prisons" is a State subject under List-II of the Seventh Schedule to the Constitution of India. The management and administration of Prisons falls

III. Prison Reforms and Judicial Activism

Overcrowded prisons, prolonged detention of under trial prisoners, unsatisfactory living condition and allegations of indifferent and even inhuman behaviour by prison staff has repeatedly attracted the attention of critics over the years. However, there have been no worthwhile reforms affecting the basic issues of relevance to prison administration in India. Disturbing conditions of the prison and violation of the basic human rights such as custodial deaths, physical violence/torture, police excess, degrading treatment, custodial rape, poor quality of food, lack of water supply, poor health system support, not producing the prisoners to the court, unjustified prolonged incarceration, forced labour and other problems observed by the Supreme Court have led to judicial activism. Given the lack of political will to legislate on prison in independent India, it is the judicial pronouncements that have realized the constitutional rights of those held in prisons. The supreme court has been active in responding to human right violations in jails and has in process, recognized a wide array of fundamental and other rights of prisoners by interpreting articles 21,19,22,32,37 and 39A of the Constitution in a positive and human way.

A land mark judgement by Justice V.R. Krishna Iyer enumerated basic human rights of the prisoners. Mr. Sunil Batra had written a letter from Tihar Jail, Delhi to the Supreme Court providing information about the torture and inhuman conditions of the prison. This case has become a landmark case in prison reforms.¹³ This case recognized the various rights of prisoners in the most comprehensive manner. The court held that:

“No prisoner can be personally subjected to deprivation not necessitated by the fact of incarceration and the sentence of the court. All other freedoms belong to him to read and write, to exercise and recreation, to meditation and chant, to comforts like protection from extreme cold and heat, to freedom from indignities such as compulsory nudity, forced sodomy and other such unbearable vulgarity, to movement within the prison campus subject to requirements of discipline and security, to the minimal joys of self-expression, to acquire skills and techniques. A corollary of this ruling is the Right to Basic Minimum Needs necessary for the healthy maintenance of the body and development of the human mind. This umbrella of rights would include: Right to proper Accommodation, Hygienic living conditions, Wholesome diet, Clothing, Bedding, timely Medical Services, Rehabilitative and Treatment programmes”

exclusively in the domain of the State Governments, and is governed by the Prisons Act, 1894 and the Prison Manuals of the respective State Governments. Thus, States have the primary role, responsibility and authority to change the current prison laws, rules and regulations.

¹³ Sunil Batra v. Delhi Administration AIR 1980 SC 1579.

Another land mark judgement pronounce by the judiciary is the right to compensation in cases of illegal deprivation of personal liberty. The Rudal Shah case is an instance of breakthrough in Human Rights Jurisprudence¹⁴. The petitioner Rudal Shah was detained illegally in prison for more than fourteen years. He filed Habeas Corpus before the court for his immediate release and, interalia, prayed for his rehabilitation cost, medical charges and compensation for illegal detention. After his release, the question before the court was "whether in exercise of jurisdiction under Article 32, could the court pass an order for payment of money? Was such an order in the nature of compensation consequential upon the deprivation of fundamental right? There is no expressed provision in the Constitution of India for grant of compensation for violation of a fundamental right to life and personal liberty. But the judiciary has evolved a right to compensation in cases of illegal deprivation of personal liberty. The Court granted monetary compensation of Rs.35,000 against the Bihar Government for keeping the person in illegal detention for 14 years even after his acquittal. The Court departed from the traditional approach, ignored the technicalities while granting compensation. The decision of Rudal Shah was important in two respects. Firstly, it held that violation of a constitutional right can give rise to a civil liability enforceable in a civil court and; secondly, it formulates the bases for a theory of liability under which a violation of the right to personal liberty can give rise to a civil liability.

The list of prisoners' rights is not exhaustive as this field is still developing and slowly evolving.¹⁵ There are still many rights that are not recognised by the Indian legal system. For example, in January 2010, considering the rapid increase in the number of HIV positive prisoners, the

¹⁴ Rudal Shah v. State of Bihar AIR 1983 SC 1086

¹⁵ Some broad categories of rights are: Right to be lodged appropriately based on proper classification, special rights of young prisoners to be segregated from adult prisoners, rights of women prisoners, right to healthy environment, right to bail, right to speedy trial, right to free legal services, right to basic needs such as food, water and shelter, right to have interviews with one's lawyer, right against being detained for more than the period of sentence imposed by the court, right to protection against being forced into sexual activities, right against arbitrary use of handcuffs and fetters, right against torture, cruel and degrading punishment, right not to be punished with solitary confinement for a prison offence, right against arbitrary prison punishment, right to air grievances and to effective remedy, right to evoke the writ of habeas corpus against prison authorities for excesses, right to be compensated for violation of human rights, right to visits and access by family members of prisoners, right to write letters to family and friends and to receive letters, magazines et., right to rehabilitation and reformatory programmes, right in the context of employment of prisoners and to prison wages, right to information about prison rules, right to emergency and reasonable health care.

Bombay High Court asked the Maharashtra government to examine the possibility of allowing jail inmates to have sex with their wives in privacy.¹⁶ The Court for the first time noted the aspect of physical needs of the prisoners. This conjugal right also has a valid argument that merely because a spouse is convicted, the innocent partner should not suffer. Another basic contention is that as long as the prisoner is not executed in line with the court's orders, he/she had a right to life, which includes the right to propagate species and to a sex life.

IV. Stress of Incarceration

The prison environment is very oppressive and depressive. It is very different from the world outside, the world in which the prisoners are born and brought up. The shame of being 'caged', the worry regarding their family's welfare and their ability to cope with this change, the dreadful loneliness and ghostly silence of being alone with minimal stimulation, depression, and boredom, all add to the stresses of incarceration. Life in prison leads to many problems. Most of the prisoners are ill equipped to cope with the intense stress of prison life. Researchers have revealed that apart from the criminal aspect, many inmates manifest mental disorders in prison as a result of the stress of incarceration. Krishna (1993) reports the presence of neuroticism, anxiety, extraversion, and morality guilt among adolescents who are high on delinquent behavior.¹⁷ Osofsky (1996) reveals the presence of certain psychological or personality factors exhibited by prisoners and the influence of these in creating greater stress within the prison. These factors are neuroticism, anxiety, aggression, hostility, and guilt.¹⁸

Other stresses behind the bars include separation from family, overcrowding, sensory deprivation, exposure to a high density of hard core offenders, and a variety of uncertainties, fears, and frustrations. The period of trial is of great stress to the individual. Loss of social status, uncertainty of outcome of the trial, fear of punishment, staying in an unusual place like police station or jail and the financial upsets, harass the individual. If the trial period is prolonged for months or years, which is very common, then the undertrial's mental condition deteriorates. The hard life in prison further aggravates the situation. Psychological factors such as frustration, hostility, and feelings of helplessness might be the cause or the consequence of

¹⁶ The Conjugal Right 2010. Article published in Times of India on 14.01.2010. Available online at <http://timesofindia.indiatimes.com/india/Why-cant-prisoners-have-sex-in-jails-court-asks-Maharashtra-govt/articleshow/5445590.cms>

¹⁷ Krishna, U. (1993). Adolescent's delinquent behavior and personality. *Indian Journal of Criminology*, 21(3), 9094.

¹⁸ Osofsky H. J. (1996). Psychiatry behind the walls: Mental health services in jails and prisons. *Bulletin of Menninger Clinic*, 60(4), 464479.

criminal behavior, and in some cases, both. There is all danger that in such an environment prisoners become worse than before.

V. Mental Health Problems of Prisoners: Psychological Aspects

It is a worldwide problem that offenders often have mental health problems.¹⁹ These mental health problems range from a diagnosed mental illness to psychological or behavioral symptoms which are insufficient to meet the criteria of a diagnosed mental disorder. Studies showed that a high prevalence of offenders suffer from a wide range of mental symptoms and disorders, such as anxiety, depression, personality disorders, and psychotic symptoms (e.g., hallucinations, delusions).²⁰ Low self esteem, poor impulse control and related behavioral problems, as well as a limited ability to resolve conflicts constructively, are prominent examples of mental health-related problems which are widespread among prisoners. In addition, low empathy is strongly related to aggressive and offending behavior²¹. These problems can be categorized into two domains: internalizing (i.e., emotional and cognitive symptoms) and externalizing problems (i.e., behavioral disorders), and it is common that an offender with mental health problems manifests symptoms that fall into both classifications. Within the domain of internalizing issues, emotional problems such as anxiety, depression, anger, and mania, contribute to the mental health problems in prisoners²². These negative effects such as depression, anxiety, and anger are usually entangled. Negative emotionality is closely associated with behavioral and cognitional symptoms, including persistent anger and irritability, insomnia or hypersomnia, psychomotor agitation or retardation, feelings of worthlessness or excessive guilt, substance misuse, and suicide (James and Glaze, 2006). These problems interfere with offenders' ability of adjustment in prison, lead to poor engagement in cognitive skills treatment, and increase recidivism²³. As self-disclosure is a sensitive topic in prison, some inmates describe their emotion experience as concurrently provocative and restrained²⁴. Prisoners with negative emotions tend to have low motivation

¹⁹ James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. U.S. Department of Justice.

²⁰ Prison Reform Trust. (2011). *Bromley briefings prison factfile*. London.

²¹ Jolliffe, D., & Farrington, D. P. (2004). Empathy and offending: A systematic review and meta-analysis. *Aggression and Violent Behavior* (9), 441-476.

²² Listwan, S. J., Sperber, K. G., Spruance, L. M., & Van Voorhis, P. (2004). High anxiety offenders in correctional settings: It's time for another look. *Federal Probation*, 68(1), 43-50.

²³ Listwan, S. J., Van Voorhis, P., & Ritchey, P. N. (2007). Personality, criminal behavior, and risk assessment: Implications for theory and practice. *Criminal Justice and Behavior*, 34(1), 60-75.

²⁴ Greer, K. (2002). Walking an emotional tightrope: Managing emotions in a women's prison. *Symbolic Interaction*, 25(1), 117-139.

for therapy and high rate of attrition, therefore they hardly benefit from treatment²⁵.

Anxiety is one of the common emotional problems among offenders. It is defined as an emotion characterized by the feelings of tension, worried thoughts and physical changes²⁶. It includes physical, emotional, cognitive, and behavioral symptoms, such as irritability, restlessness, feelings of apprehension, unable to concentrate, shortness of breath, frequent micturition or diarrhea, stomachache or dizziness, tiredness, insomnia, and headache. Besides prisoners' personality trait factors, the punitive and isolated environmental influences are the main cause of high anxiety of prisoners, such as the loss of autonomy and freedom, separation from family and society, and lack of normal interpersonal relationship. Offenders with high anxiety have difficulty with adjustments to imprisonment and a high rate of recidivism. Research showed that it is difficult for offenders with negative emotionality to benefit from cognitive skills intervention compared to other type of offenders (i.e., antisocial, dependent, situational naive), and their anxiety may be deteriorated in intervention if it is not taken carefully into account.

Depression is another prevailing emotional problem in prisons. It is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and physical well-being. Depression is characterized by irritability or restlessness, loss of interest or enjoyment, social withdrawal, feelings of guilt, low self-esteem, insomnia or excessive sleep, poor appetite or overeating, feelings of fatigue, and lack of ability to concentrate or making decisions²⁷. Depression may coexist with other mental health problems, such as anxiety disorder, bipolar disorder, borderline personality disorder, substance abuse²⁸. Especially, depression and anxiety may share the same symptoms, such as irritability, restlessness, insomnia, and an inability to concentrate. Both external and internal factors may contribute to offenders' depression. For example, external factors may include bad interpersonal relationship, lack of freedom, physical disease, and economic difficulties in family. Internal factors include psychological

²⁵ Howells, K. (2006). Affective determinants of treatment engagement in violent offenders. *International Journal of Offender Therapy and Comparative Criminology*, 50(2), 174-186. doi: 10.1177/0306624x05281336

²⁶ Kowalski, R. M. (2000). Anxiety. In A. E. Kazdin (Ed.), *Encyclopedia of Psychology* (Vol. 1, pp. 209-212). Washington, DC: American Psychological Association.

²⁷ American Psychiatric Association. (2016). *Diagnostic and statistical manual of mental disorders* (7th ed.). Arlington, VA: American Psychiatric Publishing.

²⁸ Beckham, E. E. (2000). Depression. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (Vol. 2, pp. 472-476). Washington, DC: American Psychological Association.

problems, such as guilt, low-self esteem, and pessimism about future. Depression often leads to suicidal tendencies and self-abusive behaviors. Suicidal problem is exacerbated in prison, with rates between four and six times higher than that of the general population, and up to eight times higher in newly released prisoners in the United States.²⁹

Self-esteem refers to the evaluation on one's own body, capabilities, achievement, values, and others' perceptions of oneself. Research showed that a high rate of prisoners have a low level of self-esteem³⁰. Especially new prisoners with a long term sentence have a lower level of self-esteem and a higher level of tension than the prisoners who have served a long time in prison. It seems that the level of self-esteem in prisoners may rebound according to the prisoners' adaptive resources and accommodative coping strategies.³¹ However, the increase of self-esteem during incarceration cannot be simply interpreted as a recovery process.

Prisoners with a long sentence are likely to develop prisonized personality which includes the traits of losing interest in the outside world, losing the ability to make independent decisions, and identifying oneself as a prisoner at home within the prison context³². In addition, prisoners with a long term imprisonment have significantly higher levels of positive symptoms and depression than prisoners with a shorter term. A decreased level of self-esteem is likely to occur accompanied by high anxiety at the final stage of incarceration before release. Prisoners who suffer low self-esteem are more likely to have high anxiety and depression. On the other hand, people with high self-esteem combined with unstable emotions may have anger traits and high aggression tendency³³. Only people with low negative affectivity and high self-esteem tend to be emotionally stable and

²⁹ Perry, A. E., Marandos, R., Coulton, S., & Johnson, M. (2010). Screening tools assessing risk of suicide and self-harm in adult offenders: A systematic review. *International Journal of Offender Therapy and Comparative Criminology*, *54*(5), 803-828.

³⁰ Gullone, E., Jones, T., & Cummins, R. (1999). *Coping styles and prison experience as predictors of psychological well-being in a sample of male prisoners*. Paper presented at the Australian Society for Quality of Life Studies Conference, Australia.

³¹ Greve, W., Enzmann, D., & Hosser, D. (2001). The stabilization of self esteem among incarcerated adolescents: Accommodative and immunizing processes. *International Journal of Offender Therapy and Comparative Criminology*, *45*, 749. doi: 10.1177/0306624X01456008

³² MacKenzie, D. L., & Goodstein, L. (1985). Long-term incarceration impacts and characteristics of long-term offenders: An empirical analysis. *Criminal Justice and Behavior*(12), 395-414.

³³ Kernis, M. H., Abend, T. A., & Goldman, B. M. (2005). Self-serving responses arising from discrepancies between explicit and implicit self-esteem. *Self and Identity*, *4*(4), 311-330.

optimistic about their abilities in general, which make it possible for them to have a more satisfactory and healthy life. Therefore, self-esteem and emotion factors together as outcomes can more precisely assess the improvement of prisoners' mental health.

VI. Advances in Psychiatric Treatment: Yoga and Music Therapies

In present times, all over the world, there is a major shift from viewing the criminal as a dangerous, hardcore, and to be alienated person, to that of an individual requiring reformation and transformation. Prison has now become a place for training, inner growth, and improvement. The reform should be at the physical, psychological, social, moral, and spiritual level. As a result, the prisoners are increasingly provided with state of the art educational, vocational, recreational, and spiritual training. As prisons are a high stress environment facilitating depression, aggression, and sexual offences, it is an ideal place to introduce spirituality as a coping strategy. To practice spirituality no prior conditions need to be fulfilled. It involves techniques such as practicing religion, yoga, and meditation. While the practice of religion can be encouraged, yoga and meditation can be taught and practiced en mass.

Yoga

The techniques of spirituality, yoga and meditation, are a part of the native wisdom of the Indian subcontinent. They form the core of Indian philosophical systems. Its beneficial effects are well documented in the ancient treatises. Yoga has been defined by Swami Satyananda Saraswati as "a complete science of consciousness. It provides mastery over all stages of consciousness." The practices of yoga, particularly *raja yoga* and *hatha yoga*, have withstood scientific scrutiny and have been found useful in the treatment of many chronic disorders. Bhushan, L.I. (1998) in his article writes: "Disease originates from mental stress causing imbalance in the neurophysiological and endocrinal systems, resulting in psychosomatic disorders. These disorders again cause anxiety and other psychological symptoms popularly known as DIAFS (Disease Induced Anxiety and Fear Syndrome). Thus the mind body interaction serves as a chain of cause-effect relationships to produce psychosomatic and somatopsychic symptoms. For their proper treatment, therefore, somatic or psychological management alone is not sufficient. The practice of yoga is effective because its approach is psycho-somato-spiritual."³⁴

³⁴ Bhushan, L. I., (1998). Yoga: An Instrument of Psychological Transformation. *Yoga Journal*, Sivananda Math, Munger.

Yoga training leads to highly significant improvement in subject's mental health³⁵. A series of research investigations have revealed that there are many beneficial effects of yoga, which would help in stress management. Yoga and meditation can contribute positively to various cognitive processes, including perception and in turn, on subjective wellbeing, quality of life and criminal propensity. Yoga group showed significantly higher scores on social desirability. It was also found that the life event scores (past one year) were significantly less in yoga practitioners.³⁶

Music

Music therapy as an interdisciplinary subject has integrated with diverse disciplines (e.g., medicine, psychology) and numerous theories for its rigorous scientific development. Its comprehensiveness enables music therapists that work with a wide range of populations to achieve multiple therapeutic goals including physical, mental, behavioral, and spiritual aspects. Yet, music therapy is distinguished from the integrated disciplines because of its unique characteristics. In music therapy, the aesthetic, artistic, and recreational nature of music, the natural relationship of music to human's body, mind, and emotion spark offenders' motivation to participate and stay in the therapy. In addition, humankind's spontaneity and creativity manifested in music playing and composition are deeply rooted in our inherited nature. In the context of rehabilitation treatments for offenders, music therapy as a valuable means has shown its potential of bridging diverse offender rehabilitation theories to meet the needs of offender's rights and public safety.

In the aspect of treatment approaches, various music therapy methods have been used in music therapy for offenders, such as improvisation, song and metaphoric imagery, music creation and performance, and music relaxation.³⁷ These music therapy approaches were applied either in an individual setting or a group setting. Group music therapy with offenders contributes its unique value in rehabilitation services in correctional settings. For instance, the strict management, low level of

³⁵ Aminabhai, V. A. (1996). Effect of yogic practice on attitudes toward yoga and mental health of adults. *Praachi Journal of Psycho Cultural Dimensions*, 12(2), 117-120.

³⁶ Selvamurthy, W. (1993). *Yoga and stress management: Physiological perspectives*. Proceedings of the Indian Science Congress, Part IV, 169.

³⁷ Thaut, M. H. (1989). The influence of music therapy on relaxation, affect and thought in psychiatric prisoner-patients. *Journal of Music Therapy*, 26(3), 155-166.

O'Grady, L. (2011). The therapeutic potentials of creating and performing music with women in prison: A qualitative case study. *Qualitative Inquiries in Music Therapy*, 6, 122-152.

education, and low trust between prisoners may interfere with inmates' verbal expression and communication in therapy³⁸. Group music therapy provides opportunities for prisoners to nonverbally experience and express emotions, therefore to facilitate the in depth and meaningful communication under a range of restrictions. Researchers have shown that music therapy was effective on improving mental health conditions for people with mental disorders and behavioral problems in terms of decreasing emotional and psychological symptoms and increasing social functioning³⁹.

VII. Effects of Yoga on the Psychological health and Behavior of Prison Inmates

Both yoga and meditation have been used as a reformatory tool in prisons all over the world. It is termed as 'Prison Yoga', to bring about all round transformation in the incarcerated person. Few studies have recorded the changes brought about by these techniques. Meditative techniques such as *vipassana* meditation and transcendental meditation have been used with the prison population. There is growing evidence to support the teaching of such spiritual practices in prisons. A Minnesota-based consensus panel observed that spiritual approaches may be quite valuable in substance-abuse treatment for offenders, and recommended providing a time and suitable place for individual meditation, reflection, or prayer.⁴⁰ A 2002 study at Seattle's North Rehabilitation Facility found that the recidivism rate for inmates who took a 10-day Vipassana meditation retreat was 56%, a 25% improvement over recidivism rates in the general inmate population.⁴¹ A follow-up study by the Addictive Behaviors Research Center at the

³⁸ Thaut, M. H. (1999). Group music psychotherapy in correctional psychiatry. In W. B. Davis, K. E. Gfeller & M. H. Thaut (Eds.), *An introduction to music therapy: theory and practice* (2 ed., pp. 248-258). Boston: McGraw-Hill.

³⁹ Albornoz, Y. (2011). The effects of group improvisational music therapy on depression in adolescents and adults with substance abuse: A randomized controlled trial. *Nordic Journal of Music Therapy*, 20(3), 208-224.

Mössler, K., Chen, X. J., Heldal, T. O., & Gold, C. (2011). Music therapy for people with schizophrenia and schizophrenia-like disorders. *Cochrane Database of Systematic Reviews* (12).

⁴⁰ AHCPR Archived reports, Put Prevention Into Practice and Minnesota Health Technology Advisory Committee SAMHSA/CSAT Treatment Improvement Protocols TIP 44. Substance Abuse Treatment for Adults in the Criminal Justice System. Available at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?highlight=meditation&rid=hstat5.section.80442#80553>.

⁴¹ Murphy, LD. !e NRF Vipassanarecidivism study: final report. *Unpublished manuscript*, 2002. Data cited in: Parks GA, Marlatt GA, Bowen SW, et al. !e University of Washington Vipassana Meditation Research Project at the North Rehabilitation Facility. *American Jails Magazine*, July/August 2003. Available at: www.prison.dhamma.org/amjarticle.pdf.

University of Washington found that drug use, drug and alcohol-related consequences, and self-reported levels of depression and hostility were significantly lower among those who took the course, compared to those who did not.⁴²

In a research, weekly classes of Yoga postures, meditation, and philosophy were given to male inmates at Wake Correctional Center (WCC) in Raleigh, NC. WCC is a minimum-security prison with dorms instead of individual cells, and many of the inmates spend much of their time on work release. Some of them are allowed to visit their families on weekends. Almost all of the prisoners at WCC are felons, having been convicted of burglary, sex crimes, assaults, drug dealing, DWI, fraud, and the like. A five-year study of 190 inmates found that those who were taught Yoga were significantly less likely to be reincarcerated upon release. Subjects were divided into two groups, those who attended at least one, but less than four classes, and those who attended more than four classes. Differences in reincarceration rates between these two groups during a two-year post-release period were striking. Of those who attended more than four classes, 8.5% were reincarcerated, while 25.2% of those who attended fewer than four classes were reincarcerated during this same period. "This difference was found to be statistically significant at the 0.025 level."⁴³

In 1995, a pilot study was undertaken on a group of prisoners lodged in the Munger district jail. The participants were given one hour of yoga training, consisting of selected *asanas* and *pranayamas* in the morning, about 45 minutes of yoga *nidra* in the afternoon, and about one hour of *kirtan*, prayers, and *satsang* in the evening led by *sannyasins* of the BYB Yoga Institute. After a fortnight the participating prisoners reported themselves to be physically and mentally stronger and less likely to fight amongst themselves or with jail authorities. The jail authorities also reported that the yoga program had been conducive to creating cordiality among the prisoners. It had also reduced the jail's expenditure on medicines and the jail environment had become friendlier.⁴⁴ Results of one more research directed to evaluate the effects of *hatha* yoga and *mantra* meditation on the psychological health and behavior of incarcerated males suggest that yoga, meditation, and a combination of the two may be effective strategies for

⁴² Bowen S, Witkiewitz K, Dillworth TM, et al. Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*. 2006; 20(3): 343-7.

⁴³ Pashupati Steven Landau, Jagat Bandhu John Gross. Low Reincarceration Rate Associated with Ananda Marga Yoga and Meditation. *International Journal of Yoga Therapy* – No. 18 (2008) 43.

⁴⁴ Bhushan, L. I., (1998). Yoga: An Instrument of Psychological Transformation. *Yoga Journal*, Sivananda Math, Munger.

lowering anxiety and for facilitating an internal locus of control reinforcement in incarcerated males.⁴⁵

VIII. Music Therapy as a Correctional and Rehabilitative Intervention

Music therapy as one kind of systematic intervention for offenders has a long history of application in correctional setting including forensic psychiatry, correctional psychiatry, correctional institutions, and community services for probationers.⁴⁶ Its application in corrections has received increasing attention from clinicians and researchers in recent decades.⁴⁷ This tendency is largely attributed by the growing mental health problems of offenders and their needs for more effective interventions. While the majority of current rehabilitation programs focuses on reducing recidivism, music therapy seems to target more diverse outcomes⁴⁸. Based on three principles of human function, analogy, metaphor, and aesthetics, offenders are able to connect the emotional experiences and behaviors in music activities to their daily life, as well as to be attracted and motivated to participate music therapy. Consequently, they may improve communicative skill, social support ability, and empathy. These direct outcomes may lead to the improvement of mental health outcomes. As a result, recidivism and quality of life as downstream outcomes will be able to be achieved through the reduction of internalizing and externalizing problems.

Only a few studies showed the effects of music therapy for mental health or behavior of prisoners.⁴⁹ One of such researches conducted on

⁴⁵ Bunk, B. E. (1979). Effects of hatha yoga and mantra meditation on the psychological health and behavior of incarcerated males. *Dissertation Abstracts International*, 40:904B.

⁴⁶ Coddling, P. (2002). A comprehensive survey of music therapists, practicing in correctional psychiatry: Demographics, conditions of employment, service provision, assessment, therapeutic objectives, and related values of the therapist. *Music Therapy Perspectives*, 20(2), 10-22.

⁴⁷ Odell-Miller, H. (2012). Inside and outside the walls: Music therapy supervision in a forensic setting. In S. Compton Dickinson, H. Odell-Miller & J. Adlam (Eds.), *Forensic Music Therapy: A Treatment for Men & Women in Secure Hospital Settings* (pp. 42- 57). London and Philadelphia: Jessica Kingsley Publishers.

⁴⁸ Lipsey, M. W., & Cullen, F. T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law & Social Science*, 3, 297-320.

⁴⁹ Lawday, R., & Compton Dickinson, S. (2013). Intergrating models for integrated care pathways: Introducing group cognitive analytic music therapy (G-CAMT) to a women's enhanced medium secure setting (WEMSS). In S. Compton Dickinson, H. Odell-Miller & J. Adlam (Eds.), *Forensic music therapy: A treatment for men & women in secure hospital settings* (pp. 185-204). London: Jessica Kingsley.

Chinese prisoners provided scientific empirical evidence for the effects of music therapy on improving mental health of offenders in corrections in terms of anxiety, depression, self-esteem, and social functioning. It demonstrated that music therapy was effective for prisoners in Chinese prison, as well as for offenders from different settings and countries. It can be an appropriate treatment for offenders within a constraint and unfavorable environment. In the research music therapy benefited not only the offenders, but also influenced the prison guards and the whole prison system.⁵⁰

IX. Conclusion

Various judgements passed by Indian courts suggest that they are sensitised to the need for doing justice to people to whom justice had been denied by a heartless society for generation. Although, several judgements have recognised the rights of prisoners, these have resulted in few amendments to legislation. Though various rights have been granted to prisoners, in reality, they do not reach the prisoners. An outstanding example is the right to speedy trial. Similarly, free legal aid is an idealistic goal but presently far from reality. Further, there is an urgent need to evolve an interdisciplinary approach to provide care and uphold the rights of mentally ill prisoners. In this regard, we should remember the observation of Justice Krishna Iyer

“While judicial sensitivity and activism is appreciable, it must be borne in mind that the country’s criminal justice system still suffers from substantive and procedural deficiencies; once a citizen is arrested, even if on a relatively minor charge, he/she could be held in custody for years before his/her case comes up for trial. Those who are affluent are still being able to negotiate their way around the numerous obstacles that lie on the road to justice. For an ordinary citizen, an encounter with the law is very much the stuff of nightmares. There is a long course before the Indian judiciary to be followed in order to achieve the goal of social justice”⁵¹

Gold, C., Assmus, J., Hjernevik, K., Qvale, L. G., Brown, F. K., Hansen, A. L., . . . Stige, B. (2013). Music Therapy for Prisoners: Pilot Randomised Controlled Trial and Implications for Evaluating Psychosocial Interventions. *International Journal of Offender Therapy and Comparative Criminology*.

⁵⁰ Chen, X. J. (2014). Music therapy for improving mental health problems of offenders in correctional settings. Aalborg Universitetsforlag. (Ph.d.-serien for Det Humanistiske Fakultet, Aalborg Universitet).

⁵¹ Krishna Iyer VR 1984. Human Rights and the Law, Indore: Vedpal Law House

The influence of yoga on both physical and psychological well-being has been well researched. Yoga has been found to have positive effects on health problems, such as bronchial asthma, back pain, hypertension, migraine and tension headaches, and chronic tinnitus. A large body of research suggests the influence of yoga on improving the condition of the mentally challenged, anxiety and depression. However, studies on the effects of yoga on prisoners have been sporadic, lacking in clearly articulated and unambiguous hypothesis testing. Thus there is a need for a comprehensive theoretical base and programmatic research to test the implications of the theories. The spiritual reformative methods to be used on the prisoners need to consist of clearly defined modules. The modules could involve spiritual counseling, *asanas*, *pranayama*, *kriyas*, meditation, and relaxation techniques. Efforts should be made to explore the efficacy of yoga, meditation, and spiritual counseling as life transforming tools with the potential to bring about attitudinal and behavioral changes that render them less likely to return to the prison later. Increased systematic research in this area is essential as it plays a crucial role in the science-spirituality dialogue.

Results of a few research works conducted on music therapy show that it is generally effective in decreasing anxiety, depression, and improving self-esteem, social functioning for offenders in correctional settings. Music therapy seemed to be helpful for offenders to improve their mental health. In addition, it can be highly beneficial for prisoners of young age or low education. Music therapy has potential to combine the strengths of diverse offender rehabilitation theories to benefit offenders and public safety. However, its impacts on offenders' emotions and self-esteem were inconclusive due to the methodological weaknesses and practical problems in these studies. In addition, no systematic review of music therapy for offenders has been conducted to summarize the overall empirical evidence of its effects. Therefore, more specific researches are required to be conducted in this field. Future studies should consider offenders of genders, larger sample size, multiple sites cooperation, dose effects, and long term effects etc.