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ON THE RELATIONSHIP BETWEEN INMATES' RELIGIOSITY, TREATMENT
ENGAGEMENT, AND ANTICIPATED REENTRY SUCCESS

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ABSTRACT

Religion and religiosity have been identified as prosocial influences in rehabilitation and reentry processes, providing elements of social control that encourage desistance during the life-course events of incarceration and reentry. However, the strength of the influence of religion on treatment engagement in rehabilitation programs and on reentry success is uncertain, and the reasons why some inmates turn toward religion in reentry have yet to be fully investigated. Data from the Therapeutic Community Prison Inmate Network Study captures self-reported information on experiences in prison and in the TC as well as predictions of sobriety in reentry. In this thesis, I used this data to investigate 1) how religiosity in prison relates to inmates' level of treatment engagement and 2) how religiosity in prison relates to inmate perceptions of their ability to have a successful reentry. The two relationships are statistically significant in bivariate analyses, but lose significance when the control variables of race, age, and number of children are included in the multivariate analyses. The qualitative interview data also point to the importance of these background variables in the subjective expectations of post-release success. It appears that only certain subgroups within the prison unit (i.e., Blacks, older, and with children) tend to turn toward religion when looking toward a positive reentry process. Thematic analysis of the qualitative interview data reveals that religion was most often found helpful when it contributed to elements of social control.

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Chapter 1

Introduction

Identifying ways to make reentry more successful to reduce recidivism is a weighty goal when viewed through the lens of current incarceration and recidivism rates in the United States. The United States has an immense population cycling through the corrections system, and many members of that population are returnees. The 2016 Bureau of Justice Statistics report gives a population of more than 1.5 million adults incarcerated in federal and state facilities with an adult incarceration rate of 458 per 100,000 people (Carson, 2018). More than 640,000 inmates are released from prison each year and at 5 years post-release, approximately 75% of ex-inmates have committed another crime and gone back to prison (Carson & Anderson, 2015). This recidivism rate indicates that somewhere in the corrections process, the system has failed to rehabilitate offenders and/or give them the tools they need to have a successful reentry. More than half of prisoners serve fewer than 3 years in prison (National Research Council, 2014), and the different adaptation methods for coping with incarceration in the short and long term must be considered.

The theoretical perspectives used in this thesis are social control theory, which maintains that delinquent and criminal activity occur when an individual has weak or broken ties to society (Hirschi, 1969), and the life-course perspective, which analyzes past trends, the process of status transmission, and changes in behavior over the lifespan (Elder, 1992). Reentry is a life-course event that can go in various directions, depending on the processes of social control, routine activities, and human agency after release (Sampson & Laub, 1990). Success in reentry has also been shown to relate to the level of engagement inmates have in their treatment programs, and

based on the (Rosen, Hiller, Webster, Staton, & Leukefeld, 2004). The structure of religion as a belief and behavior system with a community built around people with like beliefs suggests that it can have prosocial effects on motivations to engage more in rehabilitation treatment, and can serve as social controls both in prison and in reentry (O'Connor & Perreyclear, 2002; Kerley & Copes, 2009).

Based on the propositions of social control theory, treatment engagement motivations and consequences, and the dynamics of religiosity, my hypotheses are as follows. First, I expect that inmates that are highly religious in prison will have higher levels of treatment engagement. Second, I expect that inmates that are highly religious in prison will have more positive perceptions of their ability to have a successful reentry.

Chapter 2

Literature Review

A lot of research has been conducted on why people desist from crime. In this literature, Hirschi's (1969) theory of social control and Sampson and Laub's (1990; Laub & Sampson 2006) extension of Hirschi's ideas into a life-course perspective are among the most influential possible explanations for desistance. In both of these traditions, religion and religiosity take center stage.

Social Control Theory

The concept of social control has been a long prominent theme in criminology, describing how social groups and macrosocial institutions contribute to the maintenance of order in society. Social control theory does not aim to explain why some people commit crime, but rather why most people do not. The version of social control theory developed by Travis Hirschi in 1969 maintains that the formation of conventional social bonds in early childhood prevents involvement in delinquency. The strength of these bonds determines the cost of delinquent behavior to an individual; weak or broken bonds to society result in delinquent acts.

In *A Control Theory of Delinquency* (1969), Hirschi classifies four elements that constitute the bond to conventional society. The first element is attachment: the attachment of the individual to conventional members of society. When a person violates a norm, they are essentially violating the desires and expectations shared by other people. An individual with

strong attachments to others values their opinions and would desist from acting contrary to the norms. If weakly bound to others, then the individual is weakly bound to the norms and is more likely to deviate. The second element is commitment: an individual obeys the rules of conventional society because he fears the consequences of not doing so. Engaging in a line of conventional activity requires an investment of time and energy, and delinquent behavior may come at a cost, risking the loss of the investment made. Through investment in the conventional behavior, one may gain reputations and future opportunities; through delinquent activity, the accumulated benefits could be damaged or lost. The desire to protect one's investment leads to a commitment to conventional activity and conformity.

The third element is involvement: engagement in conventional activities leaves no time to participate in delinquent behavior. An individual committed to a conventional lifestyle spends most of his time and energy on things like work, appointments, and conventional extracurriculars. For such individuals, opportunities to act on delinquent inclinations rarely arise; those that are not involved in a conventional lifestyle are free to deviate as they have the time and energy available. The final element is belief: a belief in the moral validity of the norms in a society leads to a greater likelihood of conforming to those rules. Assuming a common value system within the society, a deviant is one who violates the norms even as he believes in them (rather than conforming to a minority belief system). There exists a "variation in belief in the moral validity of social rules" (Hirschi 1969) based on conventional morality, and a weakened belief makes one more likely to deviate.

Some research has thrown doubt on the importance of Hirschi's social controls in desistance. Agnew's 1991 study shows that current delinquency is largely a function of past delinquency and association with delinquent peers, and social control elements only have a weak

effect on delinquency. However, as Agnew's research was conducted on a broad sample of juveniles, there is a possibility that social controls hold more weight in the decision to desist for adults and/or for specific subgroups of individuals.

Religion as a Form of Social Control

Religion easily translates to the tenets of social control theory through the attachments and commitments established in the religious community, involvement in religious activities, and individuals' beliefs in religious moral codes and statutes. Participation in religious activities, such as attendance at church services and events held within the local religious community, forms bonds between an individual and the other members of his religious institution. Per Hirschi's attachment element, a strong bond with members of one's religious community will result in value placed on the wishes and expectations of the community. This valuation creates a desire to conform to the community's norms. The element of commitment lies in the investment one makes in following a religious line of activity. Going to religious services, maintaining a presence in the local religious community, donating time and money to a religious institution, and making the effort to follow a religious code of conduct are all investments made into a religious lifestyle that garner a reputation and prospects within one's religious community. When delinquent activity poses a risk to these benefits—possibly losing all the effort one put into conformity—it is too high a cost for one to engage in the behavior. To avoid the consequences of delinquency, one desists.

Aside from benefits of the investment, the expenditure of time and energy in religious activity itself removes opportunities for delinquency, as described by the involvement element. When individuals spend a lot of time engaged in religious activities, they will not have the opportunity to commit delinquent acts—even if they wish to. Also, abundant opportunities for

engagement in their religious communities are enough to fulfill recreational interests, leaving no desire to fill any possible free time with delinquent activity instead. The element of belief applies most directly to religion and social control. When an individual believes strongly in the moral validity of the tenets of his religion, he is unlikely to deviate from the religion's established rules for morality and behavior. This strong belief provides motivation for conformity in both the religious community and greater society. Most religions have behavioral guidelines that agree with the conventional way of life in a society. Thus, conforming to the norms established by the religion and the local religious community often leads to conforming to conventional life in one's society as a whole.

Research on the relationship between religion and delinquency has largely produced inconclusive findings, but some encouraging evidence exists of a weak-to-moderate negative correlation between religiosity and criminality. At the individual level of analysis, evidence supports that highly religious people commit crimes at lower rates than those who are not as religious. Religion, as indicated by religious activities, has been shown to have direct personal effects on adult criminality even with the introduction of secular controls and across social and religious contexts (Evans, Cullen, Dunaway, & Burton, 1995). Measured as an individual behavioral trait, religion's effects persist over a wide range of crime, but it is likely that personal religious behavior is influenced by association with other religious peers and family (Evans et al., 1995). Another study by Stansfield, Mowen, O'Connor, and Boman (2016) found religion to have prosocial effects on employment and substance use after release from prison, but the relationship between religious support and recidivism was not significant. Although evidence has begun to show the negative relationship between religiosity and criminality, many of the studies on this relationship had methodological problems and many were not successful in establishing

causality (Sumter, 1999). More research is needed utilizing longitudinal and experimental designs, diverse methods of data collection, and multiple indicators of religion (Johnson, De Li, Larson, & McCullough, 2000).

Life-Course Theory

The life-course perspective analyzes past trends, the process of status transmission, and changes in behavior over the lifespan (Elder, 1992). Time, process, and context are important elements in the link between lives and social change in the stages of life (Elder, 1992). The term *life-course* in this sense refers to the sequence of roles and social events that individuals experience over time. The focus here is on how individuals react to life-course events and diverge on the pathways available to them. Analysis of context (past trends and present) reveals the circumstances that form the one or many pathways that an individual can take at each point of change in their life.

Delinquency and the Life Course

Persistence of and desistance from crime have the same theoretical basis, and the dynamics of these events can be explained by the processes of social control, routine activities, and human agency (Sampson & Laub, 1990; Laub & Sampson, 2006). These three elements help to build the context for each life-course event, and persistence of delinquency is likely to occur with a lack of social controls, few structured routine activities, and purposeful human agency (Laub & Sampson, 2006). To explain the variability in the success and timing of delinquents' adult transitions and desistance from a criminal lifestyle, Laub and Sampson (2006) developed a social control explanation emphasizing the investments made in social bonds and meaningful

employment and how socialization and development continue across the full range of the individual life course. For Laub and Sampson, reentry would be a significant life event or turning point, needing the stability and support gained from external sources of informal social control to ensure desistance.

Other theories of desistance emphasize the importance of human agency in transforming identities rather than external social controls. Giordano, Cernkovich, and Rudolph (2002), in their analysis of Sampson and Laub's original theory, found that neither marital attachment nor job stability were strongly related to desistance. From their results, Giordano et al. developed a symbolic-interactionist perspective on desistance across life-course events that identifies cognitive shifts as the most integral element in the desistance process (Giordano, Cernkovich, & Rudolph, 2002). This cognitive theory is generally compatible with a control approach, but it adds specificity regarding underlying change mechanisms where social control theory's suggested factors cannot explain desistance. Sampson and Laub acknowledge the role of human agency in desistance in their later research, but maintain that social controls and their influence on routine activities are the primary influences on desistance (Laub & Sampson, 2006).

For this research paper, the focus is on the application of social control to the life-course perspective in explaining delinquency. When analyzing the context of life-course events, identifying the status of the individual's bond to conventional life can help explain the pathway he chooses to take. For Sampson and Laub, reentry would be a significant life-course event, requiring stability and support from social factors. When the reentry process includes community support and prosocial peers, inmates should be set on a desistance course according to their age-graded theory of informal social control (Laub & Sampson, 2006). Under this theory, social role transitions and becoming socially embedded with prosocial peers can encourage desistance, but

these elements usually cannot be controlled by program interventions in prison. In the face of this, religion's influence on these two desistance factors is an important area of study.

Religion as a Director of Life-Course Events

Religion is a guiding factor that can influence the path chosen in life-course events. As such, it has been studied as a force that can interrupt patterns of delinquency (Maruna, Wilson, & Curran, 2006; Stansfield et al., 2016). At the moment of identifying with one's religion, a social role transition occurs. One's identity influences how he makes decisions to change during life-course events, and when strongly identifying with the morals and behaviors dictated by his religion, that religion serves as a strong influence on how he acts through the events. Religiosity also involves an attachment to a religious community. When transitioning through a life-course event, the values upheld by one's religious peers serve as a social control over the role transition. To ensure the continued support of his religious community, the path one takes through the transition will be guided by the beliefs and morals of his religion, taking care not to stray from the norms of deportment. As outlined above, religion can play a significant role in determining the outcome of life-course events; the conventional nature of most religious practice ensures conventional behavior in the result.

Religion and Reentry

Religion has been indicated by some life-course theorists as important for reentry. Reentry is a life-course event that can go in various directions and religion could serve as a director or control of the life-course after reentry, depending on how effective religiosity was at easing the prison experience and on continuation of religious involvement after release.

The incarceration experience imposes serious threats to an individual's self-concept and ability to maintain a prosocial lifestyle. Inmates are likely to "lose homes and jobs, become estranged from family and friends, and struggle to reconnect with these social ties after their release" (Maruna et al., 2006). Losing ties to the outside while being confronted by a prison society that functions in a radically different way to life outside of prison normally results in *prisonization*: accepting the prison lifestyle and criminal values. Prisonization is an adaptive process that eases prison life and allows the individual to function well within the norms of prison. However, adopting this way of life results in a more difficult reentry process in which the former inmate must relearn how to act in normal society in addition to finding and maintaining housing, employment, and social ties. These difficulties impede successful reentry, and mitigating the causes of these difficulties is imperative to reducing recidivism. Religion is one such mitigating factor, providing protection against stressors within prison and upon reentry.

Religion in Prison

Many inmates that are religious in prison converted after they were incarcerated. The majority of Muslim inmates convert while incarcerated, and their high devotion to practices of Islam indicate that their religious beliefs are an important part of their incarceration narrative (Ammar, Saxon, & Weaver, 2004). Trends in prison conversion suggest that experience with incarceration and the hardships that come with it leads inmates to a conversion event, finding religion to be beneficial in making the incarceration experience easier to handle. Maruna et al. (2006) found that many inmates do not convert until late in their prison sentences or until subsequent prison sentences if they have been incarcerated several times.

The incarceration process can cause individuals to question the way of life they led outside of prison, as the in-prison society is starkly different and follows different rules of

behavior. It is difficult and often impossible to keep a grasp on the morals and behaviors one held outside of prison; to survive prison society, the easiest path to take is prisonization.

Confronted with this, inmates may begin to reflect on issues of existence, life, and death (Maruna et al., 2006). Converting to a religion in prison or becoming more involved with one's religion can help with these incarceration issues. Religion offers prosocial moral and social structure and an established belief system that can help inmates to find meaning in their imprisonment and make sense of their identity in a way that preserves their self-esteem (Maruna et al., 2006). Social support mechanisms gained through religious peers in prison help inmates to stay focused and inspired; the social structure allows inmates to establish a sense of control and the moral structure allows them to portray themselves in a prosocial light, thus avoiding the negative connotations of being a "prisoner" (Kerley & Copes, 2009). These benefits help inmates to avoid prisonization, which will make the transition from prison to society easier. With the inclusion of religion in an inmate's incarceration narrative, he can evaluate his life script and find an alternative to prison society in the more prosocial-oriented religious groups in prison (Maruna et al., 2006).

Prison damages inmates' ties to the outside and strips them of the societal roles they used to have. The difference between what they are and who they want to be, the struggle to cope with their incarceration and criminal label, can cause a crisis of self-narrative. This identity crisis can be helped through religion and religious involvement, which are important parts of an inmate's self-narrative. Maruna et al. (2006) conducted interviews with prisoner converts to better understand prison conversion narratives and elucidate what it is about religion that staves off the prisoner label in favor of maintaining a prosocial identity. According to the interview data, conversion serves as a tool for shame management and provides inmates with new coping

strategies. The researchers identified five specific ways that religious conversion accomplishes this shame management function: 1) “creates a new social identity to replace the label of prisoner or criminal,” 2) “imbues the experience of imprisonment with purpose and meaning,” 3) empowers the largely powerless prisoner by turning him into an agent of God,” 4) provides the prisoner with a language and framework for forgiveness,” and 5) “allows a sense of control over an unknown future” (Maruna et al., 2006).

These functions of conversion provide social support, feelings of self-control, and beliefs of capability of good. In a study of older inmates, 32% of the sample said that religion was the most important factor that enabled them to cope, and their intrinsic religiosity was inversely related to whether they had depressive symptoms (Koenig, 1995). For inmates that adhere strongly to the practices of their religion, their path forward is outlined. Where prison normally constrains inmates and excludes them from mainstream prosocial roles, religion provides the answers to their existential questions and helps them construct new, positive lives and self-identities (Maruna et al., 2006).

Religion in Reentry

Relieving the stresses of prison and avoiding prisonization reduces the difficulties that inmates will carry out with them when making the reentry transition. In addition to these benefits, religion can help to ease the challenges that inmates will face after they are released. Sumter, Monk-Turner, and Rougier (2012) identified self-reported reentry needs that inmates felt were most important to their success. The most important needs were counseling, help with employment, finding housing, receiving fair treatment while incarcerated, and being accepted by their community (Sumter et al., 2012). Religion can help to fill these needs through religious programming and social bonds formed with religious peers. While they are still incarcerated,

being part of a religious group can sometimes enable inmates to get more resources and better treatment; this is especially seen in Muslim groups, which demand and often receive special treatment (Ammar et al., 2004). Upon release, looking for counseling based on religious criteria can help with narrowing down options and finding a program of best fit, and having a common ground of religion with their counselor from day one can help former inmates to be more open with their counselors. Religion can also provide a pathway through which inmates can achieve the acceptance they feel they need in their reentry society. Their religious beliefs give them a connection to the religious community around them, and they may find acceptance faster by virtue of the already shared values they have with the community. With these established social bonds, relationships with people in their religious community broadens inmates' networks. Larger networks increase the number of opportunities and resources that can be shared, which can help them to find jobs and housing.

With awareness of how religion can help satisfy reentry needs, inmates' perceptions of their self-efficacy may improve. Perceived self-efficacy is defined as "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" (Bandura, 1994). People with higher perceptions of self-efficacy are more likely to achieve actual success; difficult tasks are seen as challenges to take on rather than avoid for fear of failure, and this confidence results in more personal achievements, lower stress levels, and lower susceptibility to depression (Bandura, 1994). Beliefs in one's self-efficacy are developed by four main sources of influence, two of which are social persuasion of capability and inferences from emotional states indicative of personal strengths (Bandura, 1994). The support from their religious community that inmates expect to have upon release contributes to a social persuasion of capability. Encouragement from religious groups in prison can add to this as

well. Mental and behavioral strategies to deal with challenges that inmates learn through religion provide confidence in their emotional strengths. A strong sense of self-efficacy is crucial to persevering through hardship to reach success, and each new life-course event poses a need for further development of self-efficacy. Inmates that take advantage of the benefits offered by their religion can improve their perceptions of the attainability of future success and therefore their ability to reach it.

Prison Treatment Programming

This research paper utilizes data collected on participants that completed a rehabilitation program while incarcerated. Attitudes toward offender rehabilitation have become more positive in recent years, leaving behind the idea that nothing works in favor of recognizing optimistic results showing that certain rehabilitation program philosophies reliably reduce recidivism (Hollin, 1999; McGuire, 2000). The current consensus on rehabilitation focuses on teaching inmates to manage the elements of their lives that elevate risk—the risk, needs, and responsivity model of predicting and preventing recidivism (Andrews and Bonta, 2010). Religious program leaders and developers utilize the principles of this model in their correctional work, emphasizing the use of religion to address and reduce risk (Stansfield et al., 2016). Most prison programs are constrained to set meeting times each week; the principles of the program are a focus in the meetings but once group is over inmates are free to leave the group’s rules on the backburner. Religious support services, on the other hand, create constant reminders of what inmates should be doing and thinking about. These services involve frequent contact with ties in the prison community, helping inmates to develop a “socialized mind” that establishes an ability

to deal with the demands of incarceration and reentry (Stansfield et al., 2016). Regular prison programs typically have specialized focuses, and therefore cannot address every challenge that could arise during the inmates' narratives of rehabilitation in the same encompassing way that religious programming can.

Religious involvement and programming in prisons are quite extensive. In a study of a South Carolina prison, 49% of the inmates attended at least one religious service or program during a one-year period, of which over 800 were held across many different denominations and religious groups (O'Connor & Perreyclear, 2002). Conducting religious programming is also far less expensive than other correctional programs: the services in the South Carolina prison cost between \$150 to \$250 per inmate served, while the other programs cost around \$14,000 per inmate (O'Connor & Perreyclear, 2002).

Treatment Engagement

The motivation to engage in treatment programs while incarcerated varies along dynamic predictors and programmatic characteristics. Treatment engagement can be measured by inmates' personal involvement, personal progress, and psychological safety within the program (Welsh & McGrain, 2008). The characteristics with the most influence over an inmate's level of treatment engagement are the inmate's baseline motivation (i.e., desire for help and treatment readiness) and dimensions of the treatment experience such as peer support and counselor rapport (Welsh & McGrain, 2008). A 2004 study on treatment engagement in community-based substance abuse treatment programs also showed the importance of internal motivation for treatment, finding that problem recognition and desire for help were "associated with cognitive indicators of therapeutic engagement, specifically confidence in and commitment to treatment" (Rosen, Hiller, Webster, Staton, & Leukefeld, 2004). These results suggest that increasing focus

on internal motivation for treatment will have a positive effect on inmates' treatment engagement, and therefore a positive effect on reentry success.

Along this treatment focus, religion can improve inmates' involvement in treatment programs by providing standards for thought and behavior that motivate inmates to become more engaged in treatment. The existential crisis that can occur in prison is not conducive to being motivated to complete treatment programs, as the easiest way to manage the stress of prison life is to conform to the criminogenic prison society. The incarceration experience limits opportunities for changing one's sense of self; within the prison environment, there are too few plausible scripts for reconstructing self-narratives (Maruna et al., 2006). Religion and religious involvement, shown to be an important part of an inmate's self-narrative, provide a widely-accepted script for exiting the criminal identity (Maruna et al., 2006).

Internal motivation develops the cognitive indicators of therapeutic engagement, a process critical to becoming therapeutically engaged (Rosen et al., 2004). Religion can serve as a strong recovery motivation through its models of behavior and morals, provided prosocial connections, and the encouragement to live the best life possible (O'Connor & Perreyclear, 2002). Belief systems promise rewards for adhering to the tenets outlined in their texts and practices. Inmates are motivated to conform to these behaviors because they count on the benefits they expect to receive for their efforts, and these behaviors often coincide with the goals of treatment programs. The result of this desire to conform to prosocial behavior is shown in that with higher-intensity religious involvement, inmates are less likely to have in-prison infractions (O'Connor & Perreyclear, 2002). The prosocial connections that inmates have with religious peers in prison give them models for self-narratives that reject the criminal identity associated with incarceration (Maruna et al., 2006). Both these models and direct encouragement from their

religious peers motivate them to leave behind the deviant behaviors that led them to prison and instead focus on participating in the treatment engagement programs that will assist them in prosocially transforming their self-narrative. Future research on focusing on religion and internal motivation for treatment may lead to more effective treatment programming (Rosen et al., 2004).

Hypotheses

Due to the motivational effect religion can have on treatment engagement in prison, I hypothesize that (1) for the inmates with higher levels of religiosity, they will have higher levels of treatment engagement while incarcerated. Due to the benefits religion can provide in prison and in the reentry process, I hypothesize that (2) for the inmates with higher levels of religiosity, they will have more positive perceptions of their ability to have a successful reentry.

Chapter 3

Methodology

The data used in this study is taken from the Therapeutic Community Prison Inmate Network Study (TC-PINS: PI Kreager) that was conducted to understand the peer-based treatment processes within a four-month Therapeutic Community (TC) program. The prison-based TC program is “a drug and alcohol treatment program that emphasizes sobriety and desistance through group interaction and individual responsibility” (Davidson, 2017). The participants studied were incarcerated in a Pennsylvania State Correctional Institution (SCI) that has a rehabilitation-oriented focus and offers a four-month TC program that inmates can complete at the end of their sentence. To study program processes, computer assisted personal interviews (CAPI) were conducted in the selected TC at monthly intervals over a 10-month period in 2016-17. Data collection on the participants (n=177) is ongoing, with a subset of parole-eligible participants (n=88) being interviewed pre- and post-release to track their thoughts and progress. This interview data is currently being team coded through NVivo (see Appendix A for most up-to-date codebook).

I selected this dataset for use in my study because of the nature of the information collected. The survey questions cover information about the participants’ religious involvement in prison, their level of treatment engagement, and their responses on a self-efficacy scale pertaining to their beliefs about their abilities to be successful after release. The interviews provide qualitative evidence for the trends seen in the quantitative analysis.

Materials

For my research purposes, I will be using the survey administered closest to each inmate's prison release and qualitative data from pre-release interviews with the subset of participants¹. By collecting both quantitative data through surveys and qualitative data through interviews, this dataset provides a good source of information on the variables of interest (i.e., religiosity, treatment engagement, and post-release perceptions). The study also maintained a high response rate throughout its duration, and variable missingness is relatively low (<5%). This dataset has some limitations, however, namely that the TC program in this SCI is shorter and structured differently than in SCIs in other states. The data collected in the TC-PINS project may thus not generalize to prison-based TCs in other states; to do so, this study should be replicated in other states' TC programs.

Participants

A total of 210 male inmates were on the TC unit during days the CAPI was administered at the selected Pennsylvania SCI. Over the ten months of the study, 153 of the potential respondents completed a CAPI just before their release from prison, and 88 of these respondents also completed a qualitative interview prior to their release. Due to missing survey data, 2 of the 153 respondents that completed at least one CAPI were dropped from the survey sample. The participants studied were all nearing the end of their sentences and were completing the TC program as the last step before their release. One limitation to this sample is that, due to timing

¹ 10 of the 88 interview sample participants declined the final survey. For these participants, their penultimate surveys were used with the belief that their responses on the measured items would not differ significantly from one wave to the next.

of treatment, discharge, and transfer, the inmates in the sample completed the TC at different times and thus may not have had similar experiences in the TC (e.g., organizational changes occurring while the research was ongoing). All of the participants were classified as having a substance use disorder at the time of their incarceration. The sample population differs slightly from the national average male incarcerated population, being slightly older and having a higher percentage of white inmates, thus limiting the generalizability of the sample in those areas (see Table 1).

Table 1. Descriptive Statistics

	Total Unit (n = 209)		Survey Sample (n = 151)	
	Mean (SD)		Mean (SD)	
Treatment Engagement Score			3.87	(0.56)
Perceived Reentry Success			3.84	(0.86)
Religious Participation (%)				
Never			33.8%	
Occasionally			29.1%	
Regularly			37.1%	
Age	36.84	(11.15)	35.63	(10.47)
Race (%)				
Black	35.4%		29.8%	
White	57.4%		60.3%	
Hispanic	6.2%		8.6%	
Other	1.0%		1.3%	
Number of Children	1.72	(1.77)	1.68	(1.75)
TCU Score	6.72	(1.18)	6.78	(1.25)
Time in Prison	1.83	(2.77)	1.67	(2.63)
Offense Gravity Score (OGS)	6.51	(3.06)	6.55	(2.98)
Grade Completion	11.30	(1.20)	11.27	(1.24)
Relationship Status (%)				
No	44.5%		54.3%	
Yes	39.2%		45.7%	
Refused/Skipped	0.5%		0%	
Declined Survey	15.8%		0%	

During the pre-release CAPI, participants were nearing the end of their sentence and were asked their thoughts on their ability to succeed upon release, which provides qualitative

information related to my research question. Descriptive data for the 88 participants of the interview sample are listed in Table 2.

Table 2. Descriptive Statistics of Interview Sample (n = 88)

	Mean (SD)	
Treatment Engagement Score	3.93	(0.58)
Perceived Reentry Success	4.02	(0.84)
Religious Participation (%)		
Never	30.7%	
Occasionally	31.8%	
Regularly	37.5%	
Age	35.93	(9.96)
Race (%)		
Black	34.1%	
White	56.8%	
Hispanic	9.1%	
Other	0%	
Number of Children	1.70	(1.76)
TCU Score	6.80	(1.18)
Time in Prison	1.63	(2.71)
Offense Gravity Score (OGS)	6.83	(3.26)
Grade Completion	11.32	(1.27)
Relationship Status (%)		
No	53.4%	
Yes	45.5%	
Refused/Skipped	1.1%	

Design

The dependent concepts measured in this study are level of treatment engagement and inmate expectations of reentry success. Level of treatment engagement is operationalized as a self-reported measure using the Client Assessment Summary, a validated TC treatment engagement scale developed by TC experts (CAS; Kressel, De Leon, Palij, and Ruben 2000). The scale gives statements pertaining to the participant's opinions of and behavior in the TC program (see Appendix B). Participants respond with a 5-point Likert scale from 1-Strongly

Disagree to 5-Strongly Agree, and their responses to the questions were averaged to give them an overall treatment engagement score with a minimum score of 1.0 to maximum score of 5.0. In the full survey sample (n = 153), across all waves and observations the mean treatment engagement score is 3.85 (standard deviation 0.51) and measured scores range from 2.64 to 4.93.

Expectation of reentry success is operationalized as whether participants believe they will be able to stay sober and out of legal trouble after completion of and release from the TC program in prison. I plan to measure this using survey questions 11 (“What do you think your chances are of staying out of trouble with the law when you are released”), 12 (“What do you think your chances are of being alcohol free?”), and 13 (“What do you think your chances are of being drug free?”), to which participants respond with a 5-point Likert scale from 1-Poor to 5-Excellent. The responses to these three questions were averaged to give an overall score for expectation of reentry success using the Likert scale values of 1-Poor to 5-Excellent.

The primary independent variable measured in this study is self-reported importance of religion. Importance of religion is operationalized as frequency of involvement in religious services in prison. I measure frequency of religious involvement through the survey question, “How often do you participate in religious activities?”, to which participants respond with “Never,” “Occasionally,” or “Regularly.”

Control variables I include in my multivariate analyses are age (continuous variable generated from date of birth), race (Black, White, Hispanic, and Other for descriptive purposes; recoded to a binary variable for quantitative analysis as Nonwhite and White), education (highest completed grade), marriage or romantic involvement (whether the individual has a romantic partner outside of prison), parental status (how many children the individual has), time in prison (number of years incarcerated at the selected PA SCI), TCU Drug Screen score (scale from 1 to

9), and offense gravity score (scale from 1 to 18). The data for these controls will be obtained from administrative information collected by the PA Department of Corrections. These demographic variables will be utilized to determine if the dynamics of religious involvement, treatment engagement, and expectations of reentry success vary by time stable characteristics (i.e., age, race, educational attainment).

Procedure

To answer my hypotheses, I used SPSS to analyze the quantitative survey data. I first found the correlations between frequency of religious involvement in prison, level of treatment engagement, and success expectation while controlling for any influence by the above control variables. Frequency of religious involvement is coded as:

1: Never

2: Occasionally

3: Regularly

Level of treatment engagement is coded using the averaged overall treatment engagement score (minimum score of 1.0 and maximum of 5.0). Success expectation is coded using the averaged score with values from the survey Likert scale.

I then conducted two linear regression models each on treatment engagement and expectations of reentry success to assess the ability of religious participation to predict the dependent variables. Model 1 ran a reduced-form regression of the bivariate association between religious participation and treatment engagement and between religious participation and perceptions of reentry success. Model 2 ran a full regression that includes all control variables. I

completed the regression analysis with a calculation of the percent reduction in the religion coefficient with the addition of each control variable without the other controls in the model.

In addition to the quantitative data obtained from the surveys, I utilized qualitative data from interviews conducted with the subset of participants (n = 88) to support any pattern found between frequency of religious involvement, treatment engagement, and reentry expectations and identify any deviations from the pattern or from responses to the survey questions. The content of the interviews allowed me to determine whether participants identified religion as something that would help them in reentry when their survey data indicated that religion was already important to them while they were in prison. Once I compiled all mentions of religion providing benefits in reentry, I coded them into common themes and compared them to previous research on the role of religion in prison, reentry, and desistance

Chapter 4

Results

Due to religion's role as a social control, I hypothesize that there is a significant positive relationship between religious participation and treatment engagement (Hypothesis 1) and between religious participation and perceptions of reentry success (Hypothesis 2). In the observed data, significant positive relationships do exist as bivariate correlations between religious participation and treatment engagement ($r=.232, p<.01$) and between religious participation and perceived reentry success ($r=.206, p<.05$) (see Table 3).

Table 3. Bivariate Correlations

	1	2	3	4	5	6	7	8	9	10	11
1 Treatment Engagement Score	1	.535**	.232**	.285**	-.238**	.283**	-.012	-.041	.011	.063	.118
2 Perceived Reentry Success	.535**	1	.206*	.196*	-.208*	.175*	-.182*	.073	.030	-.003	.061
3 Religious Participation	.232**	.206*	1	.265**	-.385**	.222**	-.096	.078	.199*	-.047	.121
4 Age	.285**	.196*	.265**	1	-.131	.387**	.003	.313**	-.148	.038	-.035
5 Race	-.238**	-.208*	-.385**	-.131	1	-.260**	.096	-.094	-.296**	.080	-.125
6 Number of Children	.283**	.175*	.222**	.387**	-.260**	1	.001	.063	.114	-.085	.148
7 TCU Score	-.012	-.182*	-.096	.003	.096	.001	1	-.020	-.003	-.022	.033
8 Time in Prison	-.041	.073	.078	.313**	-.094	.063	-.020	1	.002	-.095	.021
9 Offense Gravity Score	.011	.030	.199*	-.148	-.296**	.114	-.003	.002	1	-.051	.148
10 Highest Grade Completion	.063	-.003	-.047	.038	.080	-.085	-.022	-.095	-.051	1	.185*
11 Relationship Status	.118	.061	.121	-.035	-.125	.148	.033	.021	.148	.185*	1

** $p < 0.01$

* $p < 0.05$

As religious participation increases, so do inmates' treatment engagement levels and perceptions of reentry success. However, as these correlations may be spurious and explained by other covariates, I also estimated multivariate linear regression models.

Regressions

Two linear regression models and an analysis of percent reduction in the religion coefficient parse out potential spuriousness between religiosity and the outcomes resulting from the control variables. Model 1 lists a reduced-form model for the bivariate association between religious participation and the two dependent variables. Model 2 estimates a full model that includes all control variables. Calculating the percent reduction in the religion coefficient isolates how much of religious participation coefficient was explained with the addition of each control variable without the other controls in the model. Table 4 lists estimates and calculations for the relationship between religious participation and treatment engagement.

Table 4. Regression of Treatment Engagement Score (n = 151)

	Model 1 Coefficient (SE)	Model 2 Coefficient (SE)	% Reduction in Religion Coefficient
Religious Participation	.268** (.092)	.110 (.100)	
Age		.012* (.005)	27.61%
Race		.179 (.099)	29.10%
Number of Children		.046 (.028)	23.51%
TCU Score		.003 (.034)	-0.37%
Time in Prison		-.029 (.017)	-1.87%
OGS		-.009 (.016)	-2.99%
Grade Completion		.025 (.036)	-1.49%
Relationship		.081 (.090)	4.85%

$R^2 = .180$

* $p < .05$

As in the correlation matrix, the reduced-form regression of the bivariate association between religious participation and treatment engagement indicates that religious participation is a significant predictor of treatment engagement score. Its coefficient is positive, suggesting that treatment engagement tends to increase with an increase in religious participation. Adding the control variables in Model 2, that relationship is no longer significant, leaving age as the only significant predictor of treatment engagement. Calculating the percent reduction in the religion

coefficient reveals that race, age, and number of children each account for the largest percentage changes in the religion estimate. Race explains 29.10%, age explains 27.61%, and number of children explains 23.51% of the reduction in the religious participation coefficient. These effects mean that inmates who are religious are also likely to be older, belong to a racial minority, and have more children; they make the association between religious participation and treatment engagement spurious.

Table 5 lists estimates and calculations for the relationship between religious participation and perceptions of reentry success. The coefficient for religious participation is significant and positive in Model 1, suggesting that perceptions of reentry success tend to increase as the frequency of religious participation increases. However, Model 2 again shows a loss of this relationship with the inclusion of the control variables. The only significant predictor in the full model is TCU Score. The same three variables in the same order of effect account for the largest percent reduction in the religion coefficient for perceptions of reentry success as for treatment engagement: race (28.14%), age (19.40%), and number of children (14.75%). These results indicate that the relationship between religious participation and perceptions of reentry success is spurious as well.

Table 5. Regression of Perceived Reentry Success (n = 151)

	Model 1 Coefficient (SE)	Model 2 Coefficient (SE)	% Reduction in Religion Coefficient
Religious Participation	.366* (.143)	.167 (.160)	
Age		.010 (.008)	19.40%
Race		.215 (.159)	28.14%
Number of Children		.035 (.045)	14.75%
TCU Score		-.112* (.055)	7.65%
Time in Prison		.002 (.028)	2.19%
OGS		-.006 (.025)	-1.09%
Grade Completion		.001 (.057)	-0.27%
Relationship Status		.063 (.145)	2.19%

R² = .113

* p < .05

Model 2 rejects Hypotheses 1 and 2. These results indicate that religious participation is not a significant correlate of treatment engagement level nor perception of reentry success within this prison unit, net of the control variables. Race, age, and number of children appear to account for the bulk of a measured effect from religious participation.

Analysis of Religious Mentions in Interviews

Data from the 88 interview participants may elucidate the nature of the relationship between religious participation, treatment engagement, and perceptions of reentry success. The interviews were coded for mentions of religion as something that would be helpful in reentry and categorized as having no, weak (2 or fewer), or strong (3 or more) religious mentions. Responses were coded only if the positive effect of religion was mentioned in context of reentry; as expected according to the research by Maruna et al. (2006) on the benefits of religion in prison, many participants cited religion as helpful in getting through the stresses of prison life, but these responses were only coded if the benefits were explicitly stated to also apply to reentry stressors. In a discrepancy between survey and interview data, 37.1% of the total survey sample and 37.5%

of the interview sample responded that they regularly engaged in religious activity, but only 9% of the interview sample had a strong mention of religion in their interview. Table 6 shows the descriptive statistics for each category of religious mention along with the three covariates identified through the regression analysis as being associated with religion.

Table 6. Descriptive Statistics of Religious Mentions in Interviews (n = 88)

	None (n = 63)	Weak (n = 17)	Strong (n = 8)
Race (%)			
Black	25.4%	58.8%	50%
White	66.7%	41.2%	12.5%
Hispanic	7.9%	0%	37.5%
Other	0%	0%	0%
Age	34.47	38.39	42.16
Number of Children	1.57	1.65	2.88

Consistent with the multivariate analyses, Blacks are more likely to have weak or strong religious mentions, Hispanics are more likely to have strong religious mentions, and whites are more likely to have no religious mentions. Older participants and participants with more children are also more likely to have stronger religious mentions.

I next coded mentions of religion as helpful in reentry into four themes:

1. Religion provides structure and identity
2. Support from religious peers and institutions
3. Learning behaviors and skills through religious practice
4. “Trust in God’s plan”

A total of 69 religious mentions contained 103 distinct elements that could be coded into the four themes (Table 7). *Religion provides structure and identity* is the most frequent reason why participants believed religion would help them in reentry with 29 mentions, followed by *support from religious peers and institutions* (26 mentions), *learning behaviors and skills through religion* (26 mentions), and *“trust in God’s plan”* (22 mentions).

Table 7. Theme Frequencies (n = 103)

	Frequency
Religion provides structure and identity	29
Support from religious peers and institutions	26
Learning behaviors and skills through religious practice	26
“Trust in God’s plan”	22

Religion Provides Structure and Identity

Mentions coded under this theme have to do with participants describing how religion will provide them with structure in their daily life and be a part of how they view their role in life outside of prison. Structure through religion was generally mentioned as attending church services, engaging in religious activity in daily life, and finding a place in the community through helping others in their religious institution. For these mentions, religious practice provides a guideline for prosocial living. One white respondent, 24.5 years old with one child, said:

I'm very involved in my church. Me and my mom opened a homeless shelter in my church, a clothing closet and a food pantry within my church. She runs it with different church members now since I'm not home, but I am very active in my church, absolutely.

That's number one in me, then everything falls in next.

Gaining identity through religion was generally mentioned along similar lines as structure, with one's role in their community being determined by their role in their religious institution, but also in a sense of duty to uphold the prosocial lifestyle involved with being a practitioner of a religion. One Black participant, 48.5 years old with no children, said:

My purpose is not to be in jail, helping nobody. My purpose is to be out helping my family. My purpose is to be out making sure, because my mom, she was always a

caregiver if the family. I got a major Christian background and it's just is absurd for me to keep coming in and out of these places.

Support from Religious Peers and Institutions

Gaining support from religious peers and institutions is tied for the second most commonly cited reason for religion being beneficial in reentry. This theme has to do with receiving benefits from one's involvement in a religious community, often mentioned as being able to rely on members of a religious institution in times of stress, obtaining resources from the community or religious programs, and finding fulfillment through practicing religion in the community. In response to being asked how he planned to handle anxiety without turning to substance abuse, one Hispanic participant, 23.6 years old with no kids, said:

I got a spiritual mentor when I go home from my sister's church. She's going to help me if I need to talk to somebody or I'm feeling down or anything. She's going to help me go through that process. I'm able to go to church now. I'm going to attend church on Sunday, Friday meetings, Tuesday meetings, whatever it takes.

Describing the feeling of fulfillment that comes with being involved with one's religious community, another participant (Black, 32.9 years old, 5 children) said:

I'm even excited about going to church, because I like church here. I love it. Church is wherever you at to congregate together with Jesus, that's a church, because we together in fellowship. I want to get to the church. There's something about it, something about it. I miss a lot. I just want to go do a lot.

Learning Behaviors and Skills Through Religious Practice

Behaviors and skills learned through religious practice is the other candidate for second-most common manifestation of religious benefit in reentry. Mentions in this theme focus on

healthy behaviors, skills, and coping mechanisms that the respondents developed through learning about and practicing their religion. Many responses in this category have to do with participants that converted or became more deeply involved in their religion while in prison. The behaviors and skills most often involve healthy responses to stress and ways to keep prosocial lifestyles, avoiding situations that could threaten sobriety or reentry success in other ways. In describing his coping mechanism, one respondent (white, 28 years old, 4 children) said:

But I'm going to continue with my faith. Because I don't think I'd truly be this far in anything if I didn't have my faith to keep me moving forward. Because at the worst times these last two years, I've been able to open that book, and every time, whether I knew what to look for or not, there was something that spoke out to me. That has made me like: Okay, I'll just take that breath. It's a comfort. It's a hand on my shoulder, like: You're all right. I got this. And sometimes it's literally I'll just pick it up and open it and read the first thing that I can find, and it just touches.

Another respondent (Black, 48.8 years old, 1 child) described the religious foundation for his goals for his behavior after release:

I'm excited actually being a happy, loving, considerate, respectful human being, man. Just to be a decent human being in all aspects will be something different than what I was doing. No more trying to get over, no more conniving, no more it's all about me, just to be somebody who people can feel my love, God's love, coming from me... Just so people could see the change in me, my family that is, because I don't have any friends to see the changes. But when people see the change, people that are lost to my family, they can get their selves together.

"Trust in God's Plan"

Trusting in their ability to leave their future in the hands of a higher power that has their best interests in mind is a source of comfort for the respondents. Mentions in this theme have to do with not worrying about problems in the future like housing, staying sober, or finding work because everything that happens is part of a larger plan created by the Supreme Being of their religion. Respondents felt that any conflicts that arose would not be insurmountable as their higher power would never put them up against something that they could not handle. One Black respondent, 47.4 years old with 7 children, said:

I've learned more how to understand what God has in store for us. Like they say God does not put too much money that you can't bear. I want that. I mean, I've learned, you know, as far as faith wise, how to trust him instead of myself... But now, I'm all leave it in God's hands like I allow him to work in my life more so... We still don't see that thought whereas though if we allow him to work in our lives, it works out better for us, you know what I mean? We just have to be patient. It's not what we want, it's what he wants to do it for us and he's gonna come into our lives and I've learned to really humble myself...

Chapter 5

Discussion

The relationships between religious participation and treatment engagement and between religious participation and perceptions of reentry success are significant and positive in bivariate correlations and regressions, but these associations lose their significance with the introduction of race, age, and number of children in the multivariate analyses. The qualitative interview data also point to the importance of these background variables for both religious involvement and subjective expectations of post-release success. For the respondents in the interview sample that were highly religious, only about one quarter mentioned religion as being helpful to them in reentry. In the context of my original hypotheses, religious participation did not appear to have a strong direct effect on treatment engagement nor on perceptions of reentry success. Rather, it appears that certain subgroups within the prison unit (i.e., Blacks, older, and with children) tended to turn to religion when looking toward a positive reentry process. The interview mentions of post-release religious benefits also match postulations of social control theory, as well as Maruna et al.'s descriptions of how religion is helpful in prison.

The influence of race, age, and number of children on religiosity, treatment engagement, and reentry perceptions are consistent with theory and past research. In the studied SCI, many Black respondents were Muslim, a religion that is often begun during imprisonment for this population. Islam provides much-needed support during incarceration and reentry, because African American prisoners are typically disadvantaged and return to disorganized communities. Since the aftermath of the Civil Rights era, Black males have been disproportionately

incarcerated and the negative aspects of incarceration disproportionately affect Black people in the United States, more than other racial and ethnic minorities and especially more than whites (Kusha, 2009). By converting to Islam, Black inmates can take advantage of the social support and protection provided by the clustered groups of Muslim inmates, as well as the special treatment they often receive by virtue of their religious affiliation (Ammar et al., 2004). This religious conversion provides a life course turning point that can help them negotiate reentry.

With age, people become more mature, develop more and stronger social bonds, and become more invested in their communities and future. Hirschi's element of commitment in social control theory fits this age trend. As people get older, they accumulate more goods, reputations, and prospects that they want to preserve, and with age deviant activity falls further and further outside the social norm. The consequences of deviance are therefore felt more strongly for older people, especially when the consequences of deviance take into account that they are nearing the end of their lifespan (Hirschi, 1969). Secularization theory predicts the increase in religiosity with age, arguing that successive cohorts become less religious under some circumstances, and the economic theory of intertemporal choice and capital formation predicts this relationship as well, maintaining that people become more religious as they grow older (Azzi & Ehrenberg, 1975).

With more children comes more motivation to desist from deviant behavior through the need to provide and care for them. Under Hirschi's theory, children provide elements of attachment and involvement in deterring deviance. A parent's love for his children forms an attachment, and with that attachment comes a desire to refrain from doing things contrary to the wishes or needs of the children. He cannot take care of his kids from prison; therefore, he must adhere to conformity. Also, the time required to properly raise children means that people spend

so much time with their kids and working to provide for them that they have no time to deviate. Instead, raising children provides ample conventional opportunities to satisfy life (Hirschi 1969). Concordant with this line of theory, religious fathers have been shown to be more involved fathers and report higher quality relationships with their children (King, 2003). That religiosity and number of children are positively correlated is predicted by the influence of religious affiliation and involvement on preferences for family size. The ideal number of children is higher for affiliates of religions that hold more pronatalist teachings than for individuals with no religious affiliation (Adsera, 2006). It follows that individuals that strongly adhere to these pronatalist religious beliefs are more likely to have more children.

It is also true that those with children are more likely to want to change their lives for their children, and religion helps in this. Being a father and identifying with that label has been associated with significant reduction in serious offending, with a significant increase in desistance after having a first child and entering into the role of fatherhood (Zoutewelle-Terovan, van der Geest, Liefbroer, & Bijleveld, 2014). The parental responsibilities introduced in fatherhood trigger immediate changes in daily routine activities, and the behavior modification required in this transition can be facilitated through relying on the prosocial lifestyle structure provided by religion (Zoutewelle-Terovan et al., 2014). Even though the results of this thesis do not show a significant statistical effect of religion, religion is still important for many incarcerated men, particularly if they are older, minorities, and with children.

Religion is a powerful control under social control theory. That the quantitative data shows the greatest influence from variables that exert social control means that a broader perception of the presence of social controls in reentry did the most to influence the participants' perceptions of reentry success. With so few instances of interview participants saying religion

would be helpful in reentry, it is likely that there were other more salient social controls present in their reentry narratives and that religion was only effective for a subset of the men. The themes that arose in the mentions that did occur can be explained by social control theory as well. The identified benefits also fit Maruna et al.'s (2006) research on the benefits of religious conversion in lessening the burden of shame in the prison crisis of self-narrative. As reentry is a life-course event, this identity crisis presents itself again when prisoners have to figure out who they will be upon release, managing the difference between what they are and who they want to be while coping with a criminal label. The themes in the interviews indicate that religion can help relieve this identity crisis in reentry in the same ways as in prison.

Religion Gives Life Structure and Identity

The most frequently mentioned reason for religion's benefits in reentry falls under Hirschi's element of involvement. Participating in religious activities hosted by one's faith organization is a way of participating in a conventional lifestyle. By spending their free time engaged in religious practice, the participants felt that they could avoid situations that might lead to relapse; they would have no time to engage in deviant behavior. When participants are committed to their religious institutions and maintaining their identity as a follower of that religion, they spend their energy and focus on that conventional lifestyle and opportunities to act on any delinquent inclinations rarely arise.

This theme also corresponds to two of Maruna et al.'s shame management functions: creating a new social identity and empowering inmates by turning them into agents of God. Being a practitioner of a religion gives inmates a new label; rather than being an ex-convict upon reentry, they can identify with their religion and base their reentry narrative on their religious identity. Participants felt that with their expected involvement in their religious communities,

they could become “an instrument through which God works for the benefit of others” (Maruna et al., 2006). With this role, they can avoid the disadvantaged position of “recently released” and instead take on a role of power and influence in their reentry communities.

Support from Religious Peers and Programs

Finding support in the relationships that participants will have through their religious institutions falls under Hirschi’s element of attachment. Participants that anticipate having strong ties to people in and through religious practice will be attached to conventional members of society. Valuing the desires and expectations of their religious peers discourages engaging in deviant behavior, as that would violate the shared norms in their community and risk losing the support it provides. Finding support in the tools and opportunities obtained through religious institutions and programs falls under Hirschi’s element of commitment. The draw of these benefits encourages continued participation in religious activities and adherence to the rules of conventional society. Any behavior that could lead to relapse might cost participants these benefits, and the fear of losing reputations, opportunities, and the investments already made into religious practice serves as a powerful deterrent.

Support through religious peers and programs also fits Maruna et al.’s functions of creating a new social identity and imbuing the experience with purpose and meaning. The participants’ roles as a practitioner of their religion provides them with membership into a “well-established community outside of the prison that welcomes the [participant] into the larger fold” (Maruna et al., 2006). Their religious identity gives them confidence in being able to find resources and support through the religious community they will join upon release. Especially for participants that converted in prison, finding their religion and the community they will be able to enter upon release are some of, if not the only, reasons why their higher power sent them

to prison. With their religion, the participants have a built-in support system waiting for them upon release, and gaining the resources their religious peers and programs will provide gives their incarceration experience a larger purpose and meaning. Adding this meaning relieves some of the psychological crisis of identity in prison and reentry.

Learning Behaviors and Skills through Faith

The benefit of learning prosocial behaviors and coping skills through faith falls under Hirschi's elements of belief and commitment in deterring deviance. Participants that adhere to the behaviors and psychological tools outlined in their religion show a belief in the moral validity of the practices endorsed by that religion. This belief makes them more likely to continue to engage in prosocial behavior and utilize coping skills upon release because they believe that they are correct and that they will work in their efforts to maintain conventional lifestyles. Investing in this conventional behavior established within their religion shows commitment to the lifestyle, encouraged by the comfort of knowing what the "correct" behavior is in each situation. The consequences of not adhering to the behaviors or utilizing the coping skills could be religious, societal, and legal, deterring participants from not taking advantage of the structure their religion provides.

Maruna et al.'s functions of providing a language and framework for forgiveness, empowering inmates by turning them into agents of God, and allowing a sense of control over an unknown future fit this theme. Religious activity provides a road to forgiveness along which the participants can forgive themselves and regain self-worth, believing that their past actions cannot hurt or define them, and this sense of a fresh start helps them to cope with the process of imprisonment and keep an open mind for their ability to succeed upon reentry. In their roles as agents of their higher power, the participants can also organize a restrictive routine with a higher

purpose; their daily regime working for their higher power provides them with a set of behaviors to follow to succeed. These guidelines help participants to cope with feelings of powerlessness and dehumanization in the incarceration process and with stress over possible reentry complications by reminding themselves that they have a path to follow and their higher power has their best interests at heart when putting them on their respective paths.

“Trust in God’s Plan”

The final theme, trusting in the plan one’s higher power has in place, also falls under Hirschi’s elements of belief and commitment. Participants that find comfort in the knowledge that everything that happens to them happens because their higher power planned it show a belief in the moral validity of their religion and their higher power. The strength of this belief allows them not to worry about the future and instead just put effort into following the practices outlined by their religion so as to continue on the path their higher power has set out. Because their higher power wishes that path for them, their investment in that conventional behavior is stronger. For these participants, to stray from convention is to stray from their higher power.

This theme also fits Maruna et al.’s functions of allowing a sense of control over an unknown future and empowering inmates by turning them into agents of God. Believing that their higher power has their lives already planned reduces the participants’ anxiety over their future. Release becomes less urgent and anticipated reentry challenges seem less intimidating because the participants can say that their higher power would not have them face something that they could not handle. With their higher power directing their lives, the participants feel that their futures are more in control. Planning to work as agents of their higher power in reentry as part of that power’s plan for them provides further structure and certainty in what will happen

post-release; in this role, the participants feel even closer to their higher power and the path they are destined to take.

The results of this research show that the most important reentry factor appears to be the most salient social control, and that viewing religion as important in reentry is an approach most often taken by inmates that are Black, older, and having more children. The ability to give a narrative to these trends is facilitated by the mixed-methods design of this study, which first establishes the trends through the quantitative survey data, then closely examines self-reported reasons for the trends, thus backing up the trends with qualitative evidence. The quantitative survey targets the variables of interest, and the follow-up interviews ask the right questions to elicit relevant stories from the participants' reentry narratives.

Limitations

The results of this research may not generalize beyond the sampled therapeutic community. This limitation is further strengthened by the variation in TC programs across different states. Pennsylvania TCs are generally shorter and because programs are controlled by each state's Department of Corrections, it is unlikely that the structure of Pennsylvania TCs is replicated in any other states. To rectify this limit to generalizability, further research should replicate the study in TCs in other states. The coded themes from the interviews also require further analysis. Only I coded the qualitative data, so there is no inter-coder reliability to back up the themes and frequencies I identified in the interviews.

A replication with a larger, more representative, and more complete sample is needed. The sample population in this study also differed from the national average on race. While the

survey sample was a good size (n = 151), the interview sample (n = 88) was too small to draw confidence in the generalizability of the qualitative results. The most recent survey could not be used for 9% of the interview sample because those participants declined the survey closest to release. More complete survey data for all interview participants would help to more accurately compare interview religious mentions to in-prison religious involvement, treatment engagement, and perceptions of reentry success. Data missingness from non-participation also poses a threat to the validity of the results. The research study had a high response rate and maintained it across waves, but the demographic characteristics of non-participants could be confounding if shared among those who declined participation in the survey. As it happens, the inmates that did not participate were on average older and had slightly lower IQs, affecting the generalizability of these results.

Future Research

Future research to enhance and provide new perspectives on the results of this study should include the reentry work that the TC-PINS project is currently conducting that utilizes official data sources and interviews at 3 months and 6 months post-release to track reentry success quantitatively and qualitatively. The longitudinal data will provide information on the long-term trajectories of the participants, allowing the comparison of reentry perceptions to actual reentry success. This data will be useful in analyzing whether the predicted benefits of religion hold true in the face of unexpected factors involved in the complex process of reentry. Future analysis in the TC-PINS project will also better analyze treatment engagement through the utilization of peer appraisals as predictors. The measure used in this study was self-reported,

which includes the possibility of a social desirability effect. Peer appraisals should reflect TC residents' participation in their treatment, with higher peer appraisal ratings for residents with higher engagement (Davidson, 2017). A better measurement of treatment engagement will provide a better measure of the potential for reentry success.

Although religion offers many benefits in prison and reentry, its role as a social control seems to hold more weight than any one element of religious practice. For prison rehabilitation programming, this implies that an emphasis on establishing social controls in reentry is a valuable focus. Religion is not a common enough factor in reentry success narratives to encourage the expansion of religious programming, but institutions should emphasize the benefits of religion as a social control in existing religion-based groups, teaching inmates how they can utilize religion to tie themselves to conventional society. With a stronger belief in their ability to have a successful reentry, treatment engagement will increase, and with higher treatment engagement inmates will have even greater likelihoods of actual reentry success.

The lack of statistical significance of the results of this study does not mean that religion is not important for many incarcerated men, particularly if they are older, minorities, and with children. Despite results rejecting the hypotheses and the limitations in the study, this research is an important step toward a better understanding of the factors that contribute to inmates' efforts in rehabilitation and reentry, and why some inmates have higher expectations of success than others. Different institutions and states have distinct program structures, and determining how specific programming focuses are impacting inmates may lead to opportunities for improvement in program implementation and greater rates of long-term success in reentry.

Appendix A

TC-PINS NVivo Codebook

PRE-PRISON LIFE

Family Life
 Disadvantage
 School
 Childhood Trauma
 Juvenile Delinquency
 Criminal Activity
 Drug Dealing
 Working History

SUBSTANCE USE

Entrance into Substance Use
 Family Substance Use
 Peer Substance Use
 Access to Substances
 Reasons for Substance Use
 Behavior or Personality While Intoxicated
 Substance Use Escalation
 Periods of Sobriety
 Relapse (Reasons, Risk, Triggers)
 Recovery Motivation
 Personal Change

PRISON EXPERIENCES

Amount of Time In
 Daily Prison Life
 Friendship in Prison
 Ties to Outside
 SCI or Jail Comparisons
 Race Relations
 Incarceration Challenges
 Incarceration Benefits

REENTRY EXPECTATIONS

Career Plans or Concerns
 Housing Plans or Concerns
 Aftercare Plans or Concerns
 Parenting Plans or Concerns
 Sobriety Plans or Concerns
 Network Plans or Concerns
 Fears about Reentry or Future
 Goals for Reentry or Future

ANY TIME PERIOD

Religion
 Victimization
 Mental Health
 Physical Health
 Coping Skills
 “Burned Bridges”
 Children
 Relationship History

PROGRAMS/TREATMENT

TC Opinions –Negative
 TC Opinions –Positive
 Program Comparisons
 Program Staff
 Suggestions for Program Improvement

Appendix B

Client Assessment Summary

Using the 5-point scale below, please rate yourself on the following items: This rating should reflect your current usual and consistent level or kind of participation. Please provide a fair and honest evaluation of yourself.

- 01 = Strongly disagree
- 02 = Disagree
- 03 = Between disagree and agree
- 04 = Agree
- 05 = Strongly agree

1. My behavior and attitude show that I am a mature person.
2. I regularly meet my obligations and responsibilities.
3. I strive to live with positive values and principles (honesty).
4. I still have the attitudes and behaviors associated with the drug/criminal lifestyle.
5. I often present an image rather than my true self.
6. My job function helps me learn about myself and is a valuable part of treatment.
7. I get along with and interact well (mix well socially) with people.
8. Overall, I have good awareness, judgment, decision-making, and problem solving skills.
9. I'm able to identify my feelings and express them in an appropriate way.
10. I feel good about who I am (my self-esteem is high).
11. I understand and accept the program rules, philosophy, and structure.
12. I enthusiastically participate in program activities.
13. I feel an investment, attachment, and ownership in the program.
14. My behavior and attitude set a good example for other members of the program.
15. I am a positive role model in the program.

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ACADEMIC VITA

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