

pg 1 of
"Prisoners Political Campaign to overcome
Abuse of Authority"

(Part one) "My Psychologist is An Officer."

A). Psychology and the Patient.

This is a touchy topic, about a bunch of bureaucrats; and about how the prison system is lazaradical, when it comes to the psychological part of an inmate. The bureau, is always around us, lurking to oppose as a threat, so that us mental health patients, don't get what we got coming from psychology. As we fight to stay sane, the system fights to keep us mentally incompetent.

The patient, is just another word for a slave, an inmate, and or a prisoner. S/he is the new norm, and the modern day hell. So I ask. "what is the real deal, with Psychology, in a prison setting?" Is there such a thing, or is that a camouflage, of something else? I'll let you determine that, after you hear me out.

In my opinion: psychology is at war against prison; where one says yes, the other says no; and the two work consecutive, rather than concurrent. They collide like enemies, until they overwhelm each us all. So what are we doing?

In psychology: the psychologist, is professional" trained to serve the patient; they represent."

the patient, in every capacity; and atone for his or her weakness. They affiliate with us, not the jail, prison, or system.

They are not a democracy, for the system (Per say): although, that's what we get; we get policy and rules that work counterproductive to the duties of a psychologist; and that's a problem. They are rob of their profession; the psychologist is wired to a bunch of rules, that ignores their expertise and the welfare of the mental health patient. They are fabricated by policy, that is not there own. They adapt to the prisons philosophy, that robs us all of an individual capacity. So what is this?

I think there's a thin line, that prevents the psychologist from developing the patient; and that puts us under investigation; rather, than as the mental health patients, that we are.

So I ask again, what is the real deal with psychology, inside a prison setting? It's simple, who pays the check. which is exactly, who makes the policies. The paycheck is only given, if such demands are met, and followed; other wise, they don't work there.

the prison says: "You can treat them, but not that much"; or, "you can help them, but not against us"; or, "you can support them, but don't get too close to them". That's all an oxymoron.

(pg 3 of)

The truth is, that the prison gets in the way of our due diligence, given under the U.S. Constitution, from a psychologist. Our treatment is compromised, by the institution. Absorb! No wonder we come out of prison, chasing the recidivism rate.

B) Psychology, and its breakdown

Psychology, is defined as: the science of the mind and behavior; it is the mental and behavioral characteristics of an individual/group.

The, "Science of the mind and behavior", what is that? The science of the mind, is the study and knowledge of a persons normal mental capacity. It entails a range of different things, from what one feels, thinks, and perceives. We all have different structures, that define who we are. Its about personality, and personell. Our personality, is who we are, and what our character is like. Our personell, is the gift and talents (possessions) that accompany us.

The, "Science of behavior": has to do with a persons behavior; its looking at, why we do what we do. In essence, its a reflection of our actions.

The, Science of ^{both} "the mind and behavior," defines who we are; it ^{both} emphasizes value and character.

(pg 4)

From grammar school, we know that a verb, describes an action. It describes the "why", behind the "doing" or "did", that modifies our behavior.

Our actions, are supplements of our values: not in its full capacity, but they scratch the surface; our actions, usually, come from things that trigger a response; and from what we believe.

The mental characteristics, of a person: relates, to the illnesses of his or her personell; and the attributes, that distinguishes our personality traits, and quality. These inconsistencies, explain our differences.

Our mental characteristics, could also represent, or refer to a group of people; For instance, a special educational class or a mental health facility.

When I think about my mental health characteristics, I think about the things that effect me the most: things like depression and suicidal traits; or anger, and impulsive behavior. Sometimes, I have to ask myself, what is it about my character defects that is so trivial, that they trigger me? Why does depression enhance suicidal thoughts? These are things that I have to deal with, on a daily basis.

For curious people only, ill answer the two questions above: My character defects are so

(pg 5)

are so vital that they trigger me, because they offend me, weakened me, and make me feel less than whole; and my depression, enhances my suicidal traits, because my depression is uncontrollable, and that makes me feel helpless, hopeless, and more vulnerable to suicide.

The behavioral characteristics of an individual and/or a group; refers, to the thoughts, feelings, and actions, that are either, behind the person or the group. Those are qualities, that demand a response.

Our behavior, is driven by our feelings and thoughts; They dictate how we act. That is the psychological side of us, and where psychology comes in. Psychology helps us connect to our mental health.

The roles of Psychology, Psychologist, and the Patient.

Psychology is the foundation of a Psychologist, and a mental health patient; they oversee the two, and connect them together. A psychologist helps the patient, connect to his or her mental health, and they help them cope with it. The patient is the mental health carrier.

The roles of psychology, varies for prisoners and non-prisoners, and that's a problem; Psychology should always be psychology, or it isn't psychology. When you compromise psychology, (because of some policy or grounding) you compromise the integrity of its foundation. So it's something completely different. Maybe it's, a shadow of it, or a step towards it, but it's not it. And here's why.

In psychology, the message is always the same, for everybody; though it fluctuates, it never changes. And when it does, it hinders rather than help. For a non-prisoner, psychology works to connect the patient to a psychologist of his or her strengths and weaknesses. They provide the kind of care that the patient receives from the psychologist. It's all about cultivation, and overseeing the two, to make sure that the needs of the patient are being met. Psychology is so close to a mental health patient, that the relationship is an intimate one

because it involves confidentiality, and the personal life of the patient and therapist.

For a prisoner, the connection to psychology is tampered. It's no longer personal, and intimate. It's a form of confidentiality (that compromises itself) down to a need to know basis, that gives the prison officials, the right to invade our privacy. The role for psychology is also reduced to policy rather than duty. Psychology has to line up with the policy, rather than rest in, or bathe inside of there. Dr's degree. The policy never has to adjust, for psychology and after a while, policy manipulates psychology, into another form of dehumanization, that really burns the patient.

The role of a Psychologist, changes for a prisoner, and a non-prisoner, and here's why. For a non-prisoner, the psychologist develops a treatment plan, with and for the patient. They compose a plan that sets goals, and the two work together to reach them. They, (in a sense) have to nurture the patient, by giving them a blueprint that works. It's in part knowledge and understanding of themselves and their conditions, and in part, applications for problem solving.

Those plans are built together, by trust, Openness, genuineness, professional passion (that says they care and respect each other), and vulnerability (that comforts the relationships between the two), like

a bandage, that governs them. Without such availability, and room to maneuver, the two will never hit the mark. They would work counterproductively, concurrent. The psychologist is given more flexibility and opportunity.

For a prisoner, the role of a psychologist diminishes, into a fraction of the whole. Trust reduces to a logo (with no meaning), and the whole scene, between a psychologist and Patient is compromised. The patient loses the comfort to be open and honest (because of the fear of a ticket or incident report sanctions), the psychologist, loses professionalism inside of her profession, and he or she's uncomfortable, being a psychologist - because under policy they can't.

Without the availabilities, that liberate a psychologist, yet narrow the broader necessities for psychology, that obstructs both, the psychologist and the patient. When the psychologist, loses the patient (because of policy) they can no longer work together, yet they are forced to anyway. The patient gets robbed, and the recidivism rate is evident of that.

The Role of the patient (non-prisoner) is this: He or she is given the say in whose their psychologist; they are given the comfort to express themselves freely (without the pressures of the prison), and the connection is genuine.

Pg 9

The receive real love (like friendship) from their therapist that carries them outside of work. They grow together, to figure things out.

For a prisoner, the role is manufactured differently: Its never comfortable to have somebody all up in your business; the level of vulnerability is compromised; and the freedom to be open and honest sucks.

The prison's policy and environment makes it extremely difficult for the patient. The Psychologist suffers to, but they aren't the ones under treatment. They are at the risk of misconducts, segregation, degradation, and fears of the prison. Psychology functions like law enforcement, rather than a neutral party, and that hinders the patients treatments. Its sad to be in a one-on-one with your psychologist and feel like your being interrogated, and attacked. You feel like your on trial, and on the defense, with your so-called professor. Thats not generosity, nor is it driven by passion - on either side. Its a fight for something thats suppose to run smoothly.

Our confidentiality is violated, regularly; and its all a cat and mouse game. They pretend to care but are prevented from really caring, which is why we don't even respect our psychologist and vice versa.

Yet, we are still expected to make it work.

Absurb! Propoundous, and Ridiculous!

Its disconcerting that those who are really

sick, and suffering from a mental health disease, can't and don't get the undivided attention of psychology. We don't get the treatment that's needed and necessary, and that's **FUCKED UP!**

To psychology; a suicide attempt is a cry for help, and a failure to those that are really suicidal. We are all considered a joke, until we're dead and it's too late. There is no universal precaution, for everybody. Every suicidal encounter, should be taken seriously, until it's not. The prison's policy, comes from an inexperienced warden that has no expertise in mental health or background; and yet are allowed to make the rules for another major, called "Psychology". He or she gets to decide how a psychologist is allowed to psychologize. That's why it doesn't work. So we never open up or get help because we feel like, "we are better off alone".

Pg 11

"Psychology vs. Psychiatry"

Psychology; plays a different role in Psychiatry, than it does for a Psychologist. It still functions as an overseer of the two.

In psychology, they use psychiatry; to do what the psychologist can't do, for the patient. When a psychologist, believes that a patient isn't functioning, or responding properly they refer them to a psychiatrist. The psychiatrist, supplements therapy with medication.

Psychiatry: plays a lesser role in the life of the patient; they provide medications (anti-depressants, and psychotic meds) to help the therapeutic side of the patient work better.

For a non-prisoner: psychiatry, works better; they are given more resources, and flexibility, as far as what they can do to help the patient; and the medication isn't limited, to limit the psychiatrist. He's allowed, to prescribe whatever he or she deems necessary.

For a prisoner: psychiatry is compromised; it's a lesser being of itself, because of the restrictions that the prison puts on it; and because policy overrides psychiatry. Prison abuses Psychiatry, before the Psychiatrist ever meets the patient, (and that's wrong and a flawed system) that is still required to work. "Finnlane"!

Pg 12

When you limit the intelligence of a system, its no longer that; its something else. So what are they doing, when the prison gets to call the shots, for a ready-made system. They abuse authority, policy, and constitution, when they hinder the availabilities of a psychiatrist. Because, when they do, they reduce the development of the patient, by at least 50%.

In psychiatry, certain meds only work certain ways, and some work better than others. Some meds (like anti-depressants) work a certain way, while others work in different ways; and when you take from the variety of meds, you prevent the psychiatrist from adequately treating the patient. Now they have to fish around (experiment) ^{with meds,} until something works.

The patient suffers a great deal, from how policy treats his mental health. And its no wonder the recidivism rate is so high for a mental health patient. Its no wonder prison logistics are all over the place, and our mental health issues increase.

Pg 13

"Prisoners' Reformed Campaign to overcome
abuse of Authority" Part Two

How do we release the burden of abuse, and what is the narrative for Mental Health in a controlled environment: by supplementing the burden with integrity; by caring through deeds, that are not just verbatim; by implementing the patients person; and by shifting the burden of proof to us.

The mechanism for reform is offset, by the oppressors; because they don't do what they say. We see, how what's pretty on the outside, covers up, the mess inside. What's really going on, is being suppressed by the authorities that are in control. They are not representing us with integrity, respect, and consideration. It's a one track minded approach, that "abuses authority," because they eliminate us. We get no say - so, over our lives, because our lives don't matter. And neither does reform.

We have to change the cycle, until it works: until it, reflect our lives; and show in our conduct. You can't treat the patient, eliminating ^{by} the person. That's not a system, that's abuse. It's a condescend, of a put down; to a look down, that doesn't work.

When you make the policy, without using the person and reasoning the whole thing...

you reduce the value of a person to a policy; and because you don't value reform. Implement the people!

Believe it or not, we are more practical than policy: we are people (sons, brothers, daughters, sisters, fathers, and mothers), and love ones; that should be deemed worthy of dignity and compassion. We are citizens that stand under constitution as well, that we don't get to enjoy, because the correctional facility, enslaves the person.

If you have to use force to correct the person, you abuse them. You hinder where you should be helping, and that's the problem. Psychology, (in a controlled environment) is just like that when you have to reduce it, to fit policy.

You can't include us in something, that you exclude us from: although you do; it doesn't work, and that's why. There is a person in every patient, and a person inside every prisoner, that the prison fails to realize. Call us what you may, but you still need us to treat, and correct us.

Also, to release the burden of abuse, you have to shift the burden of proof, unto us. Let us be responsible, (first) for holding ourselves accountable, and then you can. Let the burden be on the ones that really want change as opposed to the

one's that don't; So we don't feel like it's forced upon us. If you respect the intelligence of the person, the person will respect you.

When you help us understand our needs, you help us implement it. It's an invitation, rather than a call of duty. It's friendly, respectful, and it sits well with us.

In order to stop the abuse, you have to stop the misuse: stop preying on the incarcerations of both, a prisoner, and a mental health patient; and start using us. There is no harm in using somebody to accomplish something. That's inspiration; the harm comes when we misuse, and abuse each other.

In conclusion, here is some words of advice that you can use as feedback, from a person on the inside.

When I was exposed to psychology, I expected them to be the back bone for my mental health. I saw them as my ace in the hole and the ones to understand us. But as I got accustomed to them, I started to see reflections of the BOP and of officers inside of psychology. I saw flashes of police traits that interfered with the profession of a psychologist and a patient.

(pg 16)

The prisons policy kept bumping heads with the liberty of psychology. They constructed psychology, so that it is run like a division of law enforcement. The more I leaned towards psychology, the more disconnected I became. I learned how learning or psychology is cruel and unusual punishment, because of the influences of the prison, and the way the wardens dictate for the psychologist.

There is a lack of consideration for the constitutional rights of a mental health patient regarding the prisons policy and how psychology can conduct their business. Because they are the minorities, there's a fear of being inferior to the officers, that hinders their ability to treat a prisoner. Or, treatment is compromised, and half-assed to push us further away from recovering.

When it comes to treatment, every patient is different; so is every psychologist. When you restrict them you limit, (sometimes) what's necessary to help us, and that weakens their comfortability with us and ours with them.

The real decline is us; the patient is the one that suffers the most. Check the suicide rates in prison, from the last 20 years to the last 5 years, and you'll see how far psychology has run away from themselves?

(Pg. 17)

We have no adequate support in here, and that's a problem. We have no real system in prison that works for the prisoners - Check the recidivism rate.

We need a DOJ intervention, or some outside force that can give us what we got coming. Somebody that has no ties to the BOP or prison, that aren't under the prison's obligation because they pay for the checks.