Health Implications of Incarceration and Reentry on Returning Citizens: A Qualitative Examination of Black Men's Experiences in a Northeastern City

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Promoting Men's Health Equity – Original Article

Health Implications of Incarceration and Reentry on Returning Citizens: A Qualitative Examination of Black Men's Experiences in a Northeastern City

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Abstract

While a great deal of research captures the lived experiences of Black men as they navigate through the criminal legal system and onto reentry, very little research is grounded in how those processes are directly connected to their health. Although some research argues that mass incarceration is a determinant of poor health, there is a lack of qualitative analyses from the perspective of Black men. Black men face distinct pathways that lead them into the criminal legal system, and these same pathways await them upon reentry. This study aims to examine the health implications associated with incarceration and reentry of Black men. While adopting a phenomenological approach alongside interviews, our findings show both race- and gender-specific outcomes for the men in our sample. For example, health and wellness appears to be a significant theme that governs their (in)ability to matriculate society. Moreover, their contact with the criminal legal system appears to exacerbate health concerns and hindrances toward reentry. Other themes include mental health and the role of masculinity. We conclude with implications on policy and future research.

Keywords

Black male reentry and incarceration, masculinity and health, public health, health-care issues, incarceration and public health, race and health

Introduction

Within the United States, daily surveillance, arrest, sentencing, and reentry processes do not affect all individuals the same (Alexander, 2010; Western, 2018, 2006). Incarceration is a pressing public health concern that affects everyone, from those incarcerated to their families and larger communities (Brinkley-Rubenstein, 2013; Nowotny et al., 2017; Turney, 2017). Black males continue to be overrepresented in state and federal prisons (The Sentencing Project, 2018), with reports of one in nine Black men, aged 20–34, in prison at any given time (Western, 2006). Furthermore, Black men who experience incarceration spend 13.4% of their working lives in prison (Patterson & Wildeman, 2015). Researchers relate these stark disparities to racial bias in public policy (Alexander, 2010). Yet despite overwhelming focus on

incarceration, research that underscores the intersection of Black males, incarceration and health remain a much needed focus in academic literature.

Within the United States, health disparities are historical, structural, and systemic—and begin well before individuals find themselves in custody or within the criminal legal system (Cole et al., 2018). In the continuous effort to report health disparities during and post-incarceration,

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research has not fully contextualized the daily realities that impact the individual and often report the effects to families and communities. While this research is important, the lack of knowledge examining Black males and their daily-lived realities navigating mental health while affirming and establishing masculinity is a social injustice being left unexamined. Again, Black male's health disparities are not just a public concern; they are a national crisis trickling down to Black communities around the United States.

Within the present study, the community context is one with a rich historical background. Once known for being a flourishing industrial hub over time this community endured economic disadvantage and white flight, leaving the town to endure harsh and continuous years of increased poverty, unemployment, and substance abuse rates. Presently within this under nine square mile community, there are nearly 200 liquor stores and over 400 tobacco-selling establishments. Nearly 150,000 residents (U.S. Census Bureau, 2015) live in this community, and 30% of those living there are below the poverty line (U.S. Census Bureau, 2015). Lastly, this location is racially and ethnically diverse, with 80% of residents identifying as Black or Hispanic (e.g., Jamaican, Haitian, Bengali, Peruvian, Dominican, Colombian, etc.).

This study unpacks the egregious health disparities within prisons (i.e., communicable diseases, prison stressors, and violence), which impact Black males navigating the reentry processes. This analysis also examines divergent masculinity (Williams et al., 2019), an unconventional cycle in which many Black men navigate to build one's manhood through an unpredictable, risky, and often painful continuum ripe with structural inequality and racism (among other factors).

In addition, Black male health and wellness will also be examined. Research has found that Black men experience health disparities that subject them to a low quality of life (Parker et al., 2017). Black men are diagnosed with more illnesses and have higher mortality rates than other racial groups in the United States. In addition, Black men are less likely to have access to quality affordable health care, and are less likely to trust health-care workers (Underwood et al., 2009). More alarming is the reality that Black men are less likely to seek medical care, even when they suffer from serious health problems (Neighbors & Howard, 1987). Black men's lack of trust in the health-care system is justified given the reality that health-care discrimination limits their ability to obtain basic wellness (Underwood et al., 2009). Moreover, Black male wellness often depends on male gender socialization and economic status (Watkins et al., 2009). Because Black men are less likely to reach culturally ascribed characteristics of masculinity, Black men are more vulnerable to poor health and are exposed to more psychosocial stressors throughout their lives (Rich,

2000; Watkins et al., 2010; Watkins & Neighbors, 2007). Research has also cautioned the need for further exploration into health and wellness particularly for those on the margins, like Black males, as issues of mental health may increasingly be a key challenge (Griffith, 2018). Thus, this article also seeks to examine issues around Black male wellness and mental health by focusing on the health challenges of men on the margins in society (Griffith, 2018). Therefore, the current inquiry endeavors to explore the interconnections between health and wellness, reentry, and Black males.

Theoretical Framework

Theoretically this study seeks to foreground the analytical analyses in Critical Race Theory (CRT). CRT was a framework developed by scholars of color from the legal academy in the 1980s who sought to critically critique the operational behavior of the law. Scholars also found that although the United States prided itself as post-racial (because of the Freedom Movement) grave disparities persisted primarily through the operation of the law. Thus, they argued that the law is and can be an instrument through which inequality and racism are both cultivated and maintained (Delgado & Stefancic, 2001). CRT theorists lament that racism crowds the institutional structures of U.S. society—and that there are other intersecting forces of oppression that layers upon racism to create essential outcomes for racialized people. CRT is a framework that allows deep contextual, intersectional analyses at multiple axes; for instance, how one's social-political positionality intersects with their experiences with society's legal institutions (for further analyses, see Crenshaw et al., 1995).

CRT requires capitulation to the understanding that the law is essentialized whiteness to the detriment of non-Whites (Bell, 1995), and therefore, analyzing race and ethnicity in the administration of justice must take these realities to account. CRT analyses often triangulate historical facts against contemporary facts to make greater sense of findings and such triangulations are best encapsulated in narrative fashion, as it is the stories of the affected that gives credence to the framework. Consequently, just as CRT exists as a theory, likewise it is an interpretivist methodology for many social sciences.

As such, the current study utilizes CRT as an analytic tool through which to contextualize the narratives presented. All participants are Black males and, therefore, correspond to the basic tenets of CRT. For example, they are marginalized by race, class, geographic location (among other factors), and have had some contact with legal institutions. CRT provides a unique ability to contextualize their narratives within a frame that is closest to their lived reality given the historicity of institutional

racism and exclusion that Black Americans (and the unique pressures that Black men) have had to face for so many centuries. Within the present study the application of CRT will be grounded in Christian, Seamster, and Ray's (2019) suggestion of four tenets to a sociological application of CRT:

> [U]nderstanding racism as a permanent feature of American society, reproduced through changing historical mechanisms; racism working through intersecting structures of domination; racism's formation through white supremacy; and finally, emphasizing narrative storytelling to ground understanding of racial oppression in the experiences of the marginalized (p. 1732)

The participants in this study not only have unique biographies of their own, but their collective, racial biography gives tremendous credence to the utility of CRT and because the focus of this study is on a legal institution and practice (corrections and reentry) CRT is applied as an analytical frame. Next, a historical context is given to further substantiate the necessity of CRT and to provide greater understanding of participants' narratives later in the study.

Historical Framework

One in three Black men will be imprisoned in their lifetime, while half of Black women will have an immediate or extended family member in prison during their lifetime (Wilderman & Wang, 2017). From the beginning of collecting prison statistics data research have long shown disparities around race and ethnicity in the criminal justice system and other institutions in the U.S. (Muller, 2012; Western, 2006; Wilderman & Wang, 2017). Historical tracing of racial-ethnic disparity shows that Black Americans have been more vulnerable to criminalization than Whites (Burris-Kitchen & Burris, 2011). Slavery, Reconstruction, the Black Codes, and Jim Crow have served as historical mechanisms of social engineering that controlled and criminalized Black bodies (Burris-Kitchen & Burris, 2011; McIntyer, 1992; Sellin, 1976). Those being prosecuted during this time were sentenced through a separate court system known as "Negro Courts" (Alexander & Gyamerah, 1997; Burris-Kitchen & Burris, 2011).

In more recent decades, the continued negative social engineering of Black Americans has taken the form of New Jim Crow Laws via the War on Drugs (Alexander, 2010). Again, historically laws and public bias have continually targeted poor minority communities of color, and more specifically assumed Black individuals as more prone to criminality and less deserving of basic human rights (Burris-Kitchen & Burris, 2011). Therefore, when looking at Blacks reentering society, scholars must consider the current social and political climate while also

remembering the historical context still being placed onto this population. This study takes account to historical contexts, clearly noting generations of conscious and subconscious racial trauma placed on returning Black males, which has deleterious effects on the living conscious individual (e.g., mental and physical health) and their families (e.g., emotional and financial stress). Research has also called attention to the impact that racial trauma has on Black male wellness given the reality that racism negatively impacts Black male's wellness (Watkins et al., 2009). The next section will attempt to answer the call regarding the effects of incarceration experiences on Black men and their overall health.

Literature Review

In sections to follow, a comprehensive literature review around Black masculinity is expressed in areas that are important to capture in relationship to how Black men navigate mental and physical health in U.S. society. Understanding Black masculinity provides a lens through which to comprehend how Black men may experience mass incarceration in ways that are different from their counterparts. Their experiences navigating masculinity is distinct when juxtaposed against institutions like the criminal legal system. More specifically, this article aims at a variety of prison-related health factors, while paying close attention to mental health effects in each category.

Contextualizing Black Masculinity

It is crucial to ground masculinity within a racial-cultural and systems-based context congruent to that of the present sample. Williams et al. (2019) in a similar qualitative study with Black males identified that many of those men practiced divergent masculinity which they defined as a:

> Process by which our narrators piece together their manhood in the best way they know how from the status of a male-outsider. They have been locked out from traditional heteropatriarchy even though they too identify under the traditional banner—and so they must build their idea of manhood within the context of structural inequality and racism. Through this process, they develop divergent masculinities; the path of finding one's manhood is unpredictable, often risky, dangerous, and filled with incredible pain (p. 453).

Through Williams et al.'s (2019) concept of divergent masculinity one can see that the development of Black masculinity is essentialized within repressive and oppressive contexts. The ascendency to manhood is fraught with countless barriers designed to impede their growth. Research has suggested that such processes, however, can lead to low self-esteem (Landrine & Klonoff, 1996),

which therefore produces additional crises of masculinity. The constant policing and surveillance of Black masculinity has tremendous social, emotional, and grander psychological consequences for Black men (Ragsdale, 2000). The mental fallout from the over policing of Black masculinity is overwhelmingly manifested in aggressive ways and are typically self-sabotaging to oneself and one's community (Anderson, 1999; Staples, 1978; Wilson, 1990), yet the connection of said fallout to broader structures of racialized oppression is rarely articulated (see Wilson, 1990, for a broader explanation) in grander reentry literature.

Pierre et al. (2001) contextualized the psychological impact of racism on African self-consciousness and the psychological functionality of Black masculinity on men in the U.S. They lamented that indeed colonialism has played a major role in suppressing Black masculinity as the Middle Passage definitively disconnected the Black male from duties as the protector of his family, as enslavers would often rape African women and girls before the helpless and hopeless eyes of Black men. Meanwhile, back on the African continent, culturally, men were seen as the masculine protector—yet now on a slave ship, under foreign circumstances, there was very little these Black men could do to avail on behalf of African women and girls. Additionally, over time Black males were coercively socialized under a Eurocentric masculinity, which does not fundamentally fit with the African way of existence. Thus, conflict is inevitable regardless because the Black male is unable to fit into a mold of masculinity within a society that has been designed to keep him out. Status frustrations are inevitable, which can result in a host of psychological, physiological, and social abnormalities that can ultimately have lifelong effects on Black males and their families (Griffith et al., 2013; Watkins et al., 2010). So, while Blacks are no longer enslaved, other kinds of latent social control mechanisms may persist that produce gendered outcomes that are qualitatively similar to those mechanisms akin to the disposition of society during Jim Crow and slavery.

Therefore, the plight toward masculinity for Black males in the U.S. is one of punitiveness, and the current inquiry questions whether the punitive effects of achieving masculinity increases after one comes in contact with the criminal legal system. As Carlsson (2013) would argue, however, for Black males coming out of penitentiary, if they are unable to achieve masculinity via traditional means (as a mechanism of desistance), then they are more likely to revert back to prior definitions of masculinity, which likely include the capitulation to aggressive and antisocial behavior. Consequently, incarceration becomes a pendulum through which Black masculinity is possibly worsened and even weaponized as a means to further marginalize Black males, and this too has tremendous public

health implications in a variety of contexts (see e.g., Middlemass, 2017; Travis, 2000; Utsey, 1997).

Contextualizing Prison Health Risks

Prisons as Determinant of Poor Health

Black men have the highest mortality, lowest life expectancy, and highest morbidity rates in the U.S. (Cunningham et al., 2007; Gilbert et al., 2016). As a result of health challenges, Black men increasingly need adequate health-care resources to address their growing health-care needs. For formerly incarcerated Black males the need for health-care resources is even more apparent. Research reports that decreased life expectancy are associated with incarceration (Patterson, 2013a). Rates of mental illness and severe mental illness are higher in prison than in the community (Ditton, 1999). Although approximately 50% of released incarcerated individuals deal with drug dependence or abuse, and many recently released incarcerated individuals have mental health treatment needs, a small percentage of incarcerated individuals receive the substance abuse and mental health treatment that they need (Human Rights Watch, 2003; Mumola & Karberg, 2007; Petersilia, 2003; Prins & Draper, 2009). And although incarcerated individuals are more likely to have health issues before incarceration (Fazel & Baillargeon, 2011), research has identified that incarceration can worsen general health and depressive symptoms throughout an incarcerated individual's life course (Esposito et al., 2017).

Incarceration does not solely impact incarcerated individuals' mental health but also their physical health. For example, research has shown that incarceration is associated with increases of body mass for men, especially for Black men (Houle, 2014). Given that prisons often limit dietary options, physical activity, and house incarcerated individuals in restrictive housing units, it is not a surprise that incarceration is associated with increased body mass (Mears and Bales, 2009; Norman, 2017; Novisky, 2018; Smoyer & Lopes, 2017). Research has reported that incarcerated persons are less than pleased with the quality of prison food and they often link their health issues to prison food quality (Smoyer & Lopes, 2017). Many incarcerated persons come to prison with existing health problems; however, lingering health problems can be exacerbated by the conditions in some prisons that have been found by the U.S. Department of Justice to violate the Eighth Amendment of the U.S. Constitution (U.S. Department of Justice, Civil Rights Division, 2019). Access to substance abuse and mental health treatment is a challenge for formerly incarcerated Black males. For example, research has identified that there are racial disparities in access to substance and mental health treatment (Wang et al., 2002; Weiss et al., 2002). Nowotny

and Kuptsevych-Timmer (2018) argue that mass incarceration is a social determinant of health for Black men and their families—and the effect of mass incarceration on Black male health is largely ignored in health disparities research and policy. Social determinants of health refer to nonmedical factors that can influence health-related knowledge, attitudes, or beliefs, and the social environment that can influence health (Nowotny & Kuptsevych-Timmer 2018). Black males returning home from prison face many social determinants that can impact their health (Williams & Bergeson, 2019). For example, Black formerly incarcerated males are more likely than White formerly incarcerated males to return home to racially segregated and socioeconomically disadvantaged communities (Wacquant, 2000). Research has reported that socioeconomic status can be a cause of disease because people from disadvantaged backgrounds often lack knowledge and resources to adequately address health issues (Link & Phelan, 1996). Rates of morbidity and mortality decrease when levels of income and education increase (Marmot, 2005). Research by Patterson (2013b) that examined the life expectancy of New York parolees reported that for every year an individual is in prison, their odds of death increased by 15.6 years, which equals a 2-year decrease in life expectancy. In addition, research has shown that securing employment can be difficult for individuals dealing with health issues (Visher et al., 2008; Western 2018). Mental or physical ailments can limit job performance, especially given the reality that many formerly incarcerated persons work in physically demanding industries such as construction, factories, and warehouse work (Pager, 2007; Visher et al., 2008; Western et al., 2015). Formerly incarcerated persons who suffer from mental health issues such as depression have more absences from work and poorer work performance, which can lead to employment termination (Adler et al., 2006; Lerner & Henke, 2008). Residential segregation and discrimination can play a detrimental role to the health of Blacks and other minorities (Williams, 1999). However, when it comes to critically examining the role that structural racism has on Black people's health, research is ambiguous and limited (Ford & Airjijenbuwa, 2010).

Communicable Diseases

Mass incarceration has played a vital role in limiting the quality of life that Black men experience during and after incarceration. For example, incarceration is associated with elevated levels of cardiovascular disease, high levels of hypertension, and disability (Schnittker et al., 2012: Wang et al., 2009; Wildeman & Muller, 2012). In addition, research reports that chronic conditions such as diabetes, hypertension, myocardial infarction, kidney problems, asthma, cirrhosis, and infectious diseases such as hepatitis

and HIV are more common among incarcerated persons than the general public (Wilper et al., 2009). Several studies have identified that incarcerated persons often deal with disabilities that impact hearing, vision, cognitive, ambulatory, self-care, and independent living (Baillargeon et al., 2000; Binswanger et al., 2009; Bronson & Maruschak, 2015; Hammett et al., 2002; Solomon et al., 2004). Prisons are environments that impact incarcerated individuals' health adversely. Overcrowding, limited access to healthcare services, and inhumane attitudes and practices by custodial staff can contribute to negative mental and physical health outcomes for incarcerated persons (Nowotny & Kuptsevych-Timer, 2018). Communicable diseases are overrepresented in prisons. For example, research reports that 15% of all persons living with HIV and 40% of all persons infected with Hepatitis C has served time in prison (Travis et al., 2001). Tuberculosis (TB) is also overrepresented in prison and many prisons have experienced TB outbreaks (Farmer, 2002). The spread of TB in prisons can be explained by poor architectural designs in prisons, as many prisons are overcrowded and have poor ventilation systems, which contributes to the spread of TB (Awofeso, 2010).

Prison Stressors and Violence

Prisons are often violent institutions that subject incarcerated persons to elevated levels of stress. People who are incarcerated are exposed to more stressors than the general public (Massoglia, 2008). There are two different types of stressors, primary and secondary, which can impact an individual's mental health. Primary stressors are stressful events that can produce secondary stressors (Pearlin, 1989). Incarceration is an example of a primary stressor, while challenges after release from prison such as stigma, loss of employment opportunities, and financial challenges are examples of secondary stressors. Primary and secondary stressors can adversely impact formerly incarcerated individuals' health. Research has shown that incarceration is associated with stress-related conditions such as heart problems, depression, sleep problems, and chronic headaches (Massoglia, 2008). Formerly incarcerated individuals dealing with primary and secondary stressors are more likely to engage in unhealthy behaviors such as higher consumption of fast food and higher likelihood of smoking, which are most likely associated with financial challenges, social isolation, and high levels of stress that are directly associated with incarceration (Krueger & Chang, 2008; Pampel et al., 2010; Porter, 2014). The many stressors that the formerly incarcerated experience can lead to high levels of mental health illness, anxiety, depression, life dissatisfaction, and alcohol abuse (Turney & Wildeman, 2012; Wildeman & Muller, 2012; Wildeman et al., 2014).

Unfortunately, correctional facilities throughout the U.S. have become places that subject incarcerated individuals to violence and trauma (Boxer et al., 2009). Research has reported that between 10% and 20% of incarcerated people purport experiencing physical victimization in prison (Wolff et al., 2007; Wooldredge, 1998). Experiencing violence in prison can have negative health outcomes for incarcerated individuals. Research by Boxer et al. (2009) identified that experiencing violence in prison is related to severe emotional distress. Once leaving prison after experiencing or witnessing violence, formerly incarcerated people often demonstrate poor adjustment to society. Psychiatric victimization is an area of concern for the incarcerated. For example, solitary confinement segregation in prison can lead to mental health problems for incarcerated individuals, such as psychological suffering (Arrigo & Bullock, 2008). Because individuals from disadvantaged backgrounds are more likely to spend prison time in solitary confinement, they are more likely to suffer psychologically while incarcerated.

The Cumulative Effects and Toward Divergent Masculinities

The effects of incarceration on Black males are extremely concerning, especially considering the challenges that they experience when returning to society after incarceration. They often return to a society that is unforgiving and does not fully support their full reintegration into society. For Black males who come from disadvantaged communities, their challenges are more severe. Often missing in conversations about reintegration are the mental and psychological challenges that Black males experience during incarceration and in their daily lives after release from prison. Alongside the physical, mental, and psychological harms that Black males experience while incarcerated, they also experience harm when they return to society after incarceration when they cannot achieve traditional masculinity. When Black males cannot achieve traditional masculinity, they often create divergent masculinities to cope with the social othering that they experience upon reentry (Williams et al., 2019). Based on extant literature noted above, inclination toward an incarceration-centered divergent masculinity likely begins in jail or prison almost immediately because of the denial of basic necessities that are compounded with already existing denials of manhood within the broader society for Black males. The prison creates a hyperbolical reality in which mental breakdown about knowing self (among other factors) is highly likely.

Creating divergent masculinities can be a stressful and isolating experience that can lock Black men into pathways that lead to destructive behavior such as reengaging

crime and substance abuse. When creating a divergent masculinity, Black men become less concerned with their own mental and physical health, and instead focus on obtaining traditional forms of masculinity through other often self-sabotaging means to support themselves and their families. Thus, the prison as reported by the extant literature is a core determinant of poor health outcomes for this group (and many others), but in a distinct way, it serves as a mechanism of social control that harms Black males' mental and physical agencies during and after incarceration, thus leading to the plethora of incarceration-centered divergent masculinities. Creating divergent masculinities can compound mental and public health concerns, while also negatively impacting Black males' health and wellness. As noted in this section, in-prison health issues around mental health, communicable diseases, prison stressors, and prison violence, all contribute to a peculiar development of divergent masculinity that is egregious insofar that it is state-induced, but also that they compound already existing divergent masculinities that these men brought with them to lockup. The result for many Black males is immeasurable pain with which they cannot understand or do anything with but take it back to the community once they leave, but now the pain is supercharged after amassing additional trauma during incarceration. This creates additional public health (if they are leaving prison with disease) and safety challenges (if their anger and aggression has increased) for broader society that is not often considered. To capture the complexity of the many moving parts of such a debacle the present study deploys various methodological maneuvering to best understand the lived reality of Black men who are entrapped within the never-ending cycle of U.S. punitiveness.

Methods

Participants

The participants in the study are part of a more extensive study around reentry in a Northeastern U.S. town. The parameters of this study, however, are designed to comprehend the specific health-related complications Black males face upon returning home and during their cycle of reintegration. The total number of participants was 20, and the amount of time in jail or prison spanned between a few months to 30 years. Some reported that their time in prison was cyclical, while others did their time flat. Many of the men were fathers ($n = 16$), and while some reported decent relationships with their offspring, the bulk of them had virtually little to no relationship with their children. Ages ranged from 20 to 62, and each reported a high level of social-economic marginality in their upbringing and current living arrangements. A small percentage purport

that they come from nuclear families while the bulk reported that they either had a single custodial parent or were raised by a nonbiological guardian.

The town into which these men are being reintegrated is ripe with poverty and structural inequality. Some participants are not from the area and are from other locations within the metropolitan area. While the reentering community is diverse and theoretically apropos toward successful reentry for this sample, the geographic displacement begs for more in-depth explanation and contextualization. In addition, the men exhibited increased levels of hypermasculinity that were uniquely tied to both upbringing, pathways toward crime, and their contact with the criminal legal system. Given the factors mentioned above, alongside Williams et al. (2019) divergent masculinity concept, this current study analyzed the health implications around the sample's sense of masculinity and their broader mental health concerns and consequences.

Procedures

Two of the authors engaged ethnographic exploration in a Northeastern U.S. town utilizing a gatekeeper to obtain participants. The gatekeeper was useful in accessing a segment of people with whom the researchers would not have been able to make contact with so easily (Tracy, 2012). The gatekeeper is a formerly incarcerated person, who has fully reintegrated back into society. He is a highly influential member in his community with connections to and respect from those who have been in and out of jail and prison. Thus, through snowball sampling, a sizable sample ($n = 20$) was obtained with a hard-to-reach population that is not typically accustomed to or trusting of researchers. Therefore, the combination of a culturally rooted gatekeeper in pursuit of Black male participants strengthened the likelihood of successfully populating the present study and reaching theoretical saturation (Bhattacharya, 2017). Written consent was obtained upon carefully going over consent forms and the purpose of the study with participants. After the consent process was completed, recorded semistructured interviews were pursued, which allowed the research team to gauge the lived experiences of our sample around a range of areas relative to reentry, albeit the focus is on health implications (notably health and wellness) for this study. Thus, the present study is phenomenological, and an attempt to understand the lived reality of participants (Bhattacharya, 2017) as they navigate the challenges of reentry as Black men with intersecting marginalities. It is through their voices (and experiences) that one can best understand the crises that Black men like them face while navigating the path home from jail and prison; therefore, semistructured interviews provide a tool through which to capture rich textual data to gauge this phenomenon.

The average interview lasted about 30 min. Participants were given a $10 CVS or Walgreens gift card for their participation. Within a week after interviews were recorded, they were transcribed and prepared for analysis. Observational (and broader ethnographic) data were compiled in written note fashion for triangulation during data analysis. Data were documented each day in the field during data collection. Observations included the ride-alongs with the gatekeeper around town, as he educated us about the significance of specific locations and landmarks, particular mentions or notes from participants, or broader observations noted in the natural setting. Additional observational notes include silent data points from participants such as gestures, disposition, clothing, or other pertinent factors relative to the analysis.

Data collection began in March of 2019, and enrollment closed in December of the same year. Preliminary analysis was constant throughout data collection, as is necessary for qualitative methodology (Creswell, 2013), and this was done to control for theoretical saturation and to make any potential changes to study instruments and other logistical measures.

Data Analysis

Consistent with phenomenological research, transcripts were analyzed for patterns among participants (Creswell, 2013). At the stage of data analysis, each author was involved, and analysis took place in four 3-hr in-person meetings. During the first two meetings, authors listened to each interview and discussed preliminary patterns before morphing into coding processes. After the first two meetings, each author began coding independently (using NVIVO) before coming together during the fourth meeting to merge all codes into a single codebook after controlling for inter-rater reliability. This process proved to be useful, given the positionality of the research team and the assortment of academic and community-practitioner backgrounds. Rigor was achieved by increasing the level of inter-rater reliability during the coding process, as this procedure mandated that we exhaust patterns and themes via rigorous dialogue such that we narrowed data down to specific themes for presentation (Bhattacharya, 2017).

Data analysis was grounded in the theoretical framework (CRT), which is consistent with the lived experiences of the present sample. CRT, in this context, served as a methodological tool insofar that it was a tool through which to fully flesh out the data in a way that was genuinely commensurate with participants' matriculation through the criminal legal system and reentry. CRT, at its base, is a theory and analytic framework that demands one to fully assess how institutions collude and collide in ways that deleteriously affect minoritized people. Thus, in studying the phenomena of reentry in relationship with

Black men, the extant literature is clear; they face some of the harshest outcomes with race as a core determinant—and given the significance race (and particularly Blackness) plays in U.S. institutions, CRT was appropriate to utilize in this study. Through inter-rater reliability, patterns emerged that showed significant public health implications for the men in the present sample. Below two themes are presented: masculinity and mental health. Both themes are unpacked utilizing CRT theoretical framing and extant literature.

Results

Divergent Masculinity

While incarceration has certainly received much attention as a determinant of poor health outcomes, additional externalities may need to be identified. For instance, Black men in this study presented peculiar patterns of masculinity that unearthed the extent to which Black masculinity played a role in their reintegration and stay in jail or prison. It is crucial to note, contact with the criminal legal system is a major health concern precisely because of the way social structure and institutions constricts in ways that deny Black men access to their masculinity. As stated in the literature above, Black masculinity is constructed as inferior to that of White men, and this racial hierarchy of manhood already presents a myriad of psychological challenges for Black men, yet once they are affected by the criminal legal system, participants report compounding complications. For instance, in talking about the economic fallout he had to face since being labeled a felon, Tariq, 29, states, "It definitely affects me because right now I have no income. . .I'm always battling with it." Many of the men in the sample also associated their economic standing with their masculinity and racial background. The road toward conquering manhood for Black men, in particular, has always been of constant obsession (as noted by Tariq), especially given their exclusion from the fraternity.

Therefore, being labeled a felon (or criminal) and having to face de facto and de jure discrimination, for these men, presents as a peculiar gendered punishment. David, 26, taking his gender and race to account purported, ". . . it's a system built to make me not move forward." In commenting on sentencing, Tariq agreed with David, "If [I] was that same Caucasian man with a background, I would say they look at it more of like, 'Oh yeah, he changed.' But to believe a Black man changed is much harder." Tariq calls attention to a theme that is noted in the literature around Black masculinity, which is the punitive effects around how Black male behavior is policed and unforgiven within the so-called normative gaze. Tariq also spoke about the mental pressures and

consequences of post-incarceration placed upon him as a young Black father:

> It makes me feel like a crappy father. It makes me feel like I'm not a man, like I'm not the man I'm supposed to be because I should be able to take care of my family. That's one thing that I should be able to do, even if I can't do anything else.

Many of the men readily agreed with Tariq, attaching their sense of fatherhood and manhood to the ability to provide materially for themselves and especially their families. There was a visceral need to provide, which is consistent with the literature around the cultural ascription of African masculinities as understood in African societies prior to the stripping of Black masculinity during the Middle Passage. In total resistance against barriers he has faced, Darrell, 55, exclaimed, "I'm a man first, you know what I'm saying? Even though I was incarcerated, I'm still a man."

Masculinity played a profound role on the psyches of these men while they were incarcerated too. When it came to fathering from the jail-cell, Tariq recalled thoughts about a visit with his daughter:

> [M]y daughter came, and I got to think about her. If I go, who's going to protect her? Who's going to show her what she should be doing in life and everything? I'm going through it, so I know what not to do, so maybe she'll listen to me because I'm going through it.

Tariq and many other dads in the study were deeply concerned for the welfare of their children, and they deeply believed that their contact with the criminal legal system tremendously limited their ability to father effectively, thus adding to mental strain around fatherhood and masculinity. Consistent with practices in the Middle Passage and on plantations during slavery, Black men were emasculated in ways that disassociated them from their families and participants found themselves in qualitatively similar circumstances.

The men in the study displayed a profound inclination toward learned hopelessness and helplessness, and this was primarily attached to their sense of masculinity. Many of them believed it was the system punishing them because they were Black and men. Some spoke to this reality in both the in jail and prison context but also how they felt hopeless and helpless on the outside. For example, when asked about his stay inside prison Joe, 56, said, "It made me stronger. It made me think out of the box. This is where I can die, and I had to think about what I had to do to protect myself. So, that's when I cut off all phone calls, all letters or whatever." Joe believed that to survive in prison, he had to cut ties with those whom he loved. Many of the men reported that showing emotion is a major personal

fault while incarcerated; therefore, if one actually has the desire to connect with family and knows that he cannot contain any ensuing emotions that may come from making such contact it would do him best to sever ties. The prison culture promotes the disconnecting of Black men from their families according to most of the men in this study. Ironically, Joe lamented that this process made him stronger, which is consistent with Black males' propensity toward developing divergent masculinities. Many of the men understood the mental health implications of prison culture, but because of their adherence to hypermasculine ideals, as well as the profound influence of the informal social control structure within jails and prisons, the hopelessness and helplessness prevails.

Barry, 53, talking about his in-prison experiences mentioned, "It's just how you use your mind and how you go about the survival tactics." Barry appears to describe the prison as a hypermasculine argon in which one has to develop a "kill or be killed" mentality. In rationalizing adaptation to prison, Cecil, 36, spoke about his upbringing and other lived experiences:

> I've lost friends. I've lost a lot of friends. What you expect? I ran with a frigging rowdy ass neighborhood, of course I lost friends. I had one friend shot clean in front of me while we were in the car at the park with his daughter. How you think that make me feel? Do I tend to cry about it? No. It's just a frigging war-warn heart. I just go along with my day. I haven't grown cold to it, I just put it in a freaking closet and locked it up.

Therefore, because Cecil (and apparently his friends) was failed by institutions in the community, being in prison is similar to being home in his war-like violence-driven neighborhood. Instead of dealing with the mental health implications of what he has experienced, Cecil, like many of the men in this study, hide their feelings and experiences from others. The hiding of their feelings, of course, is consistent with hypermasculinity; thus, the men in this sample show a divergent manifestation (of hypermasculinity) with profound mental health implications. The interplay between the denial of masculinity with race, and their connection with the criminal legal system, appears to worsen their already fragile sense of self. For instance, Cecil on the effects of what he has witnessed and gone through in prison, "It just made me grow cold to certain shit."

Once home, the effects of in-prison experiences erupts while on the outside. Though the sample overwhelmingly reported negative effects, some in the sample did have positive accounts, like Alan, 29:

> That shit opened my eyes to a lot of things, a lot, and it humbled me, all of that. It did me good because I've been home for six years now and it made my outlook on life totally different. Now that I got a son, life is totally different. It ain't for me no more. It's about my son.

Alan's account, again, is consistent with divergent masculinity, because it took him going to prison to develop an appreciation for fatherhood, which is not a conventional path toward such an achievement. Nevertheless, he reports desistance and a notion of having been humbled after being incarcerated in a prison culture as previously described. Whereas, Tariq reports having to deal with the constant unforgiven surveillance society's institutions places upon Black males, especially ones with criminal records:

> [M]y race, me being a young black man, already makes it harder already for me to do anything extra that would be out of my norm as a stereotype that they normally would say. . .. And then my background falls into place and then it's, oh, well yeah. He's a black guy. Oh, he did that

For the theme of masculinity, the men in this sample reported a high level of concern with being denied access back into society precisely because of their race and gender. Also present was a peculiar mental strain that ensued almost discursively that is as equally troubling as the more overt takeaways in the struggles Black men face around issues of mass incarceration. The narratives expressed in this section are consistent with CRT and the historical framework insofar that they underscore the extent to which legal institutions alongside de facto and de jure policies behave in ways that manufacture mental strain for Black men by further constricting them access to masculinity in a society in which they are expected to achieve particular standards consistent with their gender role. And from the previously discussed historical framework this underscores the extent to which these practices are not new but rather they have been reinvented through other means. Consistent with Griffith (2018), participants note profound health and wellness implications in their collective narratives under this theme.

Mental Health

Participants expressed clear mental health effects of their experiences regarding incarceration and reintegration. The prior theme of masculinity seemed to compound some of their experiences around mental health, but many of the men expressed what could be considered standalone exclamations, too. For instance, Darrell spoke about his love for education, and in recognizing how institutions failed him such that he capitulated to criminogenic elements in his neighborhood, he said, "I be stressed out all the time behind incarceration. Because sometimes, I am my own worst critic. I fight myself every day. . .I

look at things and I'm like wow, I could have been a college professor." Many participants noted that they lived daily with the mental stress of reliving mistakes they made that led them to their current circumstances. For some, their preoccupation with reconciling their past with the present is deafening, "I find myself overthinking things too much to where it becomes overwhelming," said Tariq.

Meanwhile, Ian, 49, passionately spoke about how exacerbated forms of discrimination forces him into altered consciousness, "[O]n an outward, it may have looked as, 'he has it all together.' But on the inside my emotions were turmoil." He further explains the mental fallout from this coerced altered consciousness, "Nightmares play out, trust issues, pain, anguish, frustration, feeling ill treated and discriminated against. It's been some gems in there, here and there. But overall, yes, it's terrible." Many men described feeling alone, mentally disabled, and without resources to cope—a reality that already existed for many prior to their contact with the criminal legal system but worsened in the aftermath of incarceration.

Regarding in-prison experiences, some men noted how they were impacted by procedures inside. For example, many reported being indiscriminately placed in segregation, and switched from prison to prison. Darrell said, "they placed me in lockup, and I didn't see medical for about a week until I started healing. You know what I'm saying? And then they switched me from one prison to another prison to get rid of me." When asked how they responded to the incidents like the one Darrell mentioned, Cecil added, "It's the norm. After being in prison for like six months, that's the shit you see every day. It's the norm." For many of the men in the sample they became desensitized to perceived injustices inside, and as mentioned under the prior theme, prison culture often prevented them from expressing emotion about their condemnation. Cecil further articulated how incarcerated persons are essentially socialized to adapt to violence inside:

> Because anybody that's been locked up can vouch for it. When you're locked up, it's certain shit you see in there, and hear, that to the average person it will possibly make them hang it up. I done heard people get raped in there. I done heard people get stabbed. I done heard freaking people's celly frigging stomping their head in right by the cell door. Like I said, after a couple of months, you tend to get used to that shit, so it's like, fuck it.

Tim, 62, normalized the regular occurrence of violence in prison as something out of his control and something he does not try to think about:

> Listen, nothing I can do about that. And once again, you got the youth in jail, you got the culture in jail, you got in jail

culture itself. And it's just some stuff you had no control over. At the end of the day, what you do have control over is you. So like would I want to get involved in it (violence)? Yeah. Should I have made the choice to get involved in it? No. Stay in your lane as I say. Did it affect me personally? Absolutely. I'm going to defend myself and speak up, but once again, I was able to filter all the negatives and keep it positive and keep it moving.

As participants responded to inquiries around violence in jails and prisons, their replies were overwhelmingly grounded in hypermasculine verbiage, provoked by prison culture. However, through nonverbal gestures, participants (un)consciously conveyed conflicts with their atypical coping strategies around violence during incarceration. Therefore, incarceration played a role in the development of divergent masculinities and mental defect around how participants conceptualized and responded to violence.

Meanwhile, some participants, like Gerald, 58, and Tim, did note positive outcomes with incarceration albeit through conflicting feedback. For instance, when asked about the viability of in-prison programming many participants noted that while there were options available many of them were not able to utilize the programs due to length of stay, administrative blockages, or lack of knowledge around access. Yet there were others who strongly believed that inability to access programs or change was totally up to the responsibility of the participant. Consider Tim's comment when asked about programs and access to them:

> The quality was, I say I'm not going to bash it. I would say the quality was good because it was information that was there. It was up to you as an individual to take advantage of the resource and the information that was there. So, for me, I was very open minded to the information that was there. Did I apply myself to a lot of it? No. Because of the stresses of being locked up and just being locked up and having that mindset. But did I internalize and understand what I was dealing with? Taking that responsibility for myself? Yes, I did.

When asked about the availability of information post-incarceration, Tim's comments about his counterparts were uncharacteristic from what most participants reported. In fact, most reported that information about the best programs were not reaching them directly, they had to dig really deep to find leads about good programs. However, Tim seemed to disagree:

> No, it wasn't because of that, information from the beginning was there. They were just closed-minded to it; they didn't want it. Once again, they didn't want it. Reason why, because they didn't want to change their thinking and way of living. They wanted to go right back to that lifestyle and that's why they're in denial of themselves because the information is

there, the information is on the wall (at parole offices and halfway homes) and you're going to these paroles, all that information, that's life saving information all in a little chart.

Tim's inclination to position himself as one who is open to information and programming ran counter to other comments, he made about the system failing him, other formerly and currently incarcerated persons, and his community. For instance, here Tim mentions,

I received a job, I held the job, I worked the job. I still was able to go back to the job, but unfortunately when I got out, parole, because I was so forthcoming about the surrounding process of the job itself, and some of the personal issues that I had to handle for a short period, they (parole) took my job.

Here he calls attention to his honesty being used against him by his parole agent who forced him to leave a job after he was forthcoming about potentially triggering factors at the jobsite. This subtle altered consciousness was common among some of the participants and it manifested in mental strain for many of them, as they would often stop mid-way in thought while trying to calibrate conflicting thoughts. This issue was grander for Gerald and Tim. On the one hand, Tim wants to prove that he is capable of adhering to restorative ideologies of self-responsibility, but on the other hand, he blames the state for his current unemployed status and economic downfall. He continues when asked directly about his current financial standing:

Right now, because they took my job, number one, I had a job and that really bothered me, it affected me emotionally. And thankfully there was a lady in CRC (Community Resource Center) who was real understanding when I shed some tears in the moment of being in her company. But I had no shame in that because it really hurt me. I can't move without a job. . .Then they say, you need to have a job. Wow, I got a job, now y'all take my job because I'm fully honest with what's going on with me right now in the little short period of time that I needed to handle some of my personal fear which the job understood, but unfortunately parole didn't want to hear that.

Again, the altered consciousness under which Tim operated manifested visibly as a mental strain during most of his session. The conflicting points enshrined the tone of his voice, but the ideological indoctrination of self-responsibility as pressed upon formerly incarcerated persons from the walls of parole offices seemed to take afoot with Tim.

Gerald is another participant for whom incarceration was not that big an effect on his life moving forward. He reported chronic incarceration throughout his life. With regard to employment he lamented, "I can always find work, that's one thing about me, regardless of my record, I can always find work, you know. Might not have been the pay I wanted but I was always able to find work." Here, Gerald admits to the injustice of likely being paid less because of his record but absorbs the added penalty while likewise admitting that he has been sporadically homeless, addicted to drugs and alcohol, and that these issues may be connected to his chronic visits to jail.

Regarding housing, Gerald mentioned, "It's been rough being that I had to move, it's really been rough. Right now, it has been really rough trying to find a place to stay." When asked about his criminal record potentially being a reason for his inability to find a residence, Gerald is hesitant to answer in the affirmative. Meanwhile, many participants in the study reported extreme hardship with finding affordable housing. When it comes to participants like Gerald and Tim (and others to a slight lesser extent), there appears to be an altered consciousness present that leads to a subtextual *coerced abandonment of consciousness* (more in the discussion) as a result of their lived experiences and mental reprogramming in the system, and this prevents them from achieving optimal mental health. Gerald and Tim noted a history of substance abuse alongside many others in the sample, and for many participants, when the pushing gets tough some mentioned how they would return to using substances which further ensures mental disability and impairment. Thus, the combination of substance abuse with the above-mentioned systematic hardships creates beings of nothingness, as this is how Gerald, in particular expressed himself in both language and presentation.

This section underscores the unmentionable harms associated with incarceration. Since Black males are disproportionately sought for punishment, they are likewise more likely to experience incidents like those reported above. Thus, the effects of said incidents produce profound public health implications for the communities into which they will return but also to the broader public. Likewise, these public health implications are by extension public safety hazards due to participants' inability to cope and find resources. Again, health and wellness is underscored in a manner that connects participants' state of wellness to their experiences in the system. CRT is important here because the experiences participants report are the direct result of legal institutions colluding and colliding in ways that created these harsh outcomes for the men in this study. Had it not been for the manufactured, life-changing hardships inherent in the criminal legal system (namely in jails/prisons) many participants would not be profoundly impaired. The historical context corroborates, again, the extent to which punishment has always been a tool of social control against Black bodies. A slight difference from the past is that today the fallout is individualized and even legitimated via some of the

narratives mentioned above as a way to subtract social structure and institutions from the downward spiral of Black males syphoning in and out of the system.

Discussion

Narratives show that institutions of social control have played a major role in participants' lives. Achieving traditional forms of masculinity and fatherhood was severely restricted for participants in this study. Not being able to achieve traditional masculinity is extremely stressful for participants. For the dads within the sample it was reported that being an active father is important. However, the conditions in prison often force Black men to disconnect from their families, forcing them into cycles of divergent masculinity which can have deleterious effects on both themselves and their children. Some reported extreme hopelessness after release and that the prison often becomes a place for them to become (ironically) mentally strong. Thus, again, they are forced to develop divergent masculinities in which they ignore (or absorb) mental despair to achieve hypermasculine ideals. For participants, hypermasculine ideals are to be strong (physically and mentally), hide one's emotions, provide for themselves and families, and be better fathers. Several participants began to appreciate fatherhood after incarceration, which is unconventional in a cultural sense. The fears of not being able to provide for their children subjects participants to daily mental stress. This can be overwhelming because many participants find themselves overthinking when making decisions (of all kinds). In addition, discrimination forces them to adopt an altered consciousness in which they hide their true emotions and embrace self-responsibility for their current conditions rather than challenging systems of oppression that play a role in their predicament. Adopting altered consciousness can be extremely stressful for participants because of the multiple personalities they have must manage while navigating altered consciousness. In-prison experiences have been problematic for participants because many of them have been sent to solitary confinement, switched from prison to prison, denied medical services, and witnessed and engaged violence. It is important to foreground CRT as a method with which to understand how institutions work to create harsh conditions for formerly incarcerated Black males. History helps us better to understand the connections between historical and contemporary forms of punishment against Black bodies.

CRT provides a framework through which to fully understand the lived experiences of the sample mentioned in this study. The historical framework that has been revived by Alexander (2010) provides an in-depth canvas on which to substantiate the reality of the men interviewed for this study. The men in this study offered access into a less spoken about corridor: Black masculinity and mental health. Not only does the extant literature report that Black males are largely left out of the male fraternity and that his exclusion is historical and grounded in social control mechanisms, but its effects are daunting and criminalizing. Not being able to "fit-in" or access "proper" gender roles within a gender-based society presents as a never-ending haze that constantly pick at the mental agencies of those Black men who buy into such constructs. For many men who find themselves in contact with the criminal legal system, they also find that they are subscribers to gender constructs and, therefore, suffer discursively from the mental health defects of being denied access to the fraternity. Similarly within the present sample, many participants strongly believed that it was both their race and gender that caused them to be targets of the criminal legal system. They likewise correlated the same to the amount of punitiveness they received and continue to receive. Their interaction with the criminal legal system seriously hindered their ability to father their children leading to tremendous collateral consequences for the entire family unit. These outcomes are on par with some of the literature mentioned in the article that likened the mistreatment of post-enslavement Black men with those during the Middle Passage and slavery. The logics during those reigns of White supremacist control were to completely annihilate Black male domination and agency. From a CRT point of view, looking at the behavior of law and legal institutions today, through the experiences of these men, past logics of Black male annihilation may be underplay via other means. The ending result for the present sample was induced hopelessness and helplessness.

Although participants experienced stress while incarcerated, they often individualize the ineffectiveness of in-prison programing by blaming themselves for not taking advantage of information and resources. Many participants believed that it was their own transgressions that led them to incarceration, and thus they should work on fixing themselves to avoid recidivism. Being able to desist from crime is extremely hard for someone seeking traditional masculinity (i.e., supporting themselves, and providing for their children and any significant others) given the reality that legitimate job prospects to support themselves and their families are often limited due to their criminal record and some of the mental challenges they face when trying to obtain normalcy in their lives. While subject to surveillance under the state, participants become obsessed with fixing themselves, although doing so is extremely difficult considering the reality that many return to society and communities that often do not have the resources to support their reintegration.

Drawing from observational notes, there were many times in which participants appeared present but not

connected to reality, as if they were just going through the motions, and sometimes they would indicate such, blaming their Russian roulette-like matriculation through life on the system and what it has done to them. The authors term this as *Institutional Coerced Abandonment of Consciousness (ICAC)*, which is the act of the state, via processes inherent within its power to disjoint a person from his or her prior self, mentally, through the use of tremendous roadblocks and pressures that are typically racialized, gendered, and classed. A core consequence of one falling victim to the loss of consciousness is the capitulation to prior behavior and a heavy reliance on substances which creates a cyclical nature of incarceration in which the victim will likely blame oneself for failure to desist. For participants in the present study, many did not believe they had any other options against the pressures of blocked doors, yet some had a hard time seeing the connection between their personal troubles and broader social structural inequalities in which they were clearly entrapped.

What is unique about ICAC from a societal perspective is that ICAC victims' behavior is conceptualized as purely individualistic, because in a neoliberalized society, the personal is private and has no connection to broader social structural forces, even though in the case of the present participants, so much of their pathway toward criminality is couched within broader structural inequality, racisms, and gender exclusions. The use of colorblind ideologies (inherent in neoliberal paradigms) further escalates the silencing of ICAC victims' voices and their eventual inaudible social and literal deaths. ICAC explains why Gerald and Tim were not "themselves" in a sense, because they exhibited an altered consciousness that was counter to their best interest, and so did others in the study. Yet at times, they tapped back in and were able to see "themselves" again before slipping back "out." In the case of Gerald's upbringing, which he says was great, it is hard to believe that had it not been for his chronic patterns of incarceration he would be in the mental state that he is in at the moment (compounded with chronic use of controlled substances).

Yet, if ideological social control mechanisms around race (see e.g., Williams & Battle, 2017) is such that Black males must be controlled in ways that are latent because slavery and Jim Crow are now outlawed, then ICAC more than gets the job done. ICAC alongside already existing social abnormalities such as structural inequality and racism, divergent masculinities, and a criminal legal system that targets Black communities, creates a perfect storm behind which modern day anti-Black policy and inclinations may hide, and because of this Black men like those in this sample morph into a massive public health crisis in pure silence, with mass incarceration at its forefront.

Conclusion

Future research should consider historical and critical frameworks when examining Black male health and wellness and their experiences within the criminal legal system and reentry. The U.S. cannot continue to ignore the perpetuated injustices Black males, and communities of color, face pre-incarceration, during incarceration, and post-incarceration. Especially with the further realization that those impacted by this system are becoming shaped into hopeless and helpless individuals due to the oppression and injustices they face (i.e., ICAC). While the present study only examined and critiqued two aspects of Black male experiences (i.e., masculinity and mental health), results indicate a clear need to further examine and address the micro (individual) and meso (community) impact this has on an entire racial group. Further analysis and recognition of the racial and health disparities within the surveillance, policing, and prison sentencing of Black males should then be used to address policies, as well as, educate communities around the negative social engineering that places Black males in a deviant and less than moral position in society. Finally, research must build on Griffith's (2018) supposition that men at the margins may be prone to mental health abnormalities and find ways to adjust frameworks such that they may be applied to those cycling through systems of social control. As mentioned above, while it is crucial that scholars assess macro and quantitative contexts of mass imprisonment and its effects, health and wellness necessarily refocuses discourses toward the body itself, as a wealth of knowledge discursively awaits at the intersection of health and wellness and incarceration.

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