

Ph. D. Thesis
Faculty of
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University of Kota,
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**A CRITICAL EVALUATION OF REFORMS
THROUGH STRESS MANAGEMENT (HOLISTIC
APPROACH) IN PRISON INMATES OF RAJASTHAN**

By
Girdhari Lal Garg
2016

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A THESIS

**Submitted for the award of Ph. D. degree of
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Under the supervision of

Prof. Rajeev Jain

Dean & Head

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2016

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CERTIFICATE

It is certified that the

- i) Thesis entitled "A critical evaluation of reforms through stress management (holistic approach) in prison inmates of Rajasthan" submitted by Mr. Girdhari Lal Garg is an original piece of research work carried out by the candidate under my supervision.*
- ii) Literary presentation is satisfactory and thesis is in a form suitable for publication.*
- iii) Work evinces the capacity of the candidate for critical examination and independent judgment.*
- iv) Candidate has put in attendance as per the requirement of Ordinance 130.*

(Prof. Rajeev Jain)

*Gurur Brahma Gurur Vishnu, Gurur Devo Maheshwarah
Gurur Sákshát Par Bramha, Tasmai Shri Gurave Namah,
Gurave Sarvalokánám, Bhishaje Bhavaroginám,
Nitye Sarvadhíyanám Dakshina Moorthaye Namah*



How true! According to Indian Philosophy, status of Guru is as equal to GOD. His blessings are indispensable for success in any phase of life. I pay Namaskar and sincere thanks to my Guru and a Great Scientist Sri Sri Ravi Shankar ji.

II लोका समस्ता सुखिनो भवन्तु II

May all of mankind be happy

(Girdhari Lal Garg)

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Girdhari Lal Garg

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Crime
is
the outcome of a
diseased mind
&
Jail
must have an
environment of hospital
for
treatment & care.

Mahatma Gandhi

Chapter 1

Introduction

Chapter 2

Review of Literature

Chapter 3

Material and Methods

Chapter 4

Observations and Results

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Appendix I

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Appendix III

I. Context of Investigation

A. Crime

Crime and reformation are the topics which could fill books and create script contents for several films. They invite studies from various sectors from scientific to managers to spirituals raising the question as to what precipitates the aberrant behavior among them and how one could help the society which gives birth to such people, thereby saturating prisons.

Hoggard (2013) mentioned that violence, famine, religious intolerance, and injustice were rampant and existed in all parts of Europe during the 17th and 18th centuries. Among the major contributing factors to the situation was the abominable condition of the legal system, which was harsh, biased toward certain privileged groups, and illegitimate.

The word *crime* is derived from the Latin root *cernō*, meaning "I decide, I give judgment". Originally the Latin word *crīmen* meant "charge" or "cry of distress." (Wikipedia, 2015) The term "crime" does not have any simple and universal accepted definition (Farmer, 2008), though statutory definitions exist for certain purposes. **Blackstone** defined crime as an act committed or omitted in violation of a public law either forbidding or commanding it. **Stephen** observed a crime is a violation of a right considered in reference to the evil tendency of such violation as regards the community at large. **Oxford Dictionary** defines crime as an act punishable by law as forbidden by statute or injurious to the public welfare. In simple words, crime is an unlawful act that is forbidden and punished by state. Such acts not only affect the individual but may threaten the well-being of the society and may even injure others.

Thus, there are four main elements which constitute a crime, these are: Human being, *Mens rea* or guilty intention, *Actus reus* or illegal act or omission and Injury to other human being.

Human Being - The first element requires that the wrongful act must be committed by a human being who- must be under the legal obligation to act in a particular manner and should be a fit subject for awarding appropriate punishment.

Mens Rea - The second important essential element of a crime is *mens rea* or evil intent or guilty mind. Every crime requires a mental element and that is considered as the fundamental principle of criminal liability. The basic requirement of the principle *mens rea* is that the accused must have been aware of those elements in his act which make the crime with which he is charged. A well known maxim in this regard "*actus non facit reum nisi mens sit rea*" means, the guilty intention and guilty act together constitute a crime. It comes from the maxim that no person can be punished in a proceeding of criminal nature unless it can be showed that he had a guilty mind.

Actus reus – The third essential element states that some overt act or illegal omission must take place in pursuance of the guilty intention.

Injury – the fourth element is injury which denotes any harm whatever illegally caused to any person in body, mind, reputation or property.

Whether a given act or omission constitutes a crime does not depend on the nature of that act or omission. It depends on the nature of the legal consequences that may follow it. An act or omission is a crime if it is capable of being followed by criminal proceedings.

The question arises that why do some people decide to commit a crime and while performing such acts, do they ever think about benefits and risks. Other important questions are that why do few people commit crimes regardless of the consequences and other never commits crime despite of the aggrieved circumstances. Workers proposed many causes and correlates of crime with ample of empirical support which include socioeconomic, psychological, biological, and behavioral factors.

Individuals need to be responsible for their own actions. An understanding of root causes cannot and should not be seen as a way to absolve us from personal accountability. Crime, like any other action of the body, is a manifestation of thoughts in the mind. Psychological factors such as frustration, hostility, and feelings of helplessness might be the cause or the consequence of criminal behavior and in some cases, both.

If a person commits a crime voluntarily or after preparation the doing of it involves four different stages. In every crime, there is first intention to commit it, secondly, preparation to commit it, thirdly, attempt to commit it and fourthly the accomplishment.

Intention - Intention is the first stage in the commission of an offence and known as mental stage. Intention is the direction of conduct towards the object chosen upon considering the motives which suggest the choice. But the law does not take notice of an intention, mere intention to commit an offence not followed by any act, cannot constitute an offence. The obvious reason for not prosecuting the accused at this stage is that it is very difficult for the prosecution to prove the guilty mind of a person.

Preparation - Preparation is the second stage in the commission of a crime. It means to arrange the necessary measures for the commission of the intended criminal act. Intention alone or the intention followed by a preparation is not enough to constitute the crime. Preparation has not been made punishable because in most of the cases the prosecution has failed to prove that the preparations in the question were made for the commission of the particular crime.

Attempt - Attempt is the direct movement towards the commission of a crime after the preparation is made. According to English law, a person may be guilty of an attempt to commit an offence if he does an act which is more than merely preparatory to the commission of the offence; and a person will be guilty of attempting to commit an offence even though the facts are such that the commission of the offence is impossible. There are three essentials of an attempt:-

- Guilty intention to commit an offence;
- Some act done towards the commission of the offence;
- The act must fall short of the completed offence

Accomplishment - The last stage in the commission of an offence is its accomplishment or completion. If the accused succeeds in his attempt to

commit the crime, he will be guilty of the complete offence and if his attempt is unsuccessful he will be guilty of an attempt only.

Several factors must come together for a crime to occur:

- an individual or group must have the desire or motivation to participate in a banned or prohibited behavior;
- at least some of the participants must have the skills and tools needed to commit the crime; and,
- an opportunity must be acted upon.

Crime can affect people in many ways and every person's reaction is different. Sometimes people feel quite normal for a while and then things may suddenly start to fall apart. At the start, one might feel shocked, fearful or angry. A common reaction is feeling numb, and not believing that this has happened. One might suffer from headaches, nausea, sleep problems or fatigue, jumpiness and repeated thoughts of the event. One might have feelings that come and go, like guilt, fear, anger, sadness, confusion, helplessness. The day-to-day life might be affected by trouble with your concentration or memory, reduced performance at work or school, withdrawing from others and feeling like losing self-control. Later, some people can experience depression or anxiety.

B. Crime Prevention

There are empirical approaches to prevent crime through different strategies. Commonest crime prevention is the attempt to reduce and deter crime and criminals. It is applied specifically to efforts made by governments to reduce crime, enforce the law, and maintain criminal justice.

[de Voltaire \(1995\)](#) states, while speaking of the atrocities of the jurisprudence, "they subjected to the suffering of a thousand deaths those whom they suspected, because according to the jurisprudence of these early heroes, whoever was suspected merely of entertaining against them any slightly disrespectful thought was worthy of death. The moment that anyone has thus merited death, it matters little that terrible torments are added for

several days, and even for several weeks, a practice that smacks somewhat of Divinity.”

de Montesquieu (1995) explains that the Greeks had no room for tolerance when it came to witchcraft. When one was accused of this, in order to prove their innocence, they had to “handle a red-hot iron without being hurt.” Apparently, during the 17th and 18th centuries, the only way to prove that you were not a witch was to be one.

In general, the crime prevention could be stepped down at the following levels where it could be easier to understand the causative factor. Further, by knowing the prevention level one could work out in the focused manner for the target level to bring down the deterrent effect of the future crime.

Primary prevention address individual and family level factors correlated with later criminal participation. Individual level factors such as attachment to school and involvement in pro-social activities decrease the probability of criminal involvement. Family level factors such as consistent parenting skills similarly reduce individual level risk. Risk factors are additive in nature. The greater the number of risk factors presents the greater the risk of criminal involvement. In addition there are initiatives which seek to alter rates of crime at the community or aggregate level.

Secondary prevention uses techniques focusing on at risk situations such as youth who are dropping out of school or getting involved in gangs. It targets social programs and law enforcement at neighborhoods where crime rates are high. Programs that are focused on youth at risk have been shown to significantly reduce crime.

Tertiary prevention is used after a crime has occurred in order to prevent successive incidents.

Situational crime prevention uses techniques focusing on reducing on the opportunity to commit a crime. Some of techniques include increasing the difficulty of crime, increasing the risk of crime, and reducing the rewards of crime.

In most countries of the world, **detention** or **imprisonment** are the main measures imposed on individuals who are suspected of having breached the criminal law, or have indeed been convicted of a criminal offence. It is a method of dealing with people who commit crimes by confining them to a fortified boundary with certain rules, i.e., the prison. In simple words, a state, government, or citizen; lawfully holds a person by removing his or her freedom of liberty at particular time. This could be due to (pending) criminal charges being raised against the individual as part of a prosecution or to protect a person or property.

A well-organized system of prisons is known to have existed in India from the earliest time. It has been kept in record that Brahaspati laid great stress on imprisonment of convicts in closed prisons. Manu was against this system yet. The British prison authorities made emphatic efforts to improve the conditions of Indian prisons and prisoners as well. Various Committees, Commissions and Groups have been constituted by the State Governments as well as the Government of India (GoI), from time to time, such as the All India Prison Reforms Committee (1980) under the Chairmanship of Justice A.N. Mulla (Retd.), R.K. Kapoor Committee (1986) and Justice Krishna Iyer Committee (1987) to study and make suggestions for improving the prison conditions and administration, inter alia, with a view to making them more conducive to the reformation and rehabilitation of prisoners.

C. Imprisonment and its Effect

The impact of incarceration on the psychology of the person has impact on his whole life even after post-prison free-world life ([Haney, 2003](#)). It was nearly half century before, [Sykes \(1958\)](#) wrote that “life in the maximum security prison is depriving or frustrating in the extreme”, and little has changed to alter this view. The conditions are further engraved by the rapidly expanding prisoner population and high levels of overcrowding throughout the globe. The resulting adverse effects include deteriorating conditions of confinement, jeopardizing prisons safety, compromising the prison management and limitation of prisoners’ access to meaningful programs for rehabilitation. Thus, the quality of life of prisoner both inside the prison and

after release would improve is doubtful. The management conditions are also on the lower side, with the increase in the inmates' population the increase in correctional budgets is also lower. The enormous influx of inmates affects the budgeting which is hard to use for other correctional and reforming measures due to priority of supplying basic life amenities for the inmates. The correctional measures are limited to certain prisons and modern approaches are in demand to cope up with the inmates.

There is a basis of belief, and also an aim of incarceration that this mechanism would somehow facilitate productive re-entry into the free-world through inflicting pain on wrongdoers (deserting), through disabling criminal offenders (incapacitation), or confining the offender (containment). All the procedures focus on the abandonment of the offenders. Abandoning the once-avowed goal of rehabilitation certainly decreased the perceived need for and availability of meaningful programming for inmates, as well as social and mental health services provided to them both inside and outside the prison (Haney, 2003). The punitive aspects of incarceration make prison more alienating and stigmatizing for the inmates. This further results into the literal and psychological isolation of prisons from surrounding communities, along with compromised prison visitation programs and scarce resources that had been used to maintain ties between prisoners and their families and other outside world. Long term sentences and expanded form of incarceration, the prisoners experienced longer period of psychological pains of imprisonment and suffered the social costs in increasing concentrations (see Haney, 2003).

Reformation is one of the main objectives behind imprisonment along with rehabilitation of the criminals. But detention with an objective of reformation has very limited scope, and retribution as the object of improvement is discarded. The overuse of prisons leads to a series of mutually reinforcing challenges in responding appropriately to the social reintegration needs of offenders, whilst also violating the rights of those who are innocent. Evidentially many inmates suffer from mental disorders in prison due to stress of limited freedom or incarceration. The stresses behind the bars include separation from their family members, overcrowding, sensory

deprivation, exposure to a high-density of hard-core offenders and a variety of uncertainties, fear, and frustrations. The period of trial is of great stress to the individual. Loss of social status, uncertainty of outcome of the trial, fear of punishment, staying in an unusual place like police station or jail and the financial upsets harass the individual. If the trial period is prolonged for months or years which are very common, then the undertrial's mental condition becomes worse. The hard life in the prison further aggravates the situation. The undertrial's quality of life and subjective well-being are seriously affected by aforesaid conditions in the prison. [Beccaria \(1995\)](#) considers the critique that "permanent penal servitude is as grievous as death, and therefore as cruel." The process of determining who had committed a crime boiled down to how much pain one was willing to endure in order to tell the truth or, more likely, to give in to whatever the torturer wanted to hear.

[Beccaria \(1995\)](#) in his work states "No man may be called guilty before the judge has reached his verdict; nor may society withdraw its protection from him until it has been determined that he has broken the terms of the compact by which that protection was extended to him." It is not justifiable to cause someone pain for committing a crime, before they have been proven guilty of that crime. This understanding of what is justified leads to reject torture as a method of "questioning", along with its unjust nature. A criminal who has the ability to endure large amounts of pain may very well walk free because of this ability. As well, an innocent man who lacks the ability to resist pain will be convicted of any crime to which he confesses, because he could not endure the pain of the interrogation ([Hoggard, 2013](#)). [Beccaria \(1995\)](#) even justified with his arguments that in the case in which a criminal may have information regarding future crimes, the reliability of the information extracted is a function of the criminal's ability/inability to resist pain. Therefore, it is important to pragmatically deal with the challenges that arise when reforms are necessary. [Hoggard \(2013\)](#) in his work discussed on the Beccaria's philosophy which included synthesis of social contract theory with utilitarian justifications for the state, as well as of his synthesis of retributive and deterrent-based theories of punishment (see [Beccaria, 1995](#)).

Adjusting the prison environment is difficult virtually for everyone but simultaneously, it gives an opportunity to develop the habits of thinking and acting for self-improvement. Despite of this fact, the psychological impact varies from individual to individual and could be reversible in few cases. This might be due to the long-term consequences of having been subjected to this suffering. There are empirical studies of the negative effects of incarceration (Haney, 1997). For some inmates, incarceration results into the posttraumatic stress (PTS) resulting into the PTS Disorder (PTSD) (Herman, 1992, 1995) which leads to free-floating anxiety, an inability to concentrate, sleeplessness, emotional numbing, isolation, and depression. Here is little evidence that prison systems across the world have responded in a meaningful way to the psychological issues, either in the course of confinement or at the time of release. Indeed, there is little effort put by the correctional officers in providing insights on the ways bringing change to the post-prison personality, to ameliorate the negativity of psychological consequences, or to address such consequences once they emerge. Over the time, the impact of unprecedented levels of incarceration will be felt in many prisons throughout the globe as there is high number of inmates who are under-trials and/or complete their sentences and return home. The challenge is then after due the response of the communities, and the expected attitude of common mass towards released inmates passing out with the psychological trauma or untreated disorders. In the cultural and traditional environment where there is dependency on the institutionalized approach (family and social circle), it is hard to get back with the routine activities and organize the relationships. Those who have severe sufferings of distrusting and hyper-vigilant adaptation to prison life may find it difficult to promote trust and authenticity within their family. Those who remain emotionally over-controlled and alienated from others may experience challenges being psychologically available and nurturant. Ex-convicts who continue to embrace many of the most negative aspects of exploitative prisoner culture or find themselves unable to overcome the diminished sense of self-worth that prison too often instills may find many of their social and intimate relationships significantly compromised.

Thus, the ever-lasting impact of the posttraumatic stress of incarceration and re-traumatization experiences that prison life may inflict can jeopardize the mental health of persons attempting to reintegrate into the free world communities from which they came (Greene *et al.*, 2000). Normal adaptations to the atypical and abnormal nature of prison life create many challenging ways to think, feel and act. These adaptations are natural, inevitable, and forced on prisoners by the very circumstances under which they live. There are hardly any programs which ease the transition from prison to home or to minimize the negative impact of imprisonment on the self and surroundings. Although none of these challenges are insurmountable or intractable, but important policy change, clear recognition and legitimacy must be given to the programs and participants (from the inmates) who return home from prison.

Subsequent paragraphs would details about the yogic interventions and training on the quality life skill traits which could be considered as one of the most important processes for the inmates to reform.

II. Reforms through Stress Management

(Holistic Approach)

Self-awareness is considered as one of the effective techniques for stress management. Rew (2005) defines self-reflection as “the process of turning one’s attention or awareness inward to examine thoughts, feelings, beliefs, and behavior”. Payne (2005) notes that increasing self-knowledge comes from listening to ourselves: what we are, who we are, and how we are.

By increasing our self-awareness, we understand our outward behavior and how others respond to it, thereby improving our personal relationships. Self-awareness is closely linked to the concept of living in the present, since that is where we make our impact.

It is the thoughts which deviates towards the negative traits as a result from low-esteem and perpetuate the problem by suppressing or obliterating feelings of self-worth and self-acceptance. The negative perspectives lead to negative thinking that can have an addictive and destructive quality.

To overcome such challenges through managing the stress, there are several ways listed to improve self-awareness. Age old practices of *Yogic Kriya* are among them.

There are ample of proof based on experimental studies which brief the effect of *Yogic* interventions throughout the globe. Induced *Yogic Relaxation Training* has shown the beneficial effects on quality of sleep, reduction in stress level and improvement in self-concept. *Pranayam* leads to increase in breathe holding time and decrease respiration rate. Practice of *Kumbhaka* (breath retention) enhance concentration and reduce anxiety. On comparing the pre-post measures of psychological functioning (i.e. anxiety and concentration) after the short term *Yoga* training program, positive impact was observed ([Sharma et al. 2005](#)). This revealed that ten day *Yoga* workshop helped in reducing state anxiety i.e. reduction in responsiveness to anxiety. *Yoga* therapy group subjects are not only benefited physiologically but their psychological responses are also improved. Researches in *Yoga* with different psychiatric patients show the possibility of incorporating the *Yoga* training to achieve mental discipline and to control the specific psychiatric symptoms such as anxiety, depression and insomnia. It is always beneficial in stress to intervene with mind along with body. *Yogic* breathing techniques are often recommended for relaxation and stress management. *Yogic* breathing balances the autonomic nervous system and influence psychological disorders. Many studies demonstrate effects of *yogic* breathing on brain function and physiologic parameters.

Report of [Telles et al. \(1993\)](#) shows that in a group of 40 physical education teachers who already had an average of 8.9 years physical training, 3 months of *yogic* training produced significant improvement in general health (in terms of body weight and B.P. reduction and improved lung functions). There was also evidence of decreased autonomic arousal and more of psycho-physiological relaxation (heart rate and respiratory rate reduction) and improved somatic steadiness (decreased errors in the steadiness test). Research on patients of stress related disorders like hypertension, cardiovascular disorders, asthma, hypothyroidism and found beneficial effects

of some yogic practices taught to these patients. Positive effects of some yogic practices on stress related problems and their reduction has been shown by many other studies too. Results of the research studies of [Latha and Kaliappan \(1987\)](#) suggested that they had a significant improvement in coping behavior.

[Uma et al. \(1989\)](#) concluded the integrated approach of Yoga: a therapeutic tool for mentally retarded children: a one year controlled study. Ninety children with mental retardation of mild, moderate and severe degree were selected from four special schools in Bangalore, India. Forty-five children underwent Yogic training for one academic year (5h. in every week) with an integrated set of yogic practices, including breathing exercises and *Pranayama*, *Sithilikarna*, *Vyayama* (loosening exercises), *Suryanamaskar*, *Yogasanas* and meditation. They were compared before and after yogic training with a control group of 45 mentally retarded children matched for chronological age, sex, IQ, socio-economic status and socio environmental background who were not exposed to Yoga training but continued their usual school routine during that period. There was highly significant improvement in the IQ and social adaptation parameters in the Yoga group as compared to the control group. This study shows the efficacy of Yoga as an effective therapeutic tool in the management of mentally retarded children.

Practitioners '*Nadi shodhan*' a technique in which deep breathing is done through alternative nostrils while sitting in a meditative posture, reported low fatigue as against other forms of exercises. It was also observed that while the energy output in *Pranayama* is very high, the energy consumption is minuscule. Exactly the opposite happens in jogging. Similarly, the heart rate and oxygen consumption during *Nadi shodhan* were significantly lower than during field walking and treadmill walking indicating that energy cost for *Pranayama* is lower. The findings have again proved that yogic exercises are the best solution for all physiological problems in these stressful times. Not only does it improve heart and lung function and physical endurance but also significantly lowers the lactate level in blood, said Director, Vemana Yoga

Research Institute (VYRI). He said *Nadi shodhan* was beneficial for those suffering from diabetes, asthma and hypertension.

[Khumar et al. \(1993\)](#) examined the effectiveness of *Shavasana* (a type of Yoga exercise) as a therapeutic technique to alleviate depression. 50 female university students were diagnosed with severe depression; 25 were subjected to 30 sessions of *Shavasana*, and 25 served as controls. Results revealed that

- (1) Shavasana was an effective technique for alleviating depression, and
- (2) Continuation of the treatment for a longer period resulted in a significantly increases positive change in the Students.

Yoga improves fitness, lowers blood pressure, promotes relaxation and self-confidence and reduces stress and anxiety. People who practice Yoga tend to have good coordination, posture, flexibility, range of motion, concentration, sleep habits and digestion.

Studies show that Yoga may promote heart health in both the young and old. An analysis of scientific studies found that Yoga may help manage heart disease by: decreasing high blood pressure, lowering cholesterol levels, increasing resistance to stress, reducing the frequency and severity of chest pain.

Studies show that increased brain activity is associated with better performance and suggest that Yoga can enhance cognitive performance. For example, a study of 23 men found that breathing through one nostril resulted in better performance of tasks associated with the opposite side of the brain.

A survey conducted by Yoga Biomedical Trust in 1983-84, 3000 individuals with health ailments for which Yoga was prescribed as an alternative therapy were surveyed. The results show that Yoga is very effective for treating alcoholism, back pain, nerve or muscle disease, heart disease management, anxiety, arthritis, ulcers and managing cancer.

Yet another Indian study of 15 people with asthma claims a 93 percent improvement rate over a 9 year period. That study found improvement was linked with improved concentration, and the addition of a meditative procedure

made the treatment more effective than simple postures and Pranayama. Yoga practice also resulted in greater reduction in anxiety scores than drug therapy. Its authors believe that Yoga practice helps patients by enabling them to gain access to their own internal experience and increased self-awareness.

Studies revealed the effectiveness of the Yoga program of AoL which comprises basic methods of breathing, *asanas* and an effortless living technique, has been seen on the subjective well-being of the general population. Different procedure practiced in Yoga had stimulatory or inhibitory effects on the basal metabolic rate when studied acutely. In daily life however, these procedures are usually practiced in combination. The essential features of Yoga training include *asanas*, *Pranayama*, *bandhas*, *kriyas* and meditation. Past research has shown the physiological effects of various Yoga practices on the human body. Several research studies by Indian and other scholars, which ascertain the importance of yogic practices in producing a series of significant psychological, physiological, endocrinal and metabolic changes in the body.

Impacts of *Yogic* programs were studied on global level too. Since the 1970s, meditation and other stress-reduction techniques have been studied as possible treatments for depression and anxiety. Harvard Health Letter stated that one of the US surveys estimated, for example, that about 7.5% of U.S. adults had tried yoga at least once, and that nearly 4% practiced yoga in the previous year. Further, detailed the response of yoga on stress. Yoga reduces stress and anxiety by modulating stress response system. This, in turn, decreases physiological arousal — for example, reducing the heart rate, lowering blood pressure, and easing respiration. There is also evidence that yoga practices help increase heart rate variability, an indicator of the body's ability to respond to stress more flexibly. A small but intriguing study further characterizes the effect of yoga on the stress response. In 2008, researchers at the University of Utah presented preliminary results from a study of varied participants' responses to pain. They note that people who have a poorly regulated response to stress are also more sensitive to pain. Their subjects were 12 experienced yoga practitioners, 14 people with fibromyalgia (a

condition many researchers consider a stress-related illness that is characterized by hypersensitivity to pain), and 16 healthy volunteers.

When the three groups were subjected to more or less painful thumbnail pressure, the participants with fibromyalgia — as expected — perceived pain at lower pressure levels compared with the other subjects. Functional MRIs showed they also had the greatest activity in areas of the brain associated with the pain response. In contrast, the yoga practitioners had the highest pain tolerance and lowest pain-related brain activity during the MRI. The study underscores the value of techniques, such as yoga, that can help a person regulate their stress and, therefore, pain responses.

Wood (1993) revealed that a 30 min programme of yogic stretch and breathing exercises which is simple to learn and which can be practised even by the elderly had a markedly 'invigorating' effect on perceptions of both mental and physical energy and increased high positive mood.

In a German study published in 2005, 24 women who described themselves as "emotionally distressed" took two 90-minute yoga classes a week for three months. Women in a control group maintained their normal activities and were asked not to begin an exercise or stress-reduction program during the study period.

Though not formally diagnosed with depression, all participants had experienced emotional distress for at least half of the previous 90 days. They were also one standard deviation above the population norm in scores for perceived stress (measured by the Cohen Perceived Stress Scale), anxiety (measured using the Spielberger State-Trait Anxiety Inventory), and depression (scored with the Profile of Mood States and the Center for Epidemiological Studies Depression Scale, or CES-D).

At the end of three months, women in the yoga group reported improvements in perceived stress, depression, anxiety, energy, fatigue, and well-being. Depression scores improved by 50%, anxiety scores by 30%, and overall well-being scores by 65%. Initial complaints of headaches, back pain,

and poor sleep quality also resolved much more often in the yoga group than in the control group.

One uncontrolled, descriptive 2005 study examined the effects of a single yoga class for inpatients at a New Hampshire psychiatric hospital. The 113 participants included patients with bipolar disorder, major depression, and schizophrenia. After the class, average levels of tension, anxiety, depression, anger, hostility, and fatigue dropped significantly, as measured by the Profile of Mood States, a standard 65-item questionnaire that participants answered on their own before and after the class. Patients who chose to participate in additional classes experienced similar short-term positive effects.

Further controlled trials of yoga practice have demonstrated improvements in mood and quality of life for the elderly, people caring for patients with dementia, breast cancer survivors, and patients with epilepsy.

Sudarshan Kriya Yoga (SKY) modifies stress coping behavior and initiates appropriate balance in cardiac autonomic tone. It can alleviate anxiety, depression, everyday stress, post-traumatic stress, and stress-related medical illnesses. Mechanisms contributing to a state of calm alertness include increased parasympathetic drive, calming of stress response systems, neuroendocrine release of hormones, and thalamic generators.

Sudarshan Kriya Yoga (SKY) is a type of cyclical controlled breathing practice which has roots in traditional yoga and it is taught by the nonprofit organization - Art of Living (AoL) Foundation India. Since its inception in 1982 under the aegis of Sri Sri Ravi Shankar (SSRS), the AoL has been known in India primarily for its propagation and teaching of the SK, a trademarked breathing technique. 'A powerful breathing technique, the SK eliminates stress and brings us completely into the present.'

SK is an advanced form of rhythmic, cyclical breathing with slow, medium, and fast cycles. It is based on rhythmic breathing exercise *Sudarshan Kriya (SK)* and *Pranayam* involving *ujjayi* breathing (breath touching the throat). Besides this it emphasizes importance of prayers, asanas, meditation, vegetative *satvic* (pure) diet and interactive discussions

for attitude training based on 'AoL knowledge points' (Vedamurthachar *et al.* 2011). Together these, the AoL course was designed to control the stress among the inmates and observing the changes through Holistic Stress Management Technique (HSMT). The primary objective of this investigation is to observe the effect of HSMT through SKY on quality of life of inmates through the indicators designed by our team.

The SK is credited with curing diseases from HIV/AIDS and Cancer to Asthma and Depression. This breathing technique is taught as a part of the 'Breathing Health' workshop which starts with a basic course lasting for six days, three hours a day and culminates with a day-long session. This intense session focuses as much on restoring the balance in the individual as establishing a shared bond between the course members by sharing personal stories in small groups of two or three. During the Basic course the participants were divided into groups of three and were instructed to share our lives. The purpose was to narrate our life story. Often people began and ended with place of birth and academic or work achievements but on the prodding of volunteers who hovered nearby, all of us found ourselves opening up about parts of our lives we would not have normally divulged to people who were still virtually strangers after five days. There was one 19 year old man and a 48 year old woman in my group. The 19 year old shared his frustrations and problems with being called stupid because he never excelled academically. He also mentioned that he found himself drawn towards Buddhism and was practicing it (he was born a Hindu). The middle aged woman expressed her concerns with her eldest daughter, 28, not expressing any interest in getting married. Strangely the other two found themselves talking about their point of view when the third expressed her/his view. It felt like a mutual support group and once these 'confessions' had been made there was no awkwardness.

Basic courses often vary in size depending on where they are held. Courses can be held in established centers in and around the city as well as in the homes of individual practitioners or in the headquarters, where the number of participants can swell to the hundreds. Much of the AoL is targeted

at emphasizing the necessary benefits of the SK, which literally means Right (Su) Vision (Darshan) Purifying Action (Kriya). The benefits as expounded by the founder and practitioners of the course and corroborated by various scientific research studies include stress relief, increase in energy and 'joy', improved memory and focus, and the promotion of mental, physical and emotional well-being which in turn tackle ailments like Depression, Asthma and high blood pressure. The SK is utilized not so much as a main healing agent but rather as a supplementary effort to biomedical efforts such as chemotherapy for Cancer. The label stuck because one of the effects of regular Sudarshan Kriya is supposed to be joy and happiness. The best advertisement for this joy and happiness is the guru himself who has a constant smile on his face (Gautier, 2002).

Shankar (2005) had elaborated his research on the spirituality program of AoL. His research study pertains to the identity of self and of the sense of nationhood through the discourse and the practice of certain activities and practices, both mental and physical. These activities are prescribed by spiritual leaders known as guru's who have held sway over the masses, especially since the time of independence, when India was still a fledgling nation and a sense of identity was desperately needed to unify what were a diverse mass of people. This study then is the study of spirituality and how the notion spirituality is utilized to reflect a sense of self and nationhood.

In an interview with the reporter of *India Today*, "Guru of Breath" Sri Sri Ravi Shankar (SSRS) responded to a question about how the word 'Vedic' had become retrograde now, SSRS stressed that spirituality was not dead. What is more important that he does not make a mention of the word *Hindu*. The words are carefully neutral and universal, stressing the non-religiosity of Yoga and the inquiry into the nature of God (David, 2001).

Although, clinical studies are the need of time to document and authenticate the physiographic transformations, but the present investigation is a step in the direction to observe the impact of HSMT in the inmates measured through self-changes felt by the participants by themselves. The yoga techniques enhance well-being, mood, attention, mental focus, and

stress tolerance. Training by a skilled teacher followed by half an hour practice every day maximizes the benefits.

The SK is a part of all the AoL courses. Courses vary as to the length, the fees and other basic structures such as the emphasis in the course.

The Basic Course: This is the first of the courses rigorously prescribed by the AoL and serves as a pre-requisite for all other AoL courses. Before any other course of the AoL can be done, even those involving just listening to story tapes such as the Ashtavakra course which lasts for 33 days and involves listening to SSRS talk about the Bhagavad Gita, one of the Holy books of the Hindus, the Basic course must be completed. It is the longest of the three courses, running to around six days in length with a length of around four hours a day. One thing that stands out in all of the AoL courses is the awareness of ego and the subsequent shedding of the same. It is emphasized again and again, in different forms at all times that the ego and individuality must be shed and a collective sense of self and identity be adopted. I noticed that this was the common thread that ran through all three of my courses. It seems that the ultimate goal of all the courses is to help the participant shed the ego and be like a child. More than once SSRS has claimed that he is a child that has never grown up and a child is seen to be the ultimate in egolessness which also accounts for their natural manner and lack of ego (Roy, 2001).

The basic course starts with a unique introduction to the other people in the group which can often number up to a 100 or more. There were around 70 people in my Basic course though the number was larger in the beginning. Later some people found it more convenient to come to an earlier or later batch and numbers dwindled due to this. Individuals are supposed to go around the group and meet as many people as possible and utter the simple but highly intimate statement- 'I am(name) and I belong to you.' In a country where public romance, leave alone meeting with a member of the opposite sex without causing some speculation is next to impossible, this is a highly intimate statement. The class consists in all courses of both men and women, generally including all age groups but the older, middle aged group is

in the majority. This statement is not followed up with a handshake, rather it is accompanied by a folding of hands, the *Namaskar*-the traditional greeting in India. The folding of hands includes joining the palms of the hands together with the fingers pointed upwards and a slight bowing down of the head. The *Namaste* is in every sense a traditional greeting today in the urban areas. Situations like weddings, traditional ceremonies, prayers at the temple might see the performance of this action and while it is performed readily at a temple very rarely is it used both by the younger and older generation alike in an informal meeting or session. Even within families, the *namaskar* might be used only while greeting an older, traditional person but from personal experience I can say that I don't perform the *namaskar* at all. The standardized western handshake and hello is the common greeting.

The main emphasis in this course is the explanation of the SK and the steps involved in it, The *Ujjayi*, *Bastrika* and finally the SK. *Ujjayi* and *Bastrika* are grouped together under Pranayama. *Ujjayi* involves breathing very harshly. It can best be described as making a growl with the mouth closed. The growl needs to come from deep within your stomach while you inhale and exhale. *Ujjayi* is not as easy as it sounds and the first few attempts end up sounding like a kitten trying to roar and several including myself began to cough. Our teacher Mr. *Anand* (whose name means happiness) explained the purpose of *Ujjayi* breathing as that which concentrates attention in the spinal cord which controls breathing under normal circumstances. The *Bhastrika* on the other hand involves inhaling normally but exhaling forcefully. This form of breathing is supposed to purify the body. Short explanations like these are given prior to performing the breathing exercises for the first time.

The masterpiece of the SK is the tape with the voice of the 'Master' or SSRS on it. An audio tape with the chanting of the word *Sohum* on it, this is the final culminating event of the SK. *Sohum* means 'I am' and so the emphasis of this meditation is the acknowledgement of the self and the consequent 'falling away' and discarding of the self because one of the big concepts in Hinduism is the state of egolessness which is what this exercise is aiming at (Michaels, 2004). Shankar (2005) stated that at times he was very

critical of this exercise because after a point on this tape I would cease to be aware of what was happening to me and drift off into a heavy dreamless sleep. He did not know whether he felt relaxed because he had been meditating or because he had been sleeping. But if one is to listen to SSRS's definition of meditation they might mean one and the same thing. He defines meditation as "the delicate art of doing nothing." The SK consists of *Pranayama* first, *Bastrika* and *Ujjayi* breathing second and the *Sohum* tape last. Every time the SK is performed all three of these steps must be performed in this particular order. The whole exercise can be shortened somewhat and all three steps can be performed more quickly if one is pressed for time. It is considered acceptable so long as all three steps are performed in their particular order. The whole exercise lasts around 40 minutes if performed without shortening the three steps, 20 minutes if shortened.

After class broke for the day some participants would talk about their feelings regarding the various exercises that they had been put through that day. The AoL would use the term childlike to describe these activities which were designed to get the participants over their self-consciousness and ego. These exercises were never explained to the participants by the. Only teachers can have access to the tape because they are the only trained ones to handle. Only after an individual completes the 'Teachers Training Course' or 'TTC' is the tape available to them.

The importance of breathing and why so much stress is laid on it at the AoL needs to be explained here. Breath is inextricably linked with emotions and the mind. This is explained in a short video clip on the official Art of Living website, a practitioner of the AoL, clad in loose flowing garments with a dot of sandalwood powder on her forehead details how the emotions are expressed in many cases through breath.

Harmony and balance are brought to the body, mind and spirit by establishing correct breathing practices and many of these breathing practices were already established in the ancient books given to us by the wise ancients. With the emphasis on Ayurveda by SSRS one could see the attempt to establish a connection with 'ancient' roots.

Residential Course: While the basic course is the first course that anyone entering the AoL must do there is no prescribed second course. It can either be the residential course or the *Divya Samaj Nirman* (Establishment of a Divine Society) or DSN course. Unlike the first course, the residential course is intense and focused by virtue of being in the ashram for four days with a prescribed regimen including diet and exercise. One needs to commit to four days of staying at the ashram and eating the food and following the regimen prescribed. The regimen includes getting up at 5 a.m., bathing and then meeting at 6 a.m. at the meditation hall.

Since the course has some rigorous yoga postures it is not for the fainthearted. To stretch and struggle into various positions on an empty stomach at 6 a.m., you need to have some strength of will. A good example would be the *navasana* or the boat pose. It involves balancing on ones stomach and lifting the chest and chin off the ground and the legs are bent up by the hands that go back to clutch the feet and force the body into a U shape. This cannot be done by anyone with a bad back and several people including myself who had not exercised for months struggled with the *asanas* in the beginning. Despite this, people, even those who are not ardent devotees, do this course once every six months or once every year. There are others who will do it once in three months. Several people, even busy executives took time out of their busy schedule because it is the time that they did not have any stress or worry on their mind.

One needed a refresher course every once in a while. 'It is like taking a car to the workshop. You need to tune that every few months, the body is the same. It needs a tuning up every few months to keep it running smoothly.'

One of the main tenets of this course is *Seva* or service. Every participant in this course, whether young or old is expected to do *seva* of some kind. On the first day, everyone is given the opportunity to either serve in the kitchen, the bathrooms or the gardens. Kitchen work consists of mainly cutting vegetables or cleaning them, cleaning the kitchen as a whole or just serving food during lunch and dinner. Food is cooked strictly according to the

satvik regime i.e. food with no excessive spices or salt and with no or very little oil. The food is vegetarian and is supervised by the head cook.

Other than the yoga done early in the morning there really is very little physical exercise in this course. The SK is done several times a day and much of the day is spent in meditation. Again, during this course one could feel that s/he is drifted in and out of sleep when s/he was in the meditation hall. However no one is allowed to nap for long and the whole day sped by amazingly fast with videos, lectures and exercises as well as the *seva* each of the participant had chosen on the first day and continued for the duration of the four day course. The unique aspect of this course is the silence that the participants must maintain for three days.

Starting on the second day of the course, silence starts from the first meeting with the guru is widely sought after by many as a teacher because s/he is said to teach well. The initially awkward silence quickly transforms into an unbelievable state of mind, there is absolute quiet in the mind. It can best be described as a lack of thoughts. Since there is nothing to think about there is nothing to stress about.

The first day of the course one could find his/her brain working furiously since there is no talking, everything turns inward. While it is not hard to not speak, one often forget during the early morning that s/he has taken an oath of silence and ended up shouting out the time at fellow mates due to the activity of disturbance by them. Other than these occasional outbursts, usually everyone stays silent and enjoy it immensely. As the second day of silence is on, one finds that no one was bothered with whatever stress s/he has before and feels floating along on the silence. One could even try to go far away from anyone who tries to speak.

The only time this silence can be broken is during the evening *satsangs* or true gatherings when one is allowed to sing but there can be no talking and no gesturing. Every form of communication is discouraged, from gestures to writing. The idea is to give the mind complete rest. Silence is broken on the evening of the last day after the *satsang* and then one is free to leave the ashram. One could feel fierce resentment whenever anyone tried to

talk. Other than this, all aspects of the course are not very different from the Basic course. Again attempts to draw out the child in the adult are made. Participants are asked to draw like a child, with complete abandon and without bothering about coloring within the lines. Another exercise involves making clay images with imaginary clay and then investing this imaginary figure with life, even naming this creation. One's deepest secrets are then told to this creation. Of all three courses this is the most effective for anyone as an individual. This is one of the courses that could be enjoyed. Participants are far away from the city and stress of everyday life.

Divya Samaj Nirman or DSN (The Establishment of a Divine Society): The *Divya Samaj Nirman* course is the last of the three main courses. This course can be done second or third. DSN is supposed to awaken and nurture the *seva*/service element in all of us; the unofficial motto of the course is 'Don't Say No'. Participants of course are informed on the first day of the course that the purpose of DSN is to make lions and lionesses of all of us. And the first step to this leonine transformation is to readily perform and accept whatever participants are told to do. This involves various forms of torturous exercises especially those designed to help a person overcome a fear. Participants are asked to tell the instructors their fears. Several participants name animals like cockroaches and snakes. Various people actually began to cry during this experience.

The group is supposed to divide up and leave to perform activity for transforming into swooping vultures rather than brave felines who are out on a mission to get over the ego and solicit people on behalf of the AoL. The group people have to persuade others to join the course.

Other lessons one could learn through promoting egolessness are to select two people, individually, and make them stand in front of the group, while the group criticized them to their hearts'. Again the lesson here is to see who could take the most criticism without batting an eyelash or showing any emotions, even smiling.

The most rigorous aspect of the course is that the participants are made to wait to eat food beyond allocated times, do the *padmasadhana* five

times a day or play the games designed to help one overcome shyness and insecurity. Perhaps the term 'rites of passage' can be used to define these exercises in fear. First defined by Arnold Van Gennep in his book with the same title (Translated Reprint 1960), [Gennep \(1960\)](#) defined two types of rites- Rites that were performed at the time of a persons transformation from one status in life to the other and rites that are performed during a specific time of the year. Commonly, the first definition is the one used in Anthropology and other social sciences. Here as they are used in the AoL these can be termed rites of fear. Fear is the medium which transforms a participant from a meek lamb or whatever other form of weakness the participant contains into a fierce lion or lioness. The participant is made to endure the facing of a fear that can be deeply personal or general such as the fear of cockroaches. At the very moment, one can face a fear in front of other participants.

The AoL has a multitude of other courses that are not as popular because perhaps they are more segregated in the sense that they are made for specific populations. For example, the *Ashtavakra* course is 33 days long and as a result is attended mostly by housewives which busy executives who are needed in the office would not be able to attend; the Art Excel Course is meant specifically for individuals aged 18 and below because other forms of meditation are not really encouraged for the young because it is thought that they don't have the mental strength to participate. It is these three courses described here that are the mainstay of the AoL and are the most popular.

With the daily practice of the SK after attending the above mentioned courses, one could measure the stress relief and feel the easiness and comfortability in the routine work at every level from social to professional.

The most important aspects of the AoL courses are the free of cost courses for the prisons and the rural community ([Gautier, 2002](#)). Meanwhile, devotees of SSRS continue to encourage the others to experience the course once, and more and more people enter the organization every day to experience that breath of joy, whether from the corporate sector or otherwise.

“A founding myth provides a movement with a sort of condensation of the effervescence of its ‘nascent state’,” in which the basic objectives, the ethical standards, and the major grievances that gave birth to the movement are all concentrated.’(Hansen, 1999) The AoL set its basic objectives to be the ‘spreading of joy’ and while ethical standards for the organization have been derived from Hindu texts and ethical standards that have been around in society for years, the only major ‘grievance’ that the AoL fosters is the decline in spiritual education and spirituality in society (Alter, 2004).

Many aspects of the AoL are undeniably ‘universal’ such as meditation, which is not the domain of anyone religion. The AoL is helping to regenerate a renewed interest in all things Indian and is moving the nation and its *yuva* or youth towards a recognition and practice of its ancient culture and practice while keeping in line with the modern credo of being scientific (the Western Science). SSRS mentioned in one of his talks that Science and Spirituality were in conflict only in the West and never in the East further reifying the split between East and West, Science and Spirituality (Hansen, 2001).

There is an endorsement of science, the Art of Living and the SK yoga as being scientific and therefore more widely applicable and practicable. AoL is reintroducing ‘youngsters’ to the old ways. The general consensus, whether from the old or the young, seems to be this pleasure with the reintroduction of forgotten ways of spirituality into society.

One study compared 30 minutes of SKY breathing, done six days a week, to bilateral electroconvulsive therapy and the tricyclic antidepressant imipramine in 45 people hospitalized for depression. After four weeks of treatment, 93% of those receiving electroconvulsive therapy, 73% of those taking imipramine, and 67% of those using the breathing technique had achieved remission.

Yoga and Pranayam improve the good qualities within us. The eternal wisdom helps is quitting different kinds of addictions and vices. The survey analyzed the effect of *Yoga and Pranayam* on different vices and found effective change towards positive side. It is a scientific

fact that human being's anatomy is suitable for vegetarian food. The person consumes non-vegetarian for taste and attitude. The *yoga* practicing people quit non-vegetarian food.

Another study examined the effects of SKY on depressive symptoms in 60 alcohol-dependent men. After a week of a standard detoxification program at a mental health center in Bangalore, India, participants were randomly assigned to two weeks of SKY or a standard alcoholism treatment control. After the full three weeks, scores on a standard depression inventory dropped 75% in the SKY group, as compared with 60% in the standard treatment group. Levels of two stress hormones, cortisol and corticotropin, also dropped in the SKY group, but not in the control group. The authors suggest that SKY might be a beneficial treatment for depression in the early stages of recovery from alcoholism.

There are several ways in which *Yoga* may bring about an impact on mental status of inmates. As per the evidences from the research studies, meditators changes more than non-meditators controls in the direction of positive mental health, positive personality dimensions and self-actualization.

The present study would demonstrate that HSMT through AoL course training has effect on the primary cognitive processes such as attention, perception and observation. *Yoga*, being a simple and inexpensive health regimen, can be incorporated as an effective adjuvant therapy to inmate health initiatives in prison culture and system, and thus, assuring a bright future for inmates. Further studies on a larger scale and longer time period would be required to further substantiate the findings of this investigation.

According to Norman K. [Denzin \(2000\)](#), "Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of misrepresentation, including field notes, interviews, conversation, photographs, recordings, and memos to the self.... Qualitative research involves an interpretive, naturalistic approach to the world" ([Denzin, 2000](#)). In the above definition, Denzin explains that researchers or people in the field study things in their natural

settings and environment i.e. the researchers go to the object/s of study unlike quantitative research where much of the time the object of study is brought to one's location be it in the form of questionnaires or even transporting a specimen to a lab. This in turn deposits in the researcher a sense of situatedness. "This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (Denzin, 2003).

Present investigation is qualitative research which uses a variety of materials such as case studies, life stories, reflexivity, personal experience, visual texts and the like, all of which in their own way define a certain sphere of an individual's life, all of which when put together will give the reader and researcher a somewhat accurate, researcher situated view of the situation. Since this qualitative research is routinely deployed to study the lives of inmates as a whole, it also employs a wide range of materials such as those described above. However, it is also realized that each of these materials and practices makes the world visible in a different way and represents aspects of individuals' lives differently so it is only with the amalgamation of these practices that we can hope to arrive at a definition of an inmate's life. For the purpose of this research, I did not have any definite hypothesis nor am I going into the field to prove or disprove any statement. Rather, my intention is to do a study of the AoL and its famous *Sudarshan Kriya* technique by executing all the activities under HSMT. Teacher-Observation is the most often used method in my field work amply supplemented by other techniques and methods such as interviews, photographs, archival research, conversations and field notes. Fieldwork consisted of removing self from an academic and theoretical setting and looking at the actual experience of what I had with the participating inmates. I spent almost sixteen years in activities with inmates with the last four years for the purpose of systematic collection of data through observations from the inmates of five selected prisons of Rajasthan.

SKY program was introduced to the participants through a course of eight days (generally six days were taken for general participants). SKY was taught to the participants through the interactive sessions involving 14 steps

(refer methodology for details) process by certified teachers. On one hand, steps included, the SKY along for quality of life through breathing, mental and physical activities; on the other hand, after identifying the natural strengths guidance for the value addition on the livelihood skills of inmates were given for the betterment of future.

The photographs taken during fieldwork captured some moments. Further, I had spoken to over 250 inmates participated in the course. Their personal experiences are shared in the thesis.

Simplicity is the best description of the publicity of the AoL activities in form of grass root level works through *sewa* and revival of the traditional heritage of strengthening self. There is no frill and fuss to the publicity. Perhaps what explains it is that there is no advertising agency that handles the advertisements for the AoL.

The 'true advertisements' then are the pamphlets that give information about the course being conducted with more emphasis on the Sudarshan Kriya and its benefits. Often printed in both the local language and in English, it contains a picture of SSRS and the AoL motto 'Joy is never tomorrow, It is always Now...'. The best advertisements are the practitioners of the course. Discreet propagation is then a better alternative to direct advertisements. One method is to give students in the basic course some pamphlets and then in turn ask them to distribute it to family and friends. These pamphlets are also given out to the 'marketing groups' sent out from the DSN or *Divya Samaj Nirman* (The establishment of a divine society) course (Level 2 or 3 depending on whether you have finished the residential course by then).

One of the key aspects of the *Divya Samaj Nirman* is to get over all fears and becomes 'lions and lionesses'. Supposed to inculcate the spirit of charity and service in the students and participants, one of the activities or homework participants were given was to go out in groups of three and 'persuade' people they knew or even people on the streets to join the course. Since most of the participants were not comfortable with approaching complete strangers on the streets and soliciting them, therefore, the participants adopted the strategy of contacting and 'cornering' people in their

homes so that they could go nowhere, and also money was more forthcoming. With this approach to marketing that is 'just an exercise in student fearlessness and egolessness', the AoL comes out on top with at least a few hundred people who will now attend the basic course. Either because they have been converted to the AoL philosophy of life or because they have already paid up some money. Money is a prime motivator and the AoL understands this very well. During the basic introductory talk before the basic course can begin, the only form of advertising is a cloth banner hung at or near the place where the course will be held and some small newspaper advertisements. Generally around a 150-200 people show up for the introductory talk which is free of cost and perhaps lasts an hour or more if questions are asked. At the end of the talk, the participants are urged to give whatever they can, 'even if it is only 50 rupees.'

Once that money is given participants tend to come in for the course and pay the full amount due. For those who are economically disadvantaged, the fee is lowered slightly but a basic fee is still required, even if it is quarter the amount. Better still if it is given before a person leaves the venue. The only places where the basic course is free is at the prison as part of the Prison SMART (Prison Stress Management and Rehabilitation Training) which is exclusively for prisoners and besides the Sudarshan Kriya also teaches basic life skills such as how to handle anger, and at the various programs run by the AoL such as the 5H (Homes, Health, Hygiene, Human values and Harmony make up the 5 H's) program. The Prison SMART program and the 5H program are aimed at the economically disadvantaged and lower strata of society.

The AoL has a massive following today with many practitioners, teachers and students alike, coming back to volunteer at the '*Ashram*' on the outskirts of Bangalore. The BBC has quoted that this organization is the biggest of its kind in India and growing at a phenomenal rate. To date, an estimated five hundred thousand have undergone the course in Bangalore city alone. Add to this the courses now being taught at almost all urban centers and secondary cities in India and the voluntary aspects of the AoL

which ensures that the 'Basic Health' course reaches the impoverished and prisoners.

The State Government of Karnataka (Bangalore is the capital) has recognized the spiritual tourism that is the direct result of the AoL. Tourist desks at the airport in the departure lounge of the international airport offer trips to the outskirts of Bangalore city to visit the ashrams of the AoL.

A large number of foreigners, including a large number of people from the Middle East and Pakistan along with the Westerners, come to visit the spiritual Guru.

The target groups for the AoL are all age groups. There are different courses for different age groups but there is something for everyone. What is admirable is that the AoL has managed to entice teenagers, an enormously difficult crowd when it comes to spirituality and religion, in any country. 'Rock *Satsangs*' where you dance to the joy in the divine are becoming more and more common. Starting off with *bhajans*, these often extend into the night usually with everyone ending up on their feet dancing with wild abandon. One need not be in a rock *satsang* to dance, several times during the evening *satsangs* with SSRS when he was in Bangalore, teenagers and other young people in the age of 19-21 thought nothing of it to start dancing in the background while *Guruji* sang or while the *bhajans* played. It is not uncommon to see the 'Mexican wave' being performed here (Gautier, 2002).

Rabindranath Tagore, India's first Nobel Laureate, eminent poet and freedom fighter, on the eve of departure for a tour of Southeast Asia in July 1927 warned against losing the personality of India as '*Bharat*', the traditional name for India. He felt that foreign rule was the ultimate threat to the identity that was India and if India lost this identity then it would remain forever a slave to foreign powers. He then equated identity with independence and the establishment of this independence by holding on to an essential part of Indian personality which included 'surplus of her cultural life', ethic of sacrifice as opposed to the infliction of suffering imposed by foreign rule, inner truth and 'spiritual essence.' Today, in the first decade of the 21st century, after India has successfully completed more than 50 years of independence, the

immediate threat of western dominance via media and fashion among other things has passed- for now.

‘*Swadeshi samaj*’- a call given by Balgangadhar Lokmanya Tilak, - refers to a self-ruled society. It has to be free of all foreign rules which refer to westernization. The only way to reclaim *swaraj* is to go back to being essentially Indian while being outwardly western. This essential Indian-ness is expressed through spirituality. The proliferation of spiritual movements is a move towards maintaining and spreading this feeling of also maintaining and spreading being Indian ([Goswami, 2004](#)).

Broadly, the proposed investigation has been planned with the following objectives:

1. To identify the motivational drivers in inmates to generate curiosity amongst themselves for accepting holistic approach of Stress Management Technique.
2. To analyze the impact of the Holistic approach of Stress Management on behavior of inmates of prisons.
3. To identify the appropriate approach for bringing about a healthy change in the attitude of prisoners.

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*Inside every culprit,
there is a victim crying for help.*

*That person is also
a victim of ignorance,
small-mindedness
and
lack of awareness.*

*It's
the stress,
lack of broad vision about life,
lack of understanding,
and
bad communication
that leads to violence in society.*

— Sri Sri Ravi Shankar, IAHV Founder

A. Crime, Imprisonment and Prisonization

Crime as defined is an intentional violation of duties imposed by law, which inflicts an injury upon others. Individuals need to be responsible for their own actions. Criminals are persons convicted of crime by competent courts. Punishment is suffering inflicted on the criminal for the wrong done by him, with a special view to secure his reformation.

An understanding of root causes cannot and should not be seen as a way to absolve us from personal accountability. It is well known that most crimes have a multiplicity of causes, and unless the several causes are taken into account, the treatment of the criminal is not likely to be successful. However, while individuals have an obligation to act responsibly and with respect for their fellow citizens, communities have a responsibility to address those conditions, which hinder healthy development and can become the breeding ground for crime. Thus, crime is primarily the outcome of multiple adverse social, economic, cultural and family conditions. To prevent crime it is important to have an understanding of its roots.

Lack of financial resources causes poverty which manifests itself in a lack of educational opportunities, lack of meaningful employment options, poor housing, lack of hope and the prejudice against persons living in poverty. Social root causes of crime include inequality, not sharing power, lack of support to families and neighborhoods, real or perceived inaccessibility to services, lack of leadership in communities, low value placed on children and individual well-being, the overexposure to television as a means of recreation. Further, dysfunctional family conditions contribute to future delinquency. For instance parental inadequacy, parental conflict, parental criminality, lack of communication (both in quality and quantity), lack of respect and responsibility, abuse and neglect of children and family violence are conditions causative to criminal attitude.

Problems arise when the larger social, political and economic systems within which children live jeopardize the family's resources and create stress

on the family unit. As a result, the provision of appropriate care and required resources to all children will have great significance for their long term physical, intellectual, and emotional well-being and their development into independent, healthy adults. It is well known fact that the offender of tomorrow is often the vulnerable child of today. Vulnerable children are those at risk for significant and enduring social, emotional, or behavioural problems. These children are more likely to be dependent on public resources over the course of their development, particularly through the child welfare, social assistance, corrections, or mental health service systems. All children are potentially vulnerable and may develop emotional or behavioural problems when their own physical or emotional resources are unable to meet the challenges of their social and physical environment.

Many persistent offenders begin their involvement in anti-social activities before and during adolescence. Age alone is not a risk factor. It must be looked at in context of poverty, racism, family violence, parental and community neglect and problems at school.

When several risk factors are combined, there is a higher probability that crime occurs. A cause-effect mindset makes it too easy to assume that the existence of a risk factor inevitably leads to criminality. For example, the research literature overwhelmingly points to poverty as a factor in criminal behaviour. However, many poor people do not engage in crime. A great deal of research and study has taken place in the field of criminology over the past 50 years. [Archer & Gartner \(1984\)](#) conducted multi-national studies, using a century's worth of crime statistics for as many as 40 countries. The work of [Iadicola \(1986\)](#), [McNamara \(1992\)](#), and [Cunneen & White \(1995\)](#) devised models to identify the key focus and concepts of particular approach, preferred strategies of intervention, dominant conception of "crime," the role of the "community" as part of the crime prevention effort, and relationship to "law-and-order" strategies. Psychiatric disorders are often associated with repeat offending and in-prison offending ([Baillargeon et al. 2009](#), [Coid et al. 2009](#), [Fazel & Yu 2011](#)). We need to distinguish between occasional and

persistent offenders. For example, most of the adolescents commit a criminal offence at some time during their adolescence (e.g. mischief, experimentation with drugs, shoplifting, etc.) but there are few of them who commit serious offenses. Similarly, in economically disadvantaged areas, few men are responsible for most of the offenses instead of involvement of greater mass. While there is not direct cause and effect relationship between poverty and crime, the conditions rising out of poverty combine to create "high" risk populations who are over-represented in the criminal justice system. Persistent offenders engage in criminal behavior earlier and continue longer.

Crime rates differ markedly within cities as well as different areas across any nation. For example, developed areas have substantially higher violent and property crimes than the under developed. Police forces everywhere can point to neighbourhoods and urban areas which experience higher crime rates. While crime rates for females have increased in recent years, males are much more likely to be involved in crime. The research points out that crime usually involve aggression, risk taking and predatory behavior.

Many studies find that a high number of youth and adults admitted to correctional facilities are unemployed. Persistent unemployment often creates a sense of despair, particularly amongst youth and can provoke angry expression including theft, substance and alcohol abuse, as well as child and family violence. Similarly, unemployed men released after terms of incarceration are more likely to re-offend.

Criminal justice policies vary widely around the world and this stance deprives criminology of the opportunity to comparatively evaluate their merits and pitfalls (Aebi *et al.* 2002). There are many regional and area differences: dismissal of charges, reporting criteria for crime, media attention to certain crimes are not consistent throughout globe. It can also be difficult to obtain an accurate picture of crime because many criminal offenses are not reported. Conversely, policies of zero tolerance in schools can significantly "increase" reported crime statistics, and public perception of the problem. It is accepted

that such studies will never represent an ideal random sample of all existing nations because of the fact that there is no clearly defined universe out of which a random sample could be drawn. Given the numerous problems associated with the measurement of crime, this type of data collection does not help to reduce the widespread skepticism towards comparative data among criminologists. The UN surveys have become a major data source, particularly when interpreted using other sources of international data, such as the International Crime (Victim) Survey (ICVS) (Marshall 1998). In addition, they have provided valuable data on several criminal justice indicators whose validity is less problematic, such as prison populations (Kuhn 2000, 1998).

Crime prevention is contentious. In general, crime prevention is not a uniform or homogeneous area of conceptual development and policy orientation. Criminologists such as Gottfredson, McKenzie, Eck, Farrington, Sherman, Waller and others have been at the forefront of analyzing what works to prevent crime. Prestigious commissions and research bodies, such as the World Health Organization, United Nations, the United States National Research Council, the UK Audit Commission and so on, have analyzed their and others' research on what lowers rates of interpersonal crime. They agree that governments must go beyond law enforcement and criminal justice to tackle the risk factors that cause crime because it is more cost effective and leads to greater social benefits than the standard ways of responding to crime. Interestingly, multiple opinion polls also confirm public support for investment in prevention. Waller uses these materials in *Less Law, More Order* to propose specific measures to reduce crime as well as a crime bill.

Researches stated that there are three levels of crime prevention, *viz.*, primary, secondary and tertiary.

Primary prevention efforts try to ensure the health of the community as a whole by attempting to stop adverse conditions from developing in the first place. Programs which address parenting, family support, adequate housing, etc. could all be considered primary prevention if they are universally accessible and offered before any difficulties are identified. Primary

prevention can be the most cost-effective method of dealing with a problem because it can reduce costs in many different areas over the long term. Universal programs are only ever as effective as their ability to include and support populations at risk.

Secondary prevention attempts to stop a crime from occurring after certain "warning signs" have appeared. An example might be programs, which focus on a specific problem or problem group. Anti-social or delinquent behaviour (e.g., disrespect for school staff; spray-painting slogans on buildings) can often be stopped through early intervention in problem situations before they become more serious and lead to a life of crime or victimization.

Law enforcement efforts generally fall into the category of tertiary prevention. Sentencing a person to prison ensures that they will not commit a crime while serving their sentence. This is crime prevention after the fact because the person is known to the community and has already broken the law. While these measures ensure (for a time) that an offender cannot commit another offense they cannot reverse the effects of the original crime.

Realizing the above fact, fundamental to prevention is a commitment to the essentials of adequate care for all children.

B. Prison Law

Many in academia have studied the complex societal microcosm called prison. The system of prison administration in our country is more than 100 years old. With the long history, there was hardly any impressive changes observed which lead towards advancement of prisons. Innovations were restricted to few prisons of the nation. Gone are now many of the brutal methods of treatment yielding place to several new methods including outdoor labour, facilities for higher education, recreational and correction plans, group work and payment of wages. Attempts are now being made to treat the prisoners under less repressive discipline and with greater freedom ([Refer Bhushan 1970](#)).

Administration of prisons and reformation of prisoners has been a matter of intense debate and sharp criticism at various public fora. Hon'ble Supreme Court of India in the recent years has come down heavily on the inhuman and degrading conditions in prisons. In many states, the problems of dilapidated prison structure, overcrowding and congestion, increasing proportion of undertrial prisoners, inadequacy of prison staff, lack of proper care and treatment of prisoners, etc., have been engaging the attention of the press and social activists.

Prisons were and are used for long-term and convicted offenders who are to be simultaneously punished (experience retribution), deterred, and reformed (rehabilitated) while being isolated (incapacitated) from the community and, for most, reintegrated back into that community. A prison also known as jail is a place in which people are physically confined and usually deprived of a range of personal freedoms (For details visit [Wikipedia 2015](#)). The Online Oxford English dictionary defines prison as, "A building to which people are legally committed as a punishment for a crime or while awaiting trial." (For details visit online [Oxford Dictionaries 2013](#)) In our country "Prison" falls under state subject in List II of the Seventh Schedule to the Constitution of India. The administration of Prisons falls in the hands of the state Governments, and is governed by the Prisons Act, 1894 and the Prison Manual of the respective State Governments. Thus, States have the primary responsibility and authority to change the current prison laws, rules and regulations. Prisons are the public institutions and therefore they must perform the function assigned to them by law. The law declares simply and precisely that if individuals are convicted of crimes, they shall be placed on probation, fine, or undergo a sentence of imprisonment. Men are thus sent to a prison as punishment. Strictly speaking, the law sends them not to be reformed but primarily to be held in safe custody. Thus we can safely say that till the last century the idea has been to keep the prisoner in safe custody alone. The recent tendency now is, of course, that prison system is meant for reformation of the prisoners that they may return to society as useful

members and this function of the prison is now termed as discipline (Haikerwal 1979).

Work of Bhat (2014) on the historical perspective of the prison termed as penal institutions detailed the different phases of prison development. Penal institutions are the places where persons whose liberty have been curtailed by law are confined to assure the successful administration of justice or the application of penal treatment. He distinguished three epochs distinguished in the history. During the first, which lasted until the middle of sixteenth century, penal institutions were chiefly dungeons of detention rooms in secure parts of castles or city towers which were used to detain prisoners awaiting trial or execution of sentences. The second epoch was one of experimentation with imprisonment as a form of punishment for certain types of offenders, mostly juveniles, “sturdy beggars”, vagabonds and prostitutes. The third epoch was of universal adoption of imprisonment as a substitute for virtually all corporal or capital penalties. In contemporary society the prisons have replaced the scaffold, the stocks, and the pillory and whipping post as the most conspicuous if not the most commonly used instrument of penal treatment. From the point of view of the role they play in the Judicial Administration, four classes of institutions can be distinguished those for temporary confinement of persons arrested; those for persons awaiting trial or execution of sentence; those in which sentences of penal treatment are liquidated; and those for the internment of socially dangerous offenders. (See Mohanty 1990)

Prisons in official language may be called as, jail, workhouse, penitentiary, reformatory, state prison, house of correction or whatever else, it is simply a place where the punishment of imprisonment is executed.

The purposes of prison is protection of the community, supply of food, clothing, shelters to convicted criminals, and protection of inmates from each other and from persons in the outside community, imposition of punishment and rehabilitation of criminals. These purposes are assigned by outsiders and are shared by institutional personal, although some of them are logically

contradictory. A complex division of labour is established to attempt their achievement, and each of the purposes is achieved to some extent by the people whose institutional behaviour is patterned by the roles that make up the division of labour. The three principal sections in this division of labour are a hierarchy of custodial ranks, an industrial hierarchy, and a social welfare agency-and they are devoted to keeping inmates, using inmates and serving inmates. (See [Cressy 1961](#))

The prisons, during the last three centuries or so have evolved to the status of an institution of social control and symbol of legitimate coercion. It is no more a resting ground in the legal process where death penalty, banishment, or life transportation may be the verdict. Rather, the institution of prison has imbibed and is influenced by the conventional norms, ideals and assumptions of humanitarianism, enlightenment and the welfare state. It not only carries the bearings of the ideals of the period, but is also impregnated with the expediencies of organizational science. (See [Singh 1979, Pp 1](#))

The prison is not an autonomous body like a church. It is not an independent system of power, but an instrument of the State, shaped by its social milieu and the stage of social, political and economic development. It reacts to and is acted upon by the society as various struggle to advance their interests. (See [Singh 1979, Pp 16](#))

Imprisonment as a mode of dealing with offenders has been in vogue since time immemorial. India shares a universally held view that sentence of imprisonment would be justifiable only if it ultimately leads to the protection of society against crime. Such a goal could be achieved only if incarceration motivates and prepares the offender for a law-abiding and self-supporting life after his release. It further accepts that, as imprisonment deprives the offender of his liberty and self-determination, the prison system should not be allowed to aggravate the suffering already inherent in the process of incarceration. Thus, while certain categories of offenders, who endanger public safety, have to be segregated from the social mainstream by way of imprisonment, all possible efforts have to be made to ensure that they come

out of prisons as better individuals than what they were at the time of their admission thereto.

In ancient societies prisoners were simply confined in the prison. Punishments were given to them outside the prison. But latter due to the growth of civilization imprisonment became the main method of punishment. There are mainly four important theories of punishment, namely, retributive theory, deterrent theory, preventive theory and reformative theory. Precisely, retributive theory is the first and foremost one. A child who falls down, kicks the floor inadvertently generally it is believed to be a form of taking revenge and would not serve any penal purpose. Second is theory of deterrence. This theory by punishing the offenders deters the wrongdoer specially and deters the general public also by punishing him and refrain them from committing an act which is an offence. Preventive theory incapacitates an offender from repeating the crime, while reformative theory serves the purpose of rehabilitation of the offender. Modern penologists do not believe in purposeless punishment. They believe that a criminal is a patient and he be treated with humanity.

In the past few decades, research involving prison population has been increasing due to the rapid growth of the population (e.g., [Birmingham 2004](#); [Sacks 2004](#), [Gussak 2009](#)). Some of the researches focus on the underlying factors that contribute to criminality among the inmates (e.g., [Sacks 2004](#), [Rogstad & Rogers 2008](#)), while some other researches emphasise on effective treatment and rehabilitation programmes for the inmates (e.g., [Langan & Pelissier 2001](#), [Parsons *et al.* 2001](#), [Gussak 2009](#)). Several risk factors towards the criminal offending have been highlighted.

C. Reforms in Prison: International Scenario

There are various important International documents on prison administration though not directly related to reformation of prisoners but very much concerned with prison justice and indirectly called for recognition of the inherent quality of prisoners as human family and protection from tyranny and oppression. Some of the key documents are as following:

Universal Declaration of Human Rights: In 1948 Universal Declaration of Human Rights which was adopted in the General Assembly of the United Nations which is also called as Human Rights Declaration. This document provides some basic principles of administration of justice. Following are the relevant provisions in the document:

- No one should be subjected to torture or to cruel, inhuman or degrading treatment or punishment. (Article 1)
- Everyone has the right to life, liberty and security of person. (Article 3)
- No one shall be subjected to arbitrary arrest, detention or exile. (Article 9)
- Every one charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defense. (Article 11)

The International Covenant on Civil and Political Rights, 1966: The International Covenant on Civil and Political Rights is the core international treaty on the protection of the rights of prisoners. Key relevant provisions of the covenant are:

- No one shall be subject to cruel, inhuman or degrading treatment or punishment. (Article 7)
- Everyone has the right to liberty and security of person. No one shall be subject to arbitrary arrest or detention. (Article 9)
- All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person. (Article 10)
- No one shall be imprisoned merely on a ground of inability to fulfill a contractual obligation. (Article 21)

Declaration on Protection from Torture, 1975: Declaration on Protection from Torture was adopted by United Nations General Assembly on 9th December, 1975 by common consensus. Key relevant provisions are as under:

- Any act of torture or other cruel inhuman or degrading treatment or punishment is an offence to human dignity and shall be condemned as a denial of the purposes of the charter of the United Nations and as a violation of the human rights and fundamental freedoms proclaimed in the universal declaration of human rights. (Article 2)
- No state may permit or tolerate torture or other cruel, inhuman, degrading treatment or punishment. Exceptional circumstances such as a state of war or a threat of war, internal political instability or any other public emergency may not be invoked as a justification of torture or other cruel, human or degrading treatment or punishment. (Article 3)

The European Convention on Human Rights (1953-69): European Convention on Human Rights is another important International document. The important provisions of this convention are as under:

- Every one's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by the law. (Article 2)
- No one shall be subject to torture or to inhuman treatment or degrading treatment or punishment. (Article 3)
- Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release be ordered if the detention is not lawful. (Article 4)
- Everyone who has been the victim of arrest or detention in contravention of the provisions of this article shall have an enforceable right to compensation. (Article 5)

Standard Minimum Rules for the Treatment of Prisoners: Amnesty International in 1955 formulated certain standard rules for the treatment of prisoners. These rules form certain basic principles of law in most of the democratic countries of the world. Standard Minimum Rules for the Treatment

of Prisoners was adopted on 30th August 1955 by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders. Some relevant parts of these rules are as under:

- One of the important rules embodied is the principle of equality, that there shall be no discrimination on grounds of race, sex, colour, religion, political or other opinion, national or social origin, property, birth or other status among prisoners. [Rule 6(1)]
- Men and women shall so far as possible and practicable be detained in separate institution, in an institution which receives both men and women, the whole of the premises allocated to women shall be entirely separated. [Rule 8(a)]
- There must be complete separation between civil prisoners detained for the debt etc. and persons imprisoned by reason of criminal offence; young prisoners should be kept separate from the adult prisoners. [Rule 8(c) & (b)]
- Corporal punishment, punishment by placing in dark cells, and all cruel, inhuman degrading punishments shall be completely prohibited. [Rule 31]
- There shall be available the services of at least one qualified Medical Officer who shall also have some knowledge of psychiatry. [Rule 22(1)]
- Young untried prisoners should be kept separate from adults and shall in principle be detained in separate institutions. [Rule 85(2)]

Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment: United Nations General Assembly adopted and opened for signature and ratification, a document called Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in 1984. Various important provisions of the convention are as under:

- Each state party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction. [Article 2(1)]
- No state party shall expel, return or extradite a person to another state where there are substantial grounds for believing that he would be in danger of being subjected to torture. [Article 3(1)]
- Each state party shall ensure that all acts of torture are offences under its criminal law. [Article 4(1)]
- Each state party shall keep under systematic review interrogation rules, instructions, methods and practices as well as arrangements for the custody and treatment of persons subjected to any form of arrest, detention or imprisonment in any territory under its jurisdiction with a view to preventing any cases of torture. [Article 11]
- Each state party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. [Article 14]

D. Reforms and Challenges in Prison: Indian Scenario

The history of prison establishments in India and subsequent reforms have been reviewed in detail by [Mahaworker \(2006\)](#). A brief summary of the same is presented below.

The modern prison in India originated with the Minute by T. B. Macaulay in 1835. A committee namely *Prison Discipline Committee*, was appointed, which submitted its report on 1838. The committee recommended increased rigorousness of treatment while rejecting all humanitarian needs and reforms for the prisoners. Following the recommendations of the *Macaulay Committee between 1836-1838*, Central Prisons were constructed from 1846. The contemporary Prison administration in India is thus a legacy of British rule. It is based on the notion that the best criminal code can be of little use to a community unless there is good machinery for the infliction of

punishments. In 1864, the *Second Commission of Inquiry into Jail Management and Discipline* made similar recommendations as the 1836 Committee. In addition, this Commission made some specific suggestions regarding accommodation for prisoners, improvement in diet, clothing, bedding and medical care. (<http://india.indymedia.org/en/2005/04/210469.shtml>)

In 1888, the *Fourth Jail Commission* was appointed. On the basis of its recommendation, a consolidated prison bill was formulated. Provisions regarding the jail offences and punishment were specially examined by a conference of experts on Jail Management. In 1894, the draft bill became law with the assent of the Governor General of India. It is the Prisons Act, 1894, on the basis of which the present jail management and administration operates in India. This Act has hardly undergone any substantial change. However, the process of review of the prison problems in India continued even after this. In the report of the Indian Jail Committee 1919-20, for the first time in the history of prisons, '*reformation and rehabilitation*' of offenders were identified as the objectives of the prison administrator.

The Government of India Act 1935, resulted in the transfer of the subject of jails from the centre list to the control of provincial governments and hence further reduced the possibility of uniform implementation of a prison policy at the national level. State governments thus have their own rules for the day to day administration of prisons, upkeep and maintenance of prisoners, and prescribing procedures.

In 1951, the Government of India invited the United Nations expert on correctional work, Dr. W.C. Reckless, to undertake a study on prison administration and to suggest policy reform. His report titled '*Jail Administration in India*' made a plea for transforming jails into reformation centers. He also recommended the revision of outdated jail manuals. In 1952, the Eighth Conference of the Inspector Generals of Prisons also supported the recommendations of Dr. Reckless regarding prison reform.

Accordingly, the Government of India appointed the *All India Jail Manual Committee* in 1957 to prepare a model prison manual. The committee submitted its report in 1960. The report made forceful pleas for formulating a uniform policy and latest methods relating to jail administration, probation, after-care, juvenile and remand homes, certified and reformatory school, borstals and protective homes, suppression of immoral traffic etc. The report also suggested amendments in the *Prison Act 1894* (http://www.humanrightsinitiative.org/index.php?option=com_content&view=article&id=108&Itemid=121) to provide a legal base for correctional work.

The Committee prepared the *Model Prison Manual (MPM)* and presented it to the Government of India in 1960 for implementation. The MPM 1960 is the guiding principle on the basis of which the present Indian prison management is governed. On the lines of the Model Prison Manual, the Ministry of Home Affairs, Government of India, in 1972, appointed a working group on prisons.

In 1980, the Government of India set-up a Committee on Jail Reform, under the chairmanship of Justice A. N. Mulla. The basic objective of the Committee was to review the laws, rules and regulations keeping in view the overall objective of protecting society and rehabilitating offenders. The Mulla Committee submitted its report in 1983.

In 1987, the Government of India appointed the Justice Krishna Iyer Committee to undertake a study on the situation of women prisoners in India. It has recommended induction of more women in the police force in view of their special role in tackling women and child offenders.

Following the Supreme Court direction (1996) in *Ramamurthy vs State of Karnataka* to bring about the uniformity nationally of prison laws and prepare a draft model prison manual, a committee was set up in the Bureau of Police Research and Development (BPR&D). In 1999, a draft Model Prisons Management Bill (*The Prison Administration and Treatment of Prisoners Bill-1998*) was circulated to replace the Prison Act 1894 by the Government of India to the respective states but this bill is yet to be finalized.

The All India Committee on Jail Reforms (1980-1983), the Supreme Court of India and the *Committee of Empowerment of Women* (2001-2002) have all highlighted the need for a comprehensive revision of the prison laws but the pace of any change has been disappointing. The Supreme Court of India has however expanded the horizons of prisoners' rights jurisprudence through a series of judgments.

Thus, nationally there are number of legislations dealing directly or indirectly administration of the prisons and reformation of prisoners. Some of the important legislations are as under:

Constitutional Provisions: Constitution of India nowhere expressly provides any provision for the protection of prisoners or prison justice, but certain basic rights have been guaranteed in part III of Indian Constitution which are available to the prisoners as well because a prisoner is treated as a 'person' in the prison.

Article 14 of Constitution of India – “The state shall not deny to any person equality before law or the equal protection of laws within the territory of India.” Thus, Article 14 contemplated that like should be treated alike, and also provided the concept of reasonable classification. This article is very useful guide and basis for the prison authorities to determine various categories of prisoners and their classifications with the object of reformation ([Chowdhury 2002](#)).

Article 19 of Constitution of India – Indian Constitution guarantees six freedoms [Article 19] to all the citizens of India. Among these freedoms there are certain freedoms which the prisoners cannot enjoy because of the very nature of these freedoms, such as, “freedom of movement [Article 19(1)(d)]”, “freedom to residence and to Settle [Article 19(1)(e)]” and “freedom of profession [Article 19(1)(g)]”. But there are other freedoms under this article which a prisoner can enjoy even behind bars, viz., “freedom of speech and expression [Article 19(1)(a)]” & “freedom to become member of an association [Article 19(1)(c)]”.

Articles 20, 21 and 22 of Constitution of India – constitution of India provides various other provisions though cannot directly be called as prisoner's rights but may be relevant. Among them are Article 20 (1&2), Article 21, and Article 22 (4-7).

The Prisons Act, 1894

Prisons Act, of 1894 is the first legislation regarding prison regulation in India. Commenting upon the Prisons Act, of 1894, Dr. Amarendra Mohanty in her book Prison system in India observed - "This Act was largely based on deterrent principles reflected mainly the British policy on the subject. The legislators took little pains to look into the other side of the problem. They were concerned more with the prison working than with treatment of the prisoners. This Prisons Act remained unchanged for last more than one hundred years except very minor change."

Among the various other provisions under the Prisons Act, 1894, the following sections are related with the reformation of prisoners in one-way or the other.

- Accommodation and sanitary conditions for prisoners. [S. 4]
- Provision for the shelter and safe custody of the excess number of prisoners who cannot be safely kept in any prison. [S. 7]
- Provisions relating mental and physical state of prisoners. [S. 14]
- Provisions relating to the examination of prisoners by qualified Medical Officer. [S. 24(2)]
- Provisions relating to separation of prisoners, containing female and male prisoners, civil and criminal prisoners and convicted and undertrial prisoners. [S. 27]
- Provisions relating to treatment of undertrials, civil prisoners, parole and temporary release of prisoners. [S. 31 & 35]

The Prisoners Act, 1990

For the purpose of prison reformation and prison justice under this Act, following sections are relevant here to mention:

- That all reference to prisons or the imprisonment or confinement shall be construed as referring also to reformatory schools to detention therein. [S. 28]
- That it is the duty of Government for the removal of any prisoner detained under any order or sentence of any court, which is of unsound mind to a lunatic asylum and other place where he will be given proper treatment. [S. 30]
- That any court which is a High Court may in case in which it has recommended to Government the granting of a free pardon to any prisoner, permit him to be at liberty on his own cognizance. [S. 33]

The Transfer of Prisoners Act, 1950

This act was enacted for the transfer of prisoners from one state to another for rehabilitation or vocational training. This Act is also helpful for transfer of prisoners from over-populated jails to less congested jails within the state.

The Prisoners (Attendance in Courts) Act, 1955

This Act contains provisions authorizing the removal of prisoners to a civil or criminal court for giving evidence or for answering to the charge of an offence.

Challenges of Indian Prisons Jail administration in India being an important part of the criminal justice system has suffered neglect and lack of recognition. A lot has been talked about the police, a little less about the courts and almost nothing about prisons and prisoners. The problem of prison administration needs to be highlighted to focus public attention on this very vital sphere of social concern.

It is nearly 30 years since the submission of the report of the All India Committee on Jail Reforms (1980-83) headed by Justice A.N. Mulla. One may ask why the recommendations of the committee have not been followed and implemented in letter and spirit. There is little significant improvement on an all India basis.

The main reason often cited by the centre not being able to implement the recommendations of the Mulla Committee is that prison is a state subject. This only shows that if there is political will, there shall be no difficulty at the centre taking an active and direct interest in prison administration.

After analyzing different dimensions of prison laws and prison administration, one can lay down the following major problem areas, which afflict the prison system and need priority attention.

1. Delay in trials in the courts has assumed very serious proportions. Even though problem has been highlighted by the Mulla Committee, National Police Commission and through Public Interest Litigation [in the *Hussainara Khattun's case* (Hussainara Khatoon v. State of Bihar, AIR 1979 (SC 1377)] there has been no relief at all. Delays commences at the investigation stage itself. In many cases, charge sheets are filed by the police very late leading to a long chain reaction. On the other hand courts are also not without blame. Even though law requires that trials should be conducted from day to day till completed, in practice this rarely happens. Cases are adjourned for a couple of months at a time, which further aggravates delay. (See <http://www.oocities.org/indianfascism/fascism/prison.htm>)
2. Overcrowding itself leads to unsatisfactory living conditions. Although several jail reforms outlined earlier have focused on issues like diet, clothing and cleanliness, unsatisfactory living conditions continue in many prisons around the country. A special commission of inquiry, appointed after the 1995 death of a prominent businessman in India is high-security Tihar Central Jail, reported in 1997 that 10,000 inmates held in that institution endured

serious health hazards, including overcrowding, “appalling” sanitary facilities and a shortage of medical staff (See http://www.nimhans.kar.nic.in/prison/chapter_2.pdf). The National Police Commission pointed out that 60% of all arrests were either unnecessary or unjustified. This has resulted in overcrowding and accounts for 43.20% of the expenditure of jails.

3. Extortion by prison staff and its less aggressive corollary guard corruption is common in prisons around the world. Given the substantial power that guards exercised over inmates these problem are predictable, but the low salaries that guards are generally paid severely aggravate them. In exchange for contraband or some special treatment inmates supplement guard salaries with bribes.
4. The arrangement for facilitating communication between prisoners and their relatives, friends and legal advisors require attention. Many of these aspects have been drafted within the Mulla Committee Report and deserve immediate implementation.
5. Inadequate rehabilitative programmes and vocational training facilities is another problem of Indian prisons. Even if there are few rehabilitative programmes they are just outdated.
6. Apart from above mentioned problems of Indian prisons there are other problems also which include lack of legal aid, health problem, homosexual abuses, drug abuse, and prison violence.

Role of Judiciary in the Administration of Prison Justice: Indian judiciary mostly Supreme Court plays a vibrant and active role in the reformation and administration of prisons. One can say that till eighties Indian judiciary adopted status quo jurisprudence and showed a lack of appreciation and concern by its “hand-off” approach to the operations of prisons. It was in 1974 when Apex Court came up with new prison jurisprudence. In a major breakthrough Court in *D.B.M. Patnaik’s case* [D. B. M. Patnaik v. State of A.

P., AIR 1974 (SC 2092)], asserted that the mere detention does not deprive the convicts of all the fundamental rights enshrined in our Constitution. Supreme Court again in 1977 in *Hiralal's case* [*Hiralal Mallick v. State of Bihar*, AIR 1977 (SC 2237)] stressed for the rehabilitation of prisoners and reformation of prisons. This judicial wave continued. In *Sunil Batra's case* [*Sunil Batra v. Delhi Administration*, AIR 1978 (SC 1675)] which is taken as a milestone in the field of prison justice and rights of the prisoners in India, Court held that “the fact that a person is legally in prison does not prevent the use of Habeas Corpus to protect his other inherent rights”. In *Prem Shankar Shukla's case* [*Prem Shankar Shukla v. Delhi Administration.*, AIR 1980 (SC 1535)], Court observed that no person shall be hand-cuffed, fettered routinely for convince of the custodian's escort. Supreme Court again in *R.D. Upadhyay's case* [*R.D. Upadhyay v. State of A.P. and Ors.* AIR 2001 (SCC 437)] has held that right to fair treatment and right of judicial remedy are pre-requisites of administration of prison justice. In *Hussain Ara Khatun's case* [*Hussain Ara Khatun v. State of Bihar* AIR 1979 (SC 1377)] Court adopted a dynamic and constructive role with regard to prison reforms. Court apart from other things stressed on the improvements of the conditions of the prisons in India.

Therefore, this vibrant role of Indian Judiciary shows the change of attitude towards the rights of prisoners and reformation of prisons by treating prisons as correctional rehabilitative institutions.

In the work of [Bhatt and Rawat \(2014\)](#) it was stated that prisons, though for a short or longer period are places of living for both accused as well as convicts. The reformatory objective expects that it should also be a place of learning and earning. To provide physical, material and mental conditions of decent living to prisoners, it requires recreating almost a miniature world inside the prisons. This is difficult if not impossible. European countries are increasingly in search of alternatives to confinement, as they realised more resources for assimilation of deviant are available in open society rather than inside the closed walls. This has not happened so far in

India as governments across the ideological spectrum are illiberal and society is unsympathetic to rights of the incarcerated.

E. Changing Nature and Pains of Prison

Prior to the nineteenth century, punishment was more-or-less of the physical nature through torture and public ritual (Foucault, 1977) in the open which changed its nature in the end of nineteenth century. Now, the punishment targeted mind and soul which was having direct impact on the offender's heart, thoughts, will and inclinations (Foucault, 1977; Ignatieff, 1978). The punishment was limited within the confined area instead of public spectacle. But the deprivation of freedom remained dominant form of punishment which also checked the prisoners' rights and the use of time (Foucault, 1977; Matthews, 1999; Porporino, 1992). Thus, physical pains of inmates in nineteenth century were replaced by the psychological pains of modern imprisonment. These psychological pains were as painful as the physical torture (Sykes, 1958). Thus, Morris and Morris (1963: 183) comment, "it is at the psychological level that imprisonment is a painful, depriving and destructive experience".

Liebling (1999a) stated that the conclusions of psychological research are minimal effects of imprisonment or that prisoners cope better than anticipated (for example, Zamble and Porporino, 1988), but the sociological and criminological research does not support this view. Instead, it identifies a number of pains of imprisonment and the negative effect that prisons can have (Cohen and Taylor, 1972; Goffman, 1961; Sykes, 1958).

Mansoor *et al.* (2015) reviewed prison environment factors in prisons that may adversely affect mental health. These include overcrowding, dirty and depressing environments, poor food, inadequate health care, and physical or verbal aggression. Lack of purposeful activity, lack of privacy, lack of opportunities for quiet relaxation and reflection aggravate mental distress. The availability of illicit drugs can compound emotional and behavioral problems in prison. Reactions of guilt or shame, anxiety of being separated from family and friends and worries about the future also compound such

mental distress. Timely identification, treatment and rehabilitation are almost non-existent in many Prisons, particularly in the developing countries.

In the absence of adequate mental health services, mentally ill people are inappropriately locked up in prisons in some nations. Similarly, in many nations, people with substance abuse problems are often sent to prison rather than for treatment. [Priebe et al. \(2005\)](#) stated that in developed nations prisons have become custodians of persons with mental illness due to lack of institutional and community care, which is also called as “transinstitutionalisation”. On the other hand, prisons in the developing world have special challenges which include inadequate penal and judicial systems and Prison resources, with resultant delays in access to justice and speedy trial. Inadequate attention to the human rights of persons in Prison, including the right to decent living, clean and congenial existence, speedy trial, information and communication and right to health care, particularly psychiatric health care, further aggravates the situation.

[Sykes \(1958\)](#) identified five pains or deprivations of imprisonment. Despite the fact that the studies were focused on adult male sentenced prisoners in an American maximum-security prison nearly fifty years ago, [Sykes \(1958\)](#) work remained uncontested till date. Thus, the context of Sykes’ research is very different to the context in which present-day prison research takes place.

First Pain - Deprivation of liberty: [Sykes \(1958\)](#) identified deprivation of liberty as the first pain of imprisonment which is quite obvious. As suggested by [Coyle \(1994: 27\)](#), it has the potential to cause the greatest distress; “losing one’s liberty is one of the most traumatic experiences any individual is likely ever to undergo”. It is a sort of double deprivation in that a prisoner is confined both to and within an institution where inmate is cut off from his family, relatives and friends, and faces a “deliberate, moral rejection... by the free community” ([Sykes, 1958: 65](#)). This deprivation makes him realize of his crime which suspended his status as a fully-fledged, trusted member of the society. [Harvey \(2007\)](#) mentioned that such deprivation is particularly painful

for younger prisoners and those in custody for the first time, who are least prepared for this loss of liberty.

Second Pain - Deprivation of goods and services: Every person wants or needs the 'necessities of life', along with amenities such as individual clothing, individual furnishings and other personal lifestyles. Thus, the material impoverishment is a painful loss as defined by inmate population (Sykes, 1958: 68). As soon as person enters prison as inmate, all personal possessions and clothing are removed from the offender and he is given substitutes, which are clearly marked as belonging to the institution (Caird, 1974; Coyle, 1994; Goffman, 1961). With the loss of material possessions, the inmates' self-feelings and mental setup of personal possessions get diverted from a central method of creating a picture of self (Goffman, 1961; Sykes, 1958). Since this deprivation was identified in nineteenth century (Sykes, 1958) with respect to the maximum-secured US prison, therefore, it is not existed to the same extent in today's concern. Nevertheless, Harvey (2007: 30) did find in his study of young male prisoners that "for many of these young men, material possessions and clothing served as a symbol of status; being deprived of these things undermined their presentation of themselves". Loss of personal possessions can therefore represent an attack at the deepest layers of the personality and may threaten an individual's self-concept (Goffman, 1961; Mathiesen, 1990). Lehmann (2012) summarized basic data on German prison health care for mentally ill inmates. The legislation process and factors of influence are pointed out. It focuses on the actual legal situation including European standards of prison health care and prevention of torture, psychiatric care in German prisons themselves, self-harm and addiction. Griffin and Hepburn (2013) examined the social order of a prison arises from the combined effects of the prison's institutional capacity for control and the effectiveness of prison management.

Third Pain - Deprivation of heterosexual relationships: Social intercourse is one of the main features of the 'total institution' (Goffman, 1961). Barrier preventing social intercourse between the inmate and the

outside world is yet another pain of physical nature represented by high walls and doors checking heterosexual relationships, resulting in a prisoner's involuntary celibacy (Sykes, 1958). Interestingly, Sykes did not consider this as pain for the homosexuals, but in accordance with societal and cultural changes, it is necessary to adapt Sykes' work and describe this pain as the 'deprivation of sexual relationships', since homosexual prisoners may be losing established sexual relationships. Sykes' suggested that male prisoners are faced by a loss of heterosexual interaction, which can cause psychological problems. Sykes argued that a person searches for their identity within themselves and within the picture they find reflected in the eyes of others. If half of their significant audience is missing, i.e. the female audience, the male prisoner's self-image is in danger of becoming "half complete, fractured, a monochrome without the hues of reality" (Sykes, 1958: 72). Hence, anxieties concerning identity and masculinity may develop within the almost exclusively male prison. Kepford (1994), the current research indicates that the familial isolation of incarceration is harmful to the prisoner, his family, and ultimately to society. The offender is cut off from his family, friends and social interaction. The family is devastated because it loses emotional and financial support. Society suffers because the offender is often "resentful, frustrated and full of hostility" because family ties were severed.

Fourth Pain - Deprivation of autonomy: It is the lack of control over the situations or check on the will of the self to perform actions. The inmates are under the strict discipline as per the set rules and restrictions of the prison which control their behavior and the bodily functions (Coyle, 1994; Sapsford, 1983; Sykes, 1958). Thus, "prison life is completely routinized and restricted rules, with least opportunities to make decisions or exert choice" (Irwin and Owen, 2005: 98). Consequently, prisoners become "to all intents and purposes a passive player" (Coyle, 1994: 27). Likewise, Meisenhelder (1985: 43) suggested that because prisoners feel they are governed by the institutions that hold them, they are "effects rather than causes". The prison regime also removes any remaining dignity a prisoner has left, making them

ask for little things like a drink of water or to use the telephone (Dooley, 1994; Goffman, 1961). Although Goffman (1961) noted that this mortification process might bring about psychological relief for some prisoners who are sick of their world or who are guilt ridden, Sykes argued that the majority of prisoners express hostility towards their dependence on prison staff and their inability to make decisions and choices. Birmingham (2003) studied on mental health problems are the most significant cause of morbidity in prisons. Over 90% of prisoners have a mental disorder. The prison environment and the rules and regimes governing daily life inside prison can be seriously detrimental to mental health.

Fifth Pain - Deprivation of security: One of the most fearful expectations confronting those who enter prison for the first time (Medlicott, 2001) is the deprivation of security. The offenders of violent and aggressive behavioral history forced to share or live in close proximity the cells or accompany the offender of light and normal charges. Prisoners' concerns may therefore center on avoiding or protecting themselves from injury, rape or death (Jones and Schmid, 2000). Even today, violence is a common occurrence in male prisons, where prisoners face bullying, threats of violence, physical violence, verbal abuse and robbery (Adler, 1998; Scraton *et al.*, 1991; Sim, 1994; Tempest, 2007). Thus, Edgar *et al.* (2003: 185) concluded: We have seen that violence and victimization are commonplace. Assaults and fights are tightly woven into the fabric of prison life..... The rates of verbal abuse, threats and assault are high, while prisoners must also guard against the risks of cell theft, exclusion and robbery. Cunningham *et al.* (2005) examined the risk among maximum security. An experimental scale for the assessment of prison violence risk among maximum security inmates was developed from a logistic regression analysis involving inmates serving parole eligible terms of varying length (n = 1,503), life-without-parole inmates (n = 960), and death- sentenced inmates who were mainstreamed into the general prison population (n = 132). Records of institutional violent misconduct of these 2,595 inmates were retrospectively examined for an 11-year period

(1991 to 2002). Predictors affecting the likelihood of such misconduct included age, type and length of sentence, education, prior prison terms, prior probated sentences, and years served. The scale was modestly successful, as demonstrated by an overall omnibus area under the curve of .719. Double cross-validation demonstrated minimal shrinkage. The authors have termed this experimental scale the Risk Assessment Scale for Prison.

Such occurrences could provoke anxiety within the prisoner who knows that sooner or later he would be 'tested' whenever he had to fight for his personal safety or his possessions (Sykes, 1958). Not only does the deprivation of security cause anxiety but it may also cause an individual to doubt their ability to cope (Sykes, 1958). However, there is evidence to suggest that these fears are not always long-lived and are often dispelled during the early stages of imprisonment (Harvey, 2007).

It is well known that in general prisons are places with a high stress level. Among both prison staff and prisoners this stress can manifest directly, such as in aggression, depression, unalertness, burn-out and stress-related illnesses, but also indirectly in addictions or deterioration of interpersonal relations. Apart from "the natural stress level" which is characteristic of prisons, the common situation of overpopulation in many prisons in the world leads to extra stress and tension, both for overburdened prison staff and the prisoners themselves. In many prisons the constitution of the population is changing rapidly and the big cultural and linguistic diversity brings with it new and specific challenges with regard to coexistence in a penitentiary institution. In certain prisons one can also observe an increase in the number of prisoners with medical and psychological problems. These challenges add to the problems of the harm resulting from the daily life in a penitentiary institution. In addition, also the use of drugs in prisons is a point of serious attention. Prior research suggested that the criminogenic characteristics of the inmate population, the security level of the prison, and the prison environment are three structural characteristics of prisons that define each prison's institutional capacity for control, as reflected in the aggregate-level measures

of inmate misconduct, and prison environment is expected to moderate the effects of inmate population characteristics on inmate misconduct. (See [Mansoor et al. 2015](#)).

Numerous studies have documented the adverse impact of imprisonment on prisoners. Research suggests that incarceration has a variety of unintended consequences for individuals and families and—given its associations with low socioeconomic status—may exacerbate cumulative disadvantages for particular groups. For example, incarceration is associated with a reduction in employment opportunities and wages for ex-offenders ([Geller et al., 2006](#)) and negatively impacts marital stability ([Lopoo and Western, 2005](#)). Yet some individuals are known to have benefited from imprisonment, and some problematic and potentially damaging prison conditions have been ameliorated or eliminated in some jurisdictions. The extent to which prisoner characteristics, modern forms of architectural and institutional control, decisive judicial intervention, certain kinds of rehabilitative and other programming, and the use of more sophisticated prison management practices have successfully offset the negative impacts of imprisonment, such as those due to overcrowding, deserves further study. Research should also address whether, to what degree, and in what ways improved institutional control and reductions in certain indicators of institutional dysfunction have entailed significant trade-offs in other aspects of the quality of prison life. Similarly, the ways in which changes in specific conditions of confinement affect postprison adjustment also warrant further study. As noted, for example, some empirical evidence indicates that time spent in isolated, supermax-type housing contributes to elevated rates of recidivism. The degree to which higher levels of institutional control and security contribute to increased recidivism in the long term also merits additional research.

Classic sociological and psychological studies have underscored the degree to which prisons are complex and powerful environments that can have a strong influence on the persons confined within them ([Sykes, 1958](#);

Clemmer, 1958; Toch, 1977, 1992a). A context or situation can significantly determine its effect on the actors within it (e.g., Haney, 2005; Ross and Nisbett, 1991). Also, prisoners vary in their backgrounds and vulnerabilities and in how they experience or cope with the same kinds of environments and events. As a result, the same prison experiences have different consequences for different prisoners (e.g., Hemmens and Marquart, 1999; Gullone *et al.*, 2000). Many prisoners come from socially and economically marginalized groups and have had adverse experience in childhood and adolescence that may have made them more rather than less vulnerable to psychological stressors and less able to cope effectively with the chronic strains of prison life than those with less problematic backgrounds (e.g., Gibson *et al.*, 1999; Greene *et al.*, 2000; McClellan *et al.*, 1997; Mullings *et al.*, 2004; Zlotnick, 1997).

Imprisonment produces negative, disabling behavioral and physical changes in some prisoners, and certain prison conditions can greatly exacerbate those changes. Although imprisonment certainly is not uniformly devastating or inevitably damaging to individual prisoners, “particular vulnerabilities and inabilities to cope and adapt can come to the fore in the prison setting, [and] the behavior patterns and attitudes that emerge can take many forms, from deepening social and emotional withdrawal to extremes of aggression and violence” (Porporino, 1990, p. 36). Ward and Kassenbaum (2009) ethnographic study of a women’s prison finds that, although women were subjected to virtually the same pains and deprivations of imprisonment as men (albeit with less pressing threats of victimization by other inmates), they felt the loss of familial roles and affectional relationships much more acutely and adapted to the prison environment in ways that reflected this. Confining youth away from their homes and communities interferes with the social conditions that contribute to adolescents’ healthy psychological development: the presence of an involved parent or parent figure, association with prosocial peers, and activities that require autonomous decision making and critical thinking. In addition, many youth face collateral consequences of

involvement in the justice system, such as the public release of juvenile and criminal records that follow them throughout their lives and limit future education and employment opportunities ([National Research Council 2013](#)).

The nature and degree of prisonization will vary among prisoners, depending, in part, on their personal identity, strengths and weaknesses, and individual experiences both prior to prison and during the course of their prison stay (e.g., [MacKenzie and Goodstein, 1985](#); [Paterline and Petersen, 1999](#); [Walters, 2003](#)).

Many aspects of prison life—including material deprivations; restricted movement and liberty; a lack of meaningful activity; a nearly total absence of personal privacy; and high levels of interpersonal uncertainty, danger, and fear—expose prisoners to powerful psychological stressors that can adversely impact their emotional well-being. Prison stress can affect prisoners in different ways and at different stages of their prison careers. Some prisoners experience the initial period of incarceration as the most difficult, and that stress may precipitate acute psychiatric symptoms that surface for the first time. Preexisting psychological disorders thus may be exacerbated by initial experiences with incarceration (e.g., [Gibbs 1982](#)). Other prisoners appear to survive the initial phases of incarceration relatively intact only to find themselves worn down by the ongoing physical and psychological challenges and stress of confinement. They may suffer a range of psychological problems much later in the course of their incarceration ([Taylor, 1961](#); [Jose-Kampfner, 1990](#); [Rubenstein, 1982](#)). Prisoners undergo a number of psychological changes or transformations to adapt to the demands of prison life. It is a form of coping in response to the abnormal practices and conditions that incarceration entails.

The exact onset and causal origins of these disorders cannot always be determined—some are undoubtedly preexisting conditions, some are exacerbated by the harshness and stress of incarceration, and others may originate in the turmoil and trauma generated by prison experiences.

Irwin (2005, p. 154) stated that prison life is completely routinized and restricted, over time “prisoners steadily lose their capacity to exert power and control their destiny. . . .” He elaborates: “Months or years of getting up at a certain time to certain signals, going about the day in a routine fashion, responding to certain commands, being among people who speak a certain way, and doing things repetitively inures prisoners to a deeply embedded set of unconscious habits and automatic responses” Irwin (2005). Those who succumb to prisonization may have trouble adjusting to life back in the community, which is more unstructured and unpredictable. In extreme cases, some lose the capacity to initiate activities and plans and to make decisions (Haney, 2006). The process of adapting to the prison environment has several psychological dimensions.

Prisonization leads some prisoners to develop an outward emotional and behavioral demeanor—a kind of “prison mask”—that conceals internal feelings and reactions. Often unable to trust anyone, they disconnect and withdraw from social engagement (Jose-Kampfer, 1990; Sapsford, 1978). Some prisoners can become psychologically scarred in ways that intensify their sense of anger and deepen their commitment to the role of an outsider, and perhaps a criminal lifestyle (Irwin, 2005).

The prisonization process has additional psychological components. In discussing the “degradation ceremonies” that are a common feature of prison life, Irwin (2005, pp. 163-164) emphasizes that “treating prisoners with contempt and hostility and persistently and systematically casting them as unworthy harms them in complicated and somewhat unexpected ways,” including leaving them psychologically scarred; deepening their commitment to an outsider, criminal lifestyle; and intensifying a sense of anger that collectively “leaves them ill-equipped for assuming conventional life on the outside.” Prisoners who have deeply internalized the broad set of habits, values, and perspectives brought about by prisonization are likely to have difficulty transitioning to the community. Indeed, the ability to adapt successfully to certain prison contexts may be inversely related to subsequent

adjustment in one's community (Goodstein 1979). Not surprisingly, according to Haney (2006, p. 179), "a tough veneer that precludes seeking help for personal problems, the generalized mistrust that comes from the fear of exploitation, and the tendency to strike out in response to minimal provocations are highly functional in many prison contexts and problematic virtually everywhere else."

The psychological mechanisms involved are not difficult to understand. The changes brought about by prisonization—including dependence on institutional decision makers and contingencies, hypervigilance, and incorporation of the most exploitive norms of prison culture—may be adaptive in the unique environment of prison but become maladaptive or dysfunctional if they persist in the very different world outside prison.

Thus, the negative individual-level changes that often result from imprisonment can adversely affect the interpersonal interactions in which prisoners engage once they are released, closing off opportunities to obtain badly needed social, economic, and other kinds of support Cullen *et al.* (2011).

In any given year, approximately three-quarters of a million prisoners leave prison and return to free society (Petersilia, 2003). Research on reentry includes evaluations of prisoner reentry programs, as well as more basic research on how individuals navigate the reentry process. The most significant barriers to successful reentry include the difficulties faced in obtaining satisfactory employment and housing, arranging successful family reunification, and obtaining health care and transportation (e.g., Travis, 2005). Many corrections agencies have created special offices with staff assigned to deal specifically with prisoner reentry. Some research suggests that certain kinds of proactive programs of prison rehabilitation can be effective in neutralizing or even reversing the otherwise criminogenic effects of incarceration. The advent of so-called "evidence-based corrections" has encouraged correctional administrators, policy makers, and officials to place increased reliance on program evaluation and quantitative outcome measures

to determine “what works” in prison rehabilitation and postprison reentry programs—both being evaluated primarily on the basis of how well they reduce recidivism (MacKenzie, 2002; Cullen and Gendreau, 2000; Sherman, 1998; Sherman *et al.*, 1997).

One way of limiting the adverse consequences of imprisonment for individuals is to ensure that fewer people are incarcerated. It appears especially important to consider the option of relying on alternative sanctions or programs in cases of nonviolent crime and for lawbreakers who suffer from substance abuse problems or serious mental illness. Thus, there is a continuing need for research on evidence-based diversion programs that address both societal needs for safety and protection and the social, psychological, and medical needs of those convicted, but do so in ways that are less psychologically damaging and more cost-effective than incarceration.

As per the studies of Math *et al.* (2011), there is 8-12% prevalence of mental disorders among the Indian population. Moller *et al.* (2007) gave a shocking finding that at any given point of time, a high proportion of those with mental health problems are incarcerated in the Prison. It is indeed important to note that the inmates have greater physical and mental health needs as compared to the normal population (Hammett *et al.*, 2001). Despite of the fact that the prevalence of the mental disorders in prisons is high, access to treatment and services is often very low (Fazel and Danesh, 2002; Steadman *et al.*, 2009; Taylor, 1961). These all studies are the look on the welfare and well-being of the inmates especially when it concerns with the mental health.

In US, the National Commission on Correctional Health Care stated that at any given day, between 2% and 4% of inmates in state Prisons were estimated to have schizophrenia or a psychotic disorder, and between 2% and 4% were estimated to have a manic episode. Between 13% and 18% of Inmates were estimated to have experienced major depressive episode during their life time (Veysey and Bichler-Robertson, 2002). On the similar line, Kessler *et al.* (1994) reported higher rates of mental illness in prisons than the rates of a nationally representative population used in the National

Co-morbidity Survey. A systematic review by Fazel and Danesh of 62 studies from 12 countries, in 2002, included 22790 Inmates. The overall prevalence of psychiatric disorders in Prison populations was as follows: 3.7% of men had psychotic illnesses, 10% major depression, and 65% a personality disorder; 4.0% of women had psychotic illnesses, 12% major depression, and 42% a personality disorder (Fazel and Danesh, 2002). The rate of current serious mental illness for male inmates was 14% and for female inmates it was 31% (Steadman *et al.*, 2009). In an Australian study, the 12-month prevalence of any psychiatric illness in the previous year was 80% in Inmates and 31% in the community. Substantially more psychiatric morbidity was detected among Inmates than in the community group after accounting for demographic differences, particularly, symptoms of psychosis, substance use disorders and personality disorders (Butler *et al.*, 2006).

The stressful circumstances are significant among inmates who are being imprisoned and restricted from freedom to achieve something like those outside the prison wall (Houck and Loper, 2002). Being a parent, particularly a mother, is indeed a stressful condition for the inmates, thus their imprisonment became an additional burden to the existing parenting stress (Moloney and Moller, 2009). These included restricted contact with child (or children), custody issues, loss control over parental role, and many other issues that could arise for being imprisoned parent (Johnson and Sarason, 1978; Houck and Loper, 2002).

Johnson and Sarason (1978) who studied on locus of control orientation suggested that perception of control over life change played its role in determining the effect of life stress. Vulnerability to the effects of life stress such as depression and anxiety was the highest among those who went through high levels of life change but perceived no control over the changes (Johnson and Sarason 1978). This was particularly true for negative life change, for example imprisonment where individuals have no control over the sudden life change. As a result, they have to endure the life change and suffer from the effect of life stress.

Thus, imprisonment enhances stress and depression (Ahmad and Mazlan 2014). Other than substance-related disorder that essentially needs proper treatment, psychiatric disorders such as depression and stress-related disorder also require specific rehabilitation during imprisonment (Ahmad & Mazlan 2014).

F. Stress and Stress Management Techniques

The concept of stress was first introduced in the life sciences by Hans Selye (1956). The term “stress” is applied to the total transaction between the stressor and coping resources in the interaction together, over time, so that one may speak of system being “under stress” (Lazarus *et al.*, 1970) or a particular situation being stressful (Selye, 1978).

As per Webster dictionary Stress is a pressure, strain, a force that tends to distort a body, a factor that induces bodily or mental tension. Stress is brought on by internal circumstances or by external circumstances (Trivieri and Anderson, 2002). Continued stress in our life can be reflected in our work, sleep patterns, eating habits, relationships, as well being and sexual activities. Stress related illnesses are of particular concern and are reflected in tragically high suicide rates, divorce, alcoholism, decreased job satisfaction and burnout (Curran *et al.*, 1988; Labovitz and Hagedorn, 1971; Lester, 1983; Richard and Fells, 1975). Stress can distort our perception of life and inhibit our ability to relax and be present. Physical pain is often caused by emotional or mental anxieties. Anger is a natural, healthy emotional response to our being hurt, threatened, or when we experience loss of some sort. The function of our anger is to provide the body a visual burst of physical and emotional energy when you need it most.

Among the factors are psychiatric disorders such as substance-related disorders, personality disorders, and affective disorders. Subsequently, these risk factors are related to the effectiveness of the existing rehabilitation programs as well as the success of the latest programs.

Stress can be defined as “a chronically high level of mental arousal and bodily tension that exceed a person’s capacity to cope, results in distress, disease, or an increased capacity to cope” (Neidhardt *et al.*, 1990, p. 2). On the other hand, depression, which is one of most common psychiatric disorders in prison, can be defined as “persistent depressed mood, loss of interest and enjoyment, and reduced energy, which lead to increased fatigability and diminished activity” (WHO. 1992).

Stress and depression are two common problems in prison population (Birmingham, 2004; Gunter, 2004; Drapalski *et al.*, 2009; Lafortune, 2010). Both problems are often associated with imprisonment experiences among inmates, especially female inmates (Boothby and Durham, 1999; Birmingham, 2004; Gunter, 2004). Presence of stress and depression has been related to negative behaviours among inmates, such as self-harm and suicidal behaviours (Fountoulakis *et al.*, 2006; Gunter *et al.*, 2011; Ireland and York, 2012). Kristofersson and Kaas (2013) reviewed that although clinical practice recommendations for the use of SMTs in the prison setting cannot be made with strong certainty, nurses working in the prison setting should continue to incorporate muscle relaxation, Transcendental Meditation, and certain Eastern meditative practices in the care of their clients because of the safety and possible positive impacts and practicality these methods have in this setting.

The episodes of depression are usually related to the experience of sudden or prolonged stressful events (Gunter, 2004; Drapalski *et al.*, 2009). It is common for newly admitted inmates to suffer from depression for certain period of time due to shock or stress of the new environment (Zlotnick *et al.*, 2008; Piselli *et al.*, 2009). In addition, stress and depression among inmates have often be related to the risk of self-harm and suicide in prison (Ireland and York, 2012), which obviously are costly to the prison institutions (Toch, 1992b).

Study of Okwendi and Ushi (2014) concluded the facts on the stress of prisoners. They found that the prison overcrowding often results in decreased

inmate supervision due to under staffing, less resources for inmates and inadequate living conditions. All of these factors can lead to a potentially explosive combination of boredom, isolation, violence, and stressful situation to both the correctional officers and inmates as well. Besides overcrowding, many prisons and prisoners lack adequate access to health care, mental health counseling, and vocational training education. This has a detrimental effect on prisoners' health and well-being, as well as their future success in society after they complete their sentences. This lack of resources also affects society because inmates are less likely to be rehabilitated and, therefore, are more likely to commit more crimes, thereby giving correctional officers more work to do. Without access to treatment and other programs, inmates are much more likely to reoffend upon release and continue to cycle in and out of the prison system.

Ahmad and Mazlan (2014) suggested that the high prevalence of stress and depression in the prison setting indicated the needs for proper evaluation and treatment of the respective problems. Further, several programs such as stress management, group counseling, and depression therapy should be included in the correctional program in prison, especially for those with the problems. The inmates should also be given a freedom to express their stress and depressed feeling whenever necessary in order to lessen their burden and to avoid a bitter consequence in the future.

According to experts in the field of Physico-Psychiatric Research "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and "A state of complete physical, mental and social well-being, and not merely the absence of disease". *Mental health* is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (see. Mansoor *et al.*, 2015)

Fienmann (1979) views stress as a psychological response state of negative effect characterized by a persistent and a high level of experienced

anxiety or tension. Recent research into the interaction between the mind and body shows that we may place our body on stress 'alert' quite unconsciously, because of our psychological and emotional attitudes to stress. Anticipatory emotions like impatience, anxiety, and anger can produce the same nerve impulses and chemical reactions as being faced with a concrete challenge. So when faced with a stressful situation, we must either use up the energy created by the body to challenge or learn how to "turn off", the response using a conscious relaxation technique (Brief and Atieth, 1987). Hans Seyle, the endocrinologist, whose research on General Adaptation Syndrome (GAS), for the first time, revealed how human beings adapt themselves to emotional strives and strains in their lives (Seyle, 1985). According to him emotional stress occurs in three important stages. 1. Alarm reaction stage 2. Resistance stage 3. Exhaustion stage. Alarm reaction is caused by physical or psychological stressors. Resistances are brought about by Aprinocorticotropic Hormone (ACTH) of the body. Exhaustion follows when ACTH dwindles as a result of continual stress. Cooper and Marshall (1976) visualize stress as characteristics of both the focal individual and his environment. They designate the internal and external convulsive forces as 'pressures' or 'stressors' and the resulting stalk of the organism on stress.

Stress in the jails has become the black plague of the present century. Much of the stress at jail is caused not only by seclusion but also by lack of sharing the feeling and more importantly, by not providing individuals with the autonomy to do their work as they would like. The inmates are not satisfied with the procedure of the institution. The need of managing inmates differently, treating them with respect and valuing their contribution could be one of the effective techniques. By enhancing the psychological well being and health of the employees, in the coming future the jail institution would make more revenue as well as inmates reformation could prove that, "**A Mentally Healthy Inmate is a Productive Citizen**".

Stress management refers to the wide spectrum of techniques and psychotherapies aimed at controlling a person's levels of stress, especially

chronic stress, usually for the purpose of improving everyday functioning. Many practical stress management techniques are available, some for use by health professionals and others, for self-help, which may help an individual reduce their levels of stress, provide positive feelings of control over one's life and promote general well-being. Evaluating the effectiveness of various stress management techniques can be difficult, as limited research currently exists. Consequently, the amount and quality of evidence for the various techniques varies widely. Some are accepted as effective treatments for use in psychotherapy, whilst others with less evidence favoring them are considered alternative therapies. Many professional organisations exist to promote and provide training in conventional or alternative therapies.

Many techniques cope with the stresses life brings ([Lehrer et al., 2007](#)). Some of the following ways induce a lower than usual stress level, temporarily, to compensate the biological tissues involved; others face the stressor at a higher level of abstraction: Autogenic training, Social activity, Cognitive therapy, Conflict resolution, Cranial release technique, Getting a hobby, Meditation, Mindfulness (psychology), Music as a coping strategy, Deep breathing, Yoga Nidra, Nootropics, Reading novels, Prayer, Relaxation techniques, Artistic expression, Fractional relaxation, Humour, Physical exercise, Progressive relaxation, Spas, Somatics training, Spending time in nature, Stress balls, Natural medicine, Clinically validated alternative treatments, Time management, Planning and decision making, Listening to certain types of relaxing music, Spending quality time with pets, etc. Techniques of stress management will vary according to the philosophical paradigm ([Spence et al., 1999](#)).

The impact of stress on the human biological system is being elaborated by many workers ([Schacter et al., 2011](#); [Kemeny, 2007](#); [de Kloet et al., 2005](#); [Schneiderman et al., 2005](#); [Khansari et al., 1990](#)). The central nervous system (brain and spinal cord) plays a crucial role in the body's stress-related mechanisms ([Ulrich-Lai and Herman, 2009](#); [Kaufman et al., 2000](#)). Whether one should interpret these mechanisms as the body's

response to a stressor or embody the act of stress itself is part of the ambiguity in defining what exactly stress is. Nevertheless, the central nervous system works closely with the body's endocrine system to regulate these mechanisms (O'Connor *et al.*, 2000). The sympathetic nervous system becomes primarily active during a stress response, regulating many of the body's physiological functions in ways that ought to make an organism more adaptive to its environment (McEwen, 2012).

In the present age of information, the pace of life has reached up to height which increased the importance of cost effective self-caring. Alternative solutions to cope up the health challenges had resulted interest in Integrative Medicine (IM) (Barnes *et al.*, 2008; Nahin *et al.*, 2009) which gained significant hype in recent years (see Qu *et al.*, 2013). IM in particular focuses on preventive maintenance of health with emphasis on diet, lifestyle, stress management, and emotional well-being (Snyderman and Weil, 2002). In addition to the latest scientific findings and evidence based approaches, IM taps on time-tested traditional modalities to increase health and wellness, as well as helping treat disease states.

Samuelson *et al.* (2007) examined the Mindfulness-based stress-reduction courses were offered in drug units in six Massachusetts Department of corrections prisons. A total of 1,350 inmates completed the 113 courses. Evaluation assessments were held before and after each course, and highly significant pre- to post-course improvements were found on widely accepted self-report measures of hostility, self-esteem, and mood disturbance. Improvements for women were greater than those for men, and improvements were also greater for men in a minimum security, pre-release facility than for those in four medium-security facilities. The results encourage further study and wider use of mindfulness-based stress reduction in correctional facilities.

Yoga and associated practices, estimated to be a 5000-year-old discipline originating from India is among the most common IM approaches (Shankar, 2010). Yoga is divided into several branches, but the one that is most popular in the West is Hatha-yoga, which includes control of posture

(*asanas*) and the manipulation of respiration (*pranayama*). Hatha-yoga is considered to improve bodily functions through the manipulation of cardiovascular, respiratory, metabolic, and other control mechanisms (e.g. [Kuntsevich et al., 2010](#); [Pilkington et al., 2005](#); [Pullen et al., 2008](#)). Whereas *asanas* are generally familiar, *pranayamas* and the central role that they have in yoga are not well appreciated in the West. One of the most widely used breathing programs derived from yoga is *Sudarshan Kriya* (SK) (for descriptions, see Breathing Intervention and SKY).

It is known that the regular practice of breathing exercise (*pranayama*) increases parasympathetic tone, decreases sympathetic activity, improves cardiovascular and respiratory functions, decreases the effect of stress and strain on the body and improves physical and mental health ([Telles et al., 1994](#); [Bhargava et al., 1988](#); [Mohan et al., 1986](#)). [Duncombe et al. \(2005\)](#) described the quantitative results of a study conducted at Maui Community Correctional Center in Hawaii. The program, Free Inside, was evaluated to determine its effectiveness as a rehabilitative tool for inmates. Each of the participants engaged in twelve-week cycles of twice weekly, hour-long classes in yoga, meditation, and chi gung practice. The findings reveal an association between inmate participation and increased awareness, self-esteem, sense of hope, and compassion.

Regular practice of breathing exercise is shown to improve autonomic functions by decreasing sympathetic activity or by increasing vagal tone ([Telles et al., 1994](#); [Bhargava et al., 1988](#); [Stancak et al., 1991](#)). The basal heart rate is the function of parasympathetic system ([Ganong, 2001](#)). Heart rate response to standing is a function of autonomic nervous system ([Bannister and Mathias, 1992](#)). A rise in heart rate observed when a person assumes standing posture from the supine position, is mediated by baroreceptor reflex, which assesses the integrity of autonomic nervous system ([Ganong, 2001](#)).

Different types of *pranayamas* either increase sympathetic or decrease parasympathetic activity ([Pal et al., 2004](#); [Raghuraj et al., 1998](#); [Telles et al.,](#)

1996; Rai and Ram, 1993; Shannahoff-Khalsa and Kennedy, 1993; Telles and Desiraju, 1991). It has been observed that *surya anuloma viloma pranayama* and *kapalabhathi* type of breathing exercise increase sympathetic tone or decrease vagal tone (Raghuraj *et al.*, 1998; Stancak *et al.*, 1991). Practice of short *Kumbhak pranayamic* breathing at slow rate increases oxygen consumption and metabolic rate (Telles and Desiraju, 1991), and other slow breathing exercises reduce chemoreflex response to both hypoxia and hypercapnia but increase baroreflex sensitivity (Bernardi *et al.*, 2001). Practice of slow breathing has also been advocated for the treatment of anxiety disorder as it attenuates cardiac autonomic responses in such patients (Sakakibara and Hayano, 1996).

G. Breath Interventions

The science of breath is a 5000 year old integrated science of health promotion and relaxation. Several studies indeed suggest that controlled yogic breathing has effects on physiological markers such as blood pressure (Raghuraj and Telles, 2008), heart rate variability (Raghuraj *et al.*, 1998) as well as psychological factors such as depression (Khumar *et al.*, 1993, Franzblau *et al.*, 2008). Research has shown that different emotional states are associated with different respiration patterns and that purposeful replication of these respiration patterns in turn leads to the corresponding emotional states (Phillippot *et al.*, 2002), suggesting that using breathing exercises for relaxation may be useful for relaxation. However, in severe anxiety disorders and PTSD, slow, deep, or abdominal breathing is usually insufficient, as the following study illustrates. An RCT comparing relaxation (simple instructions to relax in a reclining chair), relaxation with deep breathing (gradual filling of the lungs and slow complete exhalation), and relaxation with deep breathing and thermal biofeedback in 90 Vietnam veterans with PTSD found all interventions to be mildly therapeutic. Addition of deep breathing and thermal biofeedback did not produce further improvements on PTSD scales (Watson *et al.*, 1988). More intensive yoga breathing using advanced techniques is necessary to ameliorate anxiety and

PTSD. Practitioners of Prison SMART's (detailed in subsequent paragraphs) breathing technique, *Sudarshan Kriya Yoga* (SKY) report subjective improvement in physical and mental health including an overall feeling of well-being, increase in mental clarity and concentration, a feeling of belongingness, better ability to manage stressful situations and a feeling of calmness and mental alertness.

Breath, Water, Sound (BWS) along with *Sudarshan Kriya Yoga* (SKY) are believed to reduce over-reactivity, sadness and fear. It is also believed to decrease the symptoms and experience of stress, depressions, sadness, tension and decrements in quality of life among the inmates, post-disaster survivors, diseased persons, etc. BWS and SKY were developed by Sri Sri Ravi Shankar, co-founder (with the Dalai Lama) of the non-profit organization International Association for Human Values (IAHV), which set up, supported and managed the refugee camps ([Descilo et al., 2009](#)). The Ethics Committee of the National Institute of Mental Health and Neurosciences of India (NIMHANS) approved the study of impacts of SKY on the Tsunami survivors with Post-Traumatic Stress Disorder (PTSD).

SKY is a group-oriented, manual-based, controlled breathing meditation intervention that focuses on several types of breathing exercises with periods of discussion and stretching. The exercises include four sequential, form- and rhythm-specific breathing components interspersed with normal breathing while sitting with eyes closed (see [Brown and Gerbarg, 2005a](#) for details). The four breathing techniques:

- Three-stage Ujjayi (Victorious Breath)
- Bhastrika (Bellows Breath)
- 'AUM' (OM) chanting
- Sudarshan Kriya (clear vision through purifying action)

All breath forms are performed with the eyes and mouth closed while breathing through the nose. The intervention includes some brief discussion about the stress reduction and life meaning. Ujjayi breathing employs a slight

contraction of the laryngeal muscles and partial closure of the glottis (increasing airway resistance) while breathing through the nose. This enables the practitioner to finely control airflow to prolong inspiration and expiration. Combined pharyngeal stimulation, airway resistance and prolonged expiration are thought to stimulate vagal afferents leading to increased parasympathetic effects (Brown and Gerbarg, 2005). Three-stage Ujjayi employs arm movements with Ujjayi breathing, counts for each phase of the breath cycle, and holds at end-inspiration and end-expiration. Ujjayi is performed for about 8 min. Practitioners often report a feeling of calm accompanied by a pronounced decrease in feelings of worry after doing Ujjayi (Weintraub, 2004). Bhastrika involves repeatedly raising the arms above the head and then bringing them down against the sides of the ribs, like the handles of a bellows, leading to vigorous exhalation through the nose. It is performed for approximately 2 min. This is thought to stimulate the SNS. Practitioners often report increased energy and feelings of happiness which counteract the apathy and pessimism of depression (Weintraub, 2004). Sudarshan Kriya (SK) uses a sequence of breathing at different rates starting slowly (4–6 breaths per minute), then at a moderate rate (10–12 breaths per minute), then briefly at a fast rate (80–100 breaths per minute). The sequence is repeated several times over a total period of approximately 10 min. This mimics natural breath rate responses to emotion-laden events, but here each rate is performed for a limited and systematic period of time, jointly under the control of the facilitator and practitioner. The particular repeated, planned mimicking of natural rhythms is thought to restore balance to the autonomic and stress response systems while alleviating trauma-related symptoms (Eren-Kocak *et al.*, 2009). Why this is the case is not yet known and is the subject of further research. Practitioners report feelings of calmness and emotional relief (Brown *et al.*, 2009; Gerbarg, 2007) that counteract over-reactivity and loss of wellbeing.

Using an interactive discussion format, participants received education about stress reduction, for example, techniques to shift their focus away from

past regrets and future worries while increasing attention to current realities. Sharing experiences and giving one another support enabled participants, who had lost significant personal and community relationships, to develop new bonds, a sense of belonging and feelings of resilience. Participants were encouraged to perform 20 min of daily breath practice and to attend weekly group sessions to further reduce stress and maintain improvements after the course. Daily practice and follow-up group attendance could not be monitored under the postdisaster conditions.

H. Sudarshan Kriya Yoga (SKY)

Sudarshan Kriya Yoga (SKY) is a comprehensive program derived from yoga that includes bodily postures, powerful breathing exercises, meditation, and cognitive/behavioral procedures. From the biomedical point of view, it is a set of techniques with demonstrable effects on brain function (Meti and Desiraju, 1984; Meti and Raju, 1993). Previous studies have suggested that SKY is an effective tool in relieving clinical and non-clinical anxiety and depression. There is sufficient evidence to consider SKY to be a beneficial, low-risk, low-cost adjunct to the treatment of stress, anxiety and depression (Brown and Gerbarg, 2005b; Katzman *et al.*, 2012; Zope and Zope, 2013). SK is traditionally understood to use specific rhythms of the breath to eliminate stress, support the various organs and systems within the body, transform overpowering emotions and restore peace of mind.

SKY has positive effects on stress and has been used as the instrumental approach by the non-profit organization, i.e., AoL Foundation. It is therefore, referenced as synonym of AoL Course. Katzman *et al.* (2012) had evaluated the efficacy and tolerability of SKY course in generalized anxiety disorders outpatients who after eight weeks of an appropriate dose of traditional therapy had not yet achieved remission. SKY is a well described yoga based stress reduction program that has been reported to relieve severe major depression (Janakiramaiah *et al.*, 2000) and dysthymia (Janakiramaiah *et al.*, 1998; Naga Venkatesh Murthy *et al.*, 1998). Janakiramaiah *et al.* (2000) in their random controlled study, found that the level of depression

significantly decreased (68-73%) in subjects hospitalized for major clinical depression who were given one week of instruction in SKY, followed by 30 min of practice (mean of 4.5 days a week) for three weeks, and this intervention was as effective as imipramine 150 mg/day. The SKY course has also been used to treat substance abusing populations (Vedamurthachar *et al.*, 2006), military veterans with posttraumatic stress disorder (PTSD) (Carter *et al.* 2009), nonmilitary patients with PTSD (Brown *et al.*, 2009, Gerbarg, 2007; Sageman, 2004) and victims of war or mass disasters (Descilo *et al.*, 2009; Gerbarg and Brown, 2005; Bhatia *et al.*, 2003). In a controlled trial of three comparison refugee groups, from the 2004 Southeast Asia tsunami, an 8h yoga breath program with SK resulted in a 60% drop in mean scores on the posttraumatic stress checklist (PCL17) and a 90% drop in mean scores on Beck depression inventory (BDI) in one week. Scores continued to improve at six month follow up (Descilo *et al.*, 2009). Practitioners of this form of yoga are reported to have concurrent high activity of alpha and beta waves as measured by electroencephalography (EEG), indicating simultaneous increased mental focus and relaxation (Bhatia *et al.*, 2003). A drop in blood lactate levels, with a concomitant increase in the antioxidant enzymes superoxide dismutase, catalase, and glutathione, suggests favorable effects on antioxidant status (Sharma *et al.*, 2003).

The effect of comprehensive yogic breathing which included *Sudarshan Kriya Yoga* (SKY) and *Pranayam* on cardiac autonomic functions was observed by Jyotsna *et al.* (2013) and concluded with the improvement in patients. There are clinical studies which reveal improvement in glycemic control through practicing yoga (Agte and Tarwadi, 2004; Jain *et al.*, 1993; Sahay, 2007; Dham *et al.*, 2006; Shembekar and Kate, 1980). Yoga has been studied for controlling both the symptoms and the complications associated with diabetes mellitus (Sahay, 2007; Dham *et al.*, 2006; Stevens, 2002). Innes and Vincent (2007) systematically reviewed the influence of yoga-based programs on risk profiles of adult diabetic patients (type 2) and concluded with the multitude benefits of yoga. Several studies had shown the beneficial effect

of yoga on autonomic neuropathy (Raghuraj and Telles, 2003; Khanam *et al.*, 1996; Mourya *et al.*, 2009; Udupa *et al.*, 2003; Taneja *et al.*, 2004; Sathyaprabha *et al.*, 2008; Chemma *et al.*, 2011; Chaya *et al.*, 2008) but the effect of SKY is limited (Jyotsna *et al.*, 2013). Findings of Agte and Tarwadi (2004) suggested a promising potential for comprehensive yogic breathing as a complementary therapy in diabetes. Regular practice of SKY has been found to be useful in improving quality of life in patients with diabetes (Jyotsna *et al.*, 2012).

Effect of SKY on psychological health is not limited to clinical patients. Researchers not only found the significant lowering of degree of anxiety, depression and stress, but also increase in the degree of optimism (Kjellgren *et al.*, 2007) by improving the psychological health and well-being (Bhatia *et al.*, 2003). Multi-component mind–body programs, including breath practices, postures (asanas) and movements, may alleviate symptoms of anxiety (Vedamurthachar *et al.*, 2006; Telles *et al.*, 2007; Katzman *et al.*, 2009), depression (Janakiramaiah *et al.*, 2000; Janakiramaiah *et al.*, 1998; Naga Venkatesha Murthy *et al.*, 1998), PTSD (Franzblau *et al.*, 2006; Sageman, 2004; Sageman and Brown, 2006; van der Kolk, 2006; Brown *et al.*, 2009) and schizophrenia (Duraishwamy *et al.*, 2007). SKY Treatment has successfully induced a significant reduction in Anxiety and Depression symptoms in the patients participating in the study by Doria *et al.* (2015). The findings of Ghahremani *et al.* (2013) suggest that AoL courses such as YES!, which combine psychosocial education and yoga-based practices, including breathing exercises and meditation, can reduce impulsive behavior during adolescence, a period when impulsive actions may have lifelong consequences.

Yoga breathing can shift autonomic balance towards parasympathetic dominance (Telles and Desiraju, 1992). Moreover, the voluntary use of different breath patterns can account for up to 40% of the variance in emotions, particularly anger, fear, joy and sadness (Philippot *et al.* 2002). Voluntarily controlled breathing may alter autonomic nervous system functions

via vagal afferents to the central cholinergic system and could influence the limbic system, thalamus, cerebral cortex (including prefrontal cortex), forebrain reward systems and hypothalamus, inducing changes in emotion, cognition and state of consciousness ([Brown and Gerbarg, 2005a,b](#); [Gerbarg, 2007](#)).

Another important aspect of positive impact of SKY includes gene expression. It is well established fact that the perturbations in the environment give rise to distinct changes in gene expression. But recent work highlighted the relevance of psychological, social, and cultural components which could induce gene expression changes. It was studied by the emerging field of psychosocial genomics (for a review, see [Garland and Howard, 2009](#)). For example, adverse life experiences have been suggested to give rise to significant changes in gene expression in circulating immune cells (for a review, see [Cole, 2010](#)). Consistent with this framework, the first set of studies on long-term (months to years) yogic/meditative practitioners have found that these practices may positively affect gene expression profiles in immune cells in the circulation ([Li et al., 2005](#); [Dusek et al., 2008](#); [Sharma et al., 2008](#); [Black et al., 2012](#)). [Qu et al. \(2013\)](#) elaborated their assessment of impact of SKY on gene expression and summarized that SKY had rapid effects at the molecular level in circulating immune cells. The data of their work ([Qu et al., 2013](#)) suggested that yoga and related practices result in rapid gene expression alterations which may be the basis for their longer term cell biological and higher level health effects.

Key research studies on healthy volunteers:

In a pilot study, healthy volunteers who underwent six-weeks of SKY had significantly reduced stress, anxiety and depression as well as increased optimism compared to a control group instructed to relax in an armchair for the same amount of time as the SKY practice ([Kjellgren et al., 2007](#)).

A number of biological indicators of stress in a healthy population have been shown to decrease as a function of SKY. One study of SKY practitioners evaluated the effect of SKY on antioxidant enzymes and genes involved in

oxidative stress, DNA damage, cell cycle control, aging and apoptosis. Compared to healthy controls, SKY practitioners had significantly higher levels of glutathione, glutathione peroxidase, and superoxide dismutase activity. Also, gene expression levels of glutathione S-transferase was significantly higher in SKY practitioners. Antiapoptotic Cox-2 and HSP-70 were also significantly higher in SKY practitioners compared to healthy controls. The investigators also found a higher trend of aging related human telomerase reverse transcriptase (hTERT) and antiapoptotic Bcl-2 in SKY practitioners (Sharma *et al.*, 2008). In a study of tobacco abusing cancer patients who completed standard cancer therapy SKY was shown to significantly increase the number of natural killer (NK) cells at 12 and 24 months compared to baseline. The increase in NK cells at 24 weeks was significant when compared to a control group (Kochupillai *et al.*, 2005).

Key researches on populations suffering from PTSD or other forms of psychopathology:

The Australian government provides extensive services and psychological support for veterans, many of whom served as advanced scouts and survived heavy combat. Thirty-five years later, many Australian Vietnam veterans remain permanently disabled due to chronic PTSD complicated by substance abuse or medical problems. In a rater blind, randomized, wait-list controlled study of 30 disabled Australian Vietnam veterans with PTSD, those given a 5-day course in *Sudarshan Kriya Yoga* showed significantly greater reductions on the Clinician Administered PTSD Scale (CAPS) than those in the wait-list group (Carter *et al.*, 2009). There was statistically significant improvement in scores on the CAPS ($p = 0.007$) in both the test group and in the wait list control group following the SKYY intervention. Statistically significant improvements in alcohol consumption and subscales of depression (MINI-Plus) occurred in both groups following the yoga course. At 6-month follow-up average CAPS scores were about 30 points lower than at baseline. The Veterans also learned how to use the yoga

breathing to calm down when they awoke at night or when they felt “road rage.” Indices of depression improved and alcohol consumption declined.

Patients with PTSD due to sexual abuse benefited when SKY breathing was combined with traditional psychiatric and psychological therapies (Sageman, 2004; Sageman and Brown, 2006). Yoga breathing reduces arousal, anxiety and overreactivity, enabling the patient to recall and discuss traumatic material without feeling overwhelmed. Other beneficial components of SKY course include cognitive-behavioral teaching and psychoeducation in human values of acceptance, social responsibility, and community service.

In one study the practice of SKY lead to 67% remission rates for patients diagnosed with depression after only 4 weeks (Janakiramaiah *et al.*, 2000). In another study of 30 depressed patients treated only with SKY, 22 patients had a clinical response that was sustained for the study duration of 3 months. The pretreatment P300 amplitude did not distinguish responders from non-responders and was not associated with differential rates of response. The authors concluded that SKY therapy was uniformly effective regardless of the pretreatment P300 amplitude (Naga *et al.*, 1998). Among people living with HIV/AIDS, positive changes in well-being on the Mental Health Index (MHI) and the MOS-HIV Health Survey (MOS) were seen immediately following the SKY program (Brazier *et al.*, 2006). Additionally, there is evidence that SKY can effectively reduce existing depressive symptoms associated with alcohol dependency (Vedamurthachar *et al.*, 2006).

In sum, these studies provide strong preliminary evidence for the effectiveness of SKY on psycho-physiological indicators of stress and well-being.

I. SKY and Inmates

The report of International Association for Human Values (IAHV) **Prison SMART** (Stress management and Rehabilitation Training) program details the importance of SKY for inmates. Prison SMART is progressive,

practical and result-oriented; providing compassionate, innovative and effective solutions to breaking the cycles of violence and tackling escalating global crime rates. Most importantly, it offers inmates the opportunity of genuine rehabilitation and re-integration into society.

IAHV is an international humanitarian and educational non-governmental organization that works in special consultative status with the Economic, Social and Cultural Council (ECOSOC) of the United Nations. The Association partners with governments, educational institutions, other NGOs, corporations, businesses and individuals, to develop and promote programs of personal development to encourage the practice of human values. IAHV along with its sister organization, Art of Living Foundation, has reached over 20 million people in over 143 countries from all walks of life, with a variety of committees and activities related to conflict resolution and health. IAHV is known for its low overheads and strong organizational capacity to develop and promote programs of personal development. IAHV Prison SMART serves the entire criminal justice community: incarcerated adults, juveniles and their families; ex-offenders; victims of violence and crime; correctional officers and law enforcement administrators. Since its inception in the United States in 1992, over 10,000 inmates, correctional officers and law enforcement staff have experienced the benefits of the program. In India the program has been taught in 100 prisons to 120,000 inmates. In recent years many other countries have adopted the program helping thousands more individuals.

The mission of IAHV Prison SMART is to make a life-transforming difference in the lives of all people working in, or incarcerated within, the criminal justice system by teaching skills for reducing stress, healing trauma, and providing practical knowledge of how to handle one's emotions, to help them live their highest potential and contribute in a positive way to society.

IAHV Prison SMART teaches practical skills that begin to produce results from the very first session. The program uses advanced breathing practices that create dynamic cleansing effects on the body and mind.

Participants learn how to use their own breath to gain relief from the accumulated effects of stress and negative emotions.

The cornerstone of the program is a breathing technique called *Sudarshan Kriya*. This unique practice transforms overpowering emotions and restores calm and alertness. It becomes a no-cost, self-empowering tool individuals can use anywhere, anytime. Another aspect of the program is the practical life-skills training to help participants become more aware, and more in-charge, of unhealthy mental habit patterns.

As a result of the program, participants begin to reduce and manage stress in their lives. They sleep better, think more clearly, and begin to take responsibility for their actions. By handling stressful situations better, they gain confidence in their ability to have self-control and make positive changes in their behavior.

Newsletter Tihar Times (Jan-Jun 2014) mentioned about the researches carried out at Tihar Central Jail Hospital over a period of three months on the impact of SKY on overall well-being of patients. These studies were carried out on patients suffering from Substance dependence and Psychiatric illness. Prior to onset these studies most of patients involved in studies had high level of depression and anxiety, along with the poor self-control. In these studies *Sudarshan Kriya* was found to be beneficial for both groups of patients. After undergoing daily sessions of *Sudarshan Kriya* for at least 6 weeks, patients were found to have significant reduction in anxiety and depression levels, improved self-control and positive overall well-being. At the end of studies based on findings it was suggested by researchers those regular sessions of *Sudarshan Kriya* will have positive impact on mental health of inmates.

J. Conclusions

The unprecedented rise in incarceration rates can be attributed to an increasingly punitive justice policy formed in a period of rising crime and rapid social change. This provided the context for a series of policy choices—across all branches and levels of government—that significantly increased sentence lengths, required prison time for minor offenses, and intensified punishment for particular crimes. The increase in incarceration may have caused a decrease in crime, but the magnitude is highly uncertain and the results of most studies suggest it was unlikely to have been large. Given the small crime prevention effects of long prison sentences and the possibly high financial, social, and human costs of incarceration, policy makers should revise current criminal justice policies to significantly reduce the rate of incarceration. Policy makers should also take steps to improve the experience of incarcerated men and women and reduce unnecessary harm to their families and their communities. It has been widely assumed that prison is destructive to the psychological and emotional well-being of those it detains. However, this assumption has rarely been critically examined. Studies on the effects of prison crowding, long-term imprisonment and short-termed detention, solitary confinement, death row, and the health risks associated with imprisonment provide conclusive evidences regarding the "pains of imprisonment". However the evidences also point towards the importance of individual differences in adapting to incarceration. As the use of incarceration is unlikely to decrease in the near future, research on its effects is urgently needed and a situation-by-person approach may be the most fruitful research strategy. In the long-term incarceration literature, researchers ([Zamble, 1989](#); [Zamble and Porporino, 1988, 1990](#)) have found that some inmates cope successfully with prison but others do not and that the type of coping is modestly related to future recidivism. Furthermore, on the basis of their analysis, if emotional distress is reported by inmates, it is more often early on in their incarceration. It is at this point that they may be receptive to treatment.

Review of literature showed that the *Sudarshan Kriya* and accompanying Practices (SK&P) significantly:

- Reduce levels of stress (by reducing cortisol - the 'stress' hormone)
- Benefit the immune system
- Reduce cholesterol
- Relieve anxiety and depression (mild, moderate and severe)
- Enhance brain function (increase mental focus, calmness and recovery from stressful stimuli)
- Enhance health, well-being and peace of mind

The subjective reports of increased health, vitality, well-being, and peace of mind by thousands of SK&P practitioners are consistent with research findings to date, which suggest an overall strengthening of the mind/body system. EEG, blood cortisol, and lactate levels reflect a state of relaxation, yet alertness. Significant increases in NK cells and antioxidant enzymes suggest that regular practice may help prevent many serious diseases. Decreases in cholesterol may prevent cardiac disease, and depression is quickly alleviated in a high percentage of individuals. Even though further studies are needed, these findings point to the powerful health restoration and promotion effects of these time-honored practices. The significant further fall in serum cortisol levels, during and following SK&P, among beginning and regular practitioners, suggests that regular practice of SK&P progressively develops greater levels of both relaxation and resilience to stress.

A. Research Methodology

Research is defined as human activity based on intellectual application in the investigation of matter. The primary purpose for applied research is discovering, interpreting, and the development of methods and systems for the advancement of human knowledge on a wide variety of scientific matters of our world and the universe. Research can use the scientific method, but it is not necessary all the time to have a scientific approach. Scientific research relies on the application of the scientific method and provides scientific information and theories for the explanation of the nature and the properties of the world around us. It makes practical applications possible. Research methodology is a way to systematically solve the research problem. The research methodology in the present study deals with research design, data collection methods, sampling methods, survey, analysis and interpretations. Descriptive approach is one of the most popular approaches these days. In this approach, a problem is described by the researcher by using questionnaire or interview. This approach enables a researcher to explore new areas of investigation. A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The present research has the mixed approach of exploratory and descriptive features.

The research would be exploratory in nature. It will be followed by descriptive research.

Exploratory Research: Exploratory research is an approach that would be used to add new insight into the issues and the problems. Exploratory research often relies on secondary research such as reviewing available literature and/or data, or qualitative approaches etc.

Descriptive Research: The research would be descriptive in nature. Descriptive research, also known as statistical research, describes data and characteristics about the population or phenomenon being studied.

Coverage of Study: The study area of the study is limited to the prisons of five identified districts of Rajasthan like Jaipur, Jodhpur, Udaipur, Chittorgarh and Ajmer.

The study of the prison system and the interrogation of the inmates and the staff members would be of the selected districts prisons only.

Sample and Sampling Method:

The selection of the sample size will depend on several issues like:

- Cost considerations (e.g., maximum budget, desire to minimize cost). Administrative concerns (e.g., complexity of the design, research deadlines). Minimum acceptable level of precision.
- Confidence level.
- Variability within the population or subpopulation (e.g., stratum, cluster) of interest.
- Sampling method.

So after reviewing all the issues it was estimated that 250 inmates from five prisons will be the respondents of the study.

Random sampling method is used for the purpose of this study for selecting the inmates and for selecting the districts and prisons judgmental sampling will be followed which is influenced by the convenience and the popularity of the district.

Profile of the Samples: Selection of the sample of respondents in such a way that it will represent the whole mass of inmates; means all the inmates punished for several types of crimes would be the part of the sample so that the complexity of the social system could be studied in depth. The respondents from prisons of Jaipur, Jodhpur, Udaipur, Chittorgarh and Ajmer districts of Rajasthan would be the target group. The study will put its effort to cover all the possible dimensions of the study by interrogating the prison system and the participant of the study (inmates and the staff member of the prisons).

Method of Data Collection:

Tools: Prepared two different tools for the purpose of the study:

1. Interview schedule for the inmates and the staff members of the prisons.
2. Questionnaire for critical evaluation of characters of inmates.
3. Questionnaire for critical evaluation of the impact of course on inmates.

The schedule and questionnaire were prepared with the help of several experts from the prisons and academicians. The prison inmates were contacted to whom we want to interact and to brief them about the purpose of the study and assure them for the confidentiality of data, and in this manner I collected the data from the respondents. There were two types of interviews: structured and unstructured. A structured interview is one designed around predetermined fixed response categories with a standardized format of attaining such responses. This was done by establishing questions before the interview with the intent of obtaining answers to these and only these questions. Unstructured interviews can be described as allowing the respondent to freely react to particular issues by stating their opinions and behaviors while the interviewer leads the interview in the direction of information that the researchers need for their study.

Secondary Data:

The regulations and the strategies followed and instructed to be followed are studied through the available books and the literatures on internet and the library.

Statistical Analysis:

After the collection of data, data coding and tabulation will be framed for the analysis. All the calculations were done through SPSS and wherever necessary the data was pictorially presented by the use of graphs.

B. Target Jails

Inmates of the five central jails, viz., Udaipur, Bharatpur, Ganganagar, Jodhpur and Kota were undertaken for the investigation. Figs. 1- 5 represent systems of the Jails under investigation. Although discrete visits were made and events were conducted in several District and Sub jails but the data were confined to the inmates from the Central Jails.



Fig. 1



Fig. 2



Fig. 3



Fig. 4



Fig. 5

C. Methods for Data Collection and Analysis

The data collection method used in this research is questionnaire based interview method. The data are systematically recorded from the respondent.

Although questionnaire based data collection was the main approach undertaken for the data collection. Due to limitation of the responses by the inmates, the approach was modified with the interview based data collection.

- A well-structured questionnaire was framed which was used through interview based approach.
- Data is collected randomly from the inmates participated in the course and concerned officials of Jails for the background purpose.
- Findings were made and necessary suggestions and recommendations are given on the basis of primary data and secondary data collected and analyzed.

A structured questionnaire ([Annexure I](#)) has been prepared to get the relevant information from the respondents. The questionnaire consisted of a variety of questions presented to the respondents for their response.

The jails are the sample unit in the survey. The sample size chosen for this study is 50 inmates per jail. The sampling type is non-probability which involves deliberating selections of particular units constituting a sample, which represents the universe. The undertrial and convicted were interviewed with a base of questionnaire.

As mentioned in the previous paragraphs, the limitations of responding the questionnaire, the approach was questionnaire based interview. By adopting indicators taken from questions ([Annexure II](#)), the interviews were undertaken by the participants. The written statements were also collected by few of the inmates who wished to give in written ([Annexure III](#)).

Statistical Tools of the MS Excel were used for the analysis of the data collected.

D. Techniques for Stress Management

Within the metaphysical world, we believe that in order to truly begin the healing process; we have to start with the mind. It also means that an individual must create new patterns of thought. An individual must have a firm idea or memory of what a healthy mind, body, and spirit looks like, what it feels like, how s/he functioned with the previous capacity.

Once individual understands her/his strengths, begin to look at those additional important things that one wants to help in defining self and what s/he represents. Then after look at those things that one would like in life from a social, personal, intimate, emotional, and spiritual basis.

Once this is accomplished, noting down the *Personal State of Health and Wellness!*

Defining the Perfect State of health and Wellness is not enough in itself; one must believe it and constantly maintain this vision of self in a healing process. This demands discipline and consistency of intention on individual's part.

Methodology undertaken in the present investigation was as following:

- Step 1:** Selection of the interested inmates through Jail authorities.
- Step 2:** Interactions (Interview Pre-session) with selected inmates regarding holistic approach of stress management.
- Step 3:** Importance of the course followed by the assessment and/or introduction of the rules and their commitment level.
- Step 4:** Interaction based approach on understanding the sources of energy, viz. food, sleep, knowledge, breath.
- Step 5:** Cordial interaction based approach on understanding the seven layers of existence, viz. body, breath, mind, memory, intellect, ego, self.
- Step 6:** Understanding the body through practical sessions of Yoga.

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- Step 7:** Understanding the breath through practical sessions of *Pranayam*.
- Step 8:** Understanding the breathing pattern through practical sessions of *Sudarshan Kriya*.
- Step 9:** Understanding the mind, memory, intellect and ego through meditation, management games and stories.
- Step 10:** Practical sessions on Relaxation Techniques, viz., *yogas* and progressive muscles – relaxation along with soothing music.
- Step 11:** Understanding the functioning of Left and Right Brain through *satsang*, songs and knowledge sessions.
- Step 12:** Making them to realize their importance in society and reformation learning as well as discussions on their need.
- Step 13:** Detailed interactions (Post-session interview) with participated inmates regarding holistic approach of stress management.
- Step 14:** Skill development and livelihood related activities including propagation of the creativity through experts' interactions, artistic exposure, literature etc.

The above mentioned steps are followed by 'Regular Followups'. Medical and Legal Aid camps were the part of regular programs. One of the important aspects includes encouragement of the interested participant to write on the self (autobiography).

On an average eight days were taken for completing above mentioned steps in a stretch in form of Basic Course of Holistic approach of Stress Management. The reformation of the participant is not restricted to these eight days but it is the regular process which extends for months and years in form of follow ups and repetition of the sessions.

A. Prisons

With the change in the social perception towards prisoners, the prison could be renamed as correctional homes. The emphasis on reformation is being priority of the modern jail institutions. It is due to the above said feature, an amiable environment for vivid activities is becoming part of the jails.

It was observed that close confinement, lack of options, guilt consciousness and fear of punishment, and above all impact on the daily routine life as well as approach of others after release were few concerns among the inmates. These concerns create a stressful atmosphere not only for inmates but also for the staff which results into challenging environment. Correctional measures of external and internal environment could reduce or minimize the stressful conditions. It is easy to work out for the cleansing of the external environment but it needs consistent efforts for the cleansing of the internal environment. Present investigation observed five Central Prisons of Rajasthan and different jails of different categories. The details of the features observed for five main central jails are detailed in subsequent paragraphs.

The focus is creating stress free atmosphere and giving opportunity to bring reforms at individual level. There are different approaches for the stress management. Present investigation deals with the holistic approach of Stress Management Techniques (HSMT). HSMT were used in form of systematic sessions as detailed in the methodology (Ch. 3, title D) for eight days in a stretch followed by the follow-up and repeated sessions then after, distributed over a period of months and years.

B. Prison in India

Organized system of prisons was known to exist in past India. Brihaspati stressed on the concept of the closed prisons for the imprisonment of convicts. Views of Manu were different for the prison system. It was the common practice of keeping prisoners in solitary confinement for self-introspection.

With the advancement of time, during the Hindu and Mughal period, the prime object of the punishment was to deter offenders from repeating crime. Common practices for executing punishment included death sentence, hanging, whipping, flogging, branding or starving to death. Torture and inhumane treatment were quite common. Strict checks and control were part of the punishment. The prisons were considered as the place of terror and torture along with tough and rigorous control of the prison authorities. Thus, the system was made as according to the political influence and the order system of the reign which had the major impact of individualistic approach, i.e., ruling person in form of King/ Emperor or his assigned Minister.

The British Colonial Rule marked the beginning of penal reforms in India. They introduced the radical changes in the existing prison system along with due consideration of the local and indigenous sentiments. They categorized the prisoners as Violent and Non-Violent. In 1836, the Prison Enquiry Committee appointed by the Government of India recommended abolition of the practice of prisoners working on roads. Adequate steps were also taken to eradicate corruption among the prisons staff. In 1855, an official called Inspector General of Prisoners as the Chief Administrator of prison in India was appointed for the first time. His main function was to maintain discipline among the prisoners and the prison authorities. Conditions of prisoners were harsher than animals in India and prisoners were treated with hatred. There was no uniform civil code to give punishment. The meaning of the punishment itself was to crush the prisoner. Jailors were cruel persons. But in 1855, some thought of reformation arose.

In 1862, second Jail Enquiry Committee expressed concern for the insanitary conditions of Indian Prisoners which resulted into death of several prisoners due to illness and disease. It emphasized the need for proper food and clothing as well as medical treatment of ailing prisoners. Prisoners Act was enacted to bring uniformity in the working of the prisoners in India. The Act provided for classification of prisoners and the sentences of whipping was abolished. The medical facilities which were already available to prisoners in

1866 were further improved and better amenities were provided to women inmates to protect them against contagious disease. It must be stated that the freedom movement had a direct impact on prison conditions in India.

In the Independent India, the Constitution of India covered Prisons and their administration under the state subject enlisted by item 4 of the State List in the Seventh Schedule. It is the domain of the State Governments, governed by the Prisons Act, 1894 and the Prison Manuals of the respective government. Despite of the fact that the states bear the responsibility and authority to change the current prison laws, rules and regulations; the prisons are supported by the Central Government. The states are assisted in improving security system, repairing and renovating of prisons, medical facilities, developing borstal schools, modernizing prison industries, training programs, etc. HSMT was among the tools and techniques of training programs for reformation as used in the present investigation in the selected five Central Jails of Rajasthan.

In view of the improvement of the jail institutions, three broad principles on imprisonment and custody were laid down by the Supreme Court of India in its judgment on different aspects of prison administration. These are:

1. Person in prison does not become a non-person;
2. Person in prison is entitled to all human rights within limitations of imprisonment; and
3. There is no justification for aggravating the suffering already inherent in the process of incarceration.

The present investigation has revealed the present scenario of selected five central jails. The challenges of the external and internal environment were undertaken in HSMT including the three points as laid down by the Supreme Court of India.

C. Types of Prison

As per the availability of the data Indian prison system comprises of eight categories of jails. Central Jails, District Jails and Sub Jails are the commonly known jail institutions. Other jail establishments include women Jails, Borstal Schools, Open Jails and Special Jails. Despite of the fact that area wise Rajasthan is largest state and population wise Uttar Pradesh is largest state, Maharashtra (150) has the highest number of jails in India. Rajasthan (119) stands fourth in the country in having jails.

Central Jail: differs from State to State but share common features of large sized jails confining prisoners sentenced to longer period of imprisonment (for over two years) with the rehabilitation facilities.

Madhya Pradesh (11) has the highest number of jails followed by Maharashtra (9) and Tamil Nadu (9) under this category. Rajasthan (8) stands next along with Karnataka, Punjab and Delhi.

In terms of capacity, Maharashtra (14,841), Tamil Nadu (14,127), Punjab (13,810), Madhya Pradesh (13,422), Bihar (11,826) and West Bengal (11,300) have capacity of over ten thousand inmates followed by Jharkhand (8,140), Rajasthan (8,013), Gujarat (7,680), Uttar Pradesh (7,769) and Karnataka (6,426) which have the capacity of over five thousands inmates.

Arunachal Pradesh, Meghalaya, Andaman & Nicobar Islands, Dadra & Nagar Haveli, Daman & Diu and Lakshadweep do not have any Central Jails.

Five Central Jails namely, Udaipur, Kota, Ganganagar, Jodhpur and Bharatpur were taken as the sample study points for the present investigation. Details of the same are given in the subsequent paragraphs.

District Jail: In absence of Central Jail, this category serves as main prisons in States/UT.

Uttar Pradesh (56) has highest number of jails under this category followed by Madhya Pradesh (33), Bihar (31), Maharashtra (27), Rajasthan (25) and so on.

The prison capacity of Uttar Pradesh (43,383) is highest under this category. Rajasthan (3,809) has comparatively low capacity under this category.

Six District Jails namely, Bhilwara, Rajsamand, Karauli, Dungarpur, Hanumangarh and Pratapgarh were visited during the study period.

Sub Jail: Smaller institutions situated at a sub-divisional level in the States.

Nine States, namely, Maharashtra (100), Andhra Pradesh (99), Tamil Nadu (96), Madhya Pradesh (78), Odisha (73), Karnataka (70), Rajasthan (60), West Bengal (33) and Telangana (33).

Odisha (10,272) has highest capacity of inmates. Rajasthan (3,368) stands fourth in capacity.

Arunachal Pradesh, Haryana, Meghalaya, Mizoram, Sikkim, Chandigarh and Delhi have no sub-jails.

One Sub Jail Salumber was visited during the study period.

Women Jail: This category built to exclusively house women prisoners. Most of the staff in such jails are usually women.

This category exists only in 13 States/UT. Tamil Nadu and Kerala have three women jails each. Rajasthan and West Bengal have two women jails each. Other States/UT having women jails are Andhra Pradesh, Bihar, Gujarat, Maharashtra, Odisha, Punjab, Telangana, Uttar Pradesh and Delhi.

Tamil Nadu (1,569) holds highest capacity of women inmates followed by Rajasthan (469).

One of the Women jail in Rajasthan (Udaipur Women Jail) was visited during the study period.

Borstal School (Jail): This category is youth detention center used exclusively for the imprisonment of minors or juveniles. The primary objective of this type of jail (school) is to ensure care, welfare and rehabilitation of

young offenders in different environment away from the atmosphere of prison. The school (jail) provides various vocational trainings as well as formal education through expert teachers along with moral influence to the young detainees.

Nine states, namely, Tamil Nadu, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Maharashtra, Punjab, Rajasthan and Telangana have the schools under their jurisdiction.

Tamil Nadu (678) has the highest capacity followed by Punjab (500), Rajasthan (312) and so on.

Udaipur Borstal School (Jail) was observed during the study period.

Open Jail: It could be considered as least secured prisons. With the certain norms as per Prison Rules, the inmates with the good behavior are admitted in such prisons. The activities are mostly related to open field activities such as agricultural activities.

Seventeen States have open jails under their jurisdiction. Rajasthan (23) has the highest number of open jails.

Maharashtra (1,372) has the highest capacity of open jails inmates followed by Rajasthan (1,220).

Open jails of Udaipur, Kota, Ganganagar, Jaipur, Ajmer and Bharatpur were observed during the study period.

Other Jails: This category includes all the jails other than classified in the above ones.

Four States Goa, Karnataka, Kerala and Maharashtra have this category of jails under their jurisdiction.

Karnataka (250) has the highest capacity of inmates (males and females) in such jails.

Prison System of Rajasthan

With the aim of applying corrective measures, the Rajasthan Prison Department work hard in the direction of providing the safe confinement to the inmates and involve them in the activities to check the deviated steps and reform, readjust and rehabilitate in the society.

Rajasthan Prison Department is among the largest prison departments of nation. It runs 119 prison institutions housing over 15,000 inmates at a given time whereas the floating population oscillates 10 times.

The department ensures the safety, security and reformation of the imprisoned persons. Through various programs of personality and skill development, the potential threat of the criminal intentions as well as criminal activities of the inmates is also reduced.

Administration of Rajasthan Prisons

Department of Home, Government of Rajasthan is having the administrative control over the Rajasthan Prisons headed by the Director General (DG) of Prisons. In the hierarchy, DG is followed by one Additional Director General (ADG) and Deputy Inspector General (DIG) at Headquarters; and two Deputy Inspector General (DIG) at the Regional Offices.

There are the two regional DIG offices and seven administrative circles viz. Jaipur, Ajmer, Kota, Udaipur, Jodhpur, Bikaner and Bharatpur. Jails in the state are classified as Central Jails, District Jail 'A' class, District Jail 'B' class and Sub-Jails on basis of the category of convicted inmates kept in them. Central and District Jails are headed by Superintendent and Deputy Superintendent respectively. Besides, there are specialized classes of jails viz. Women Reformatory, Young Offenders' Reformatory and Open Air Camps. Each Central/District Prison exercises control over Sub-Jail situated in Districts under its jurisdiction. The Sub-Jail is administered by an Assistant Jailor who is the executive in-charge of a Sub-Jail.

Each Prison is under the superintendence and control of Superintendent Prison with a staff (Fig 6).

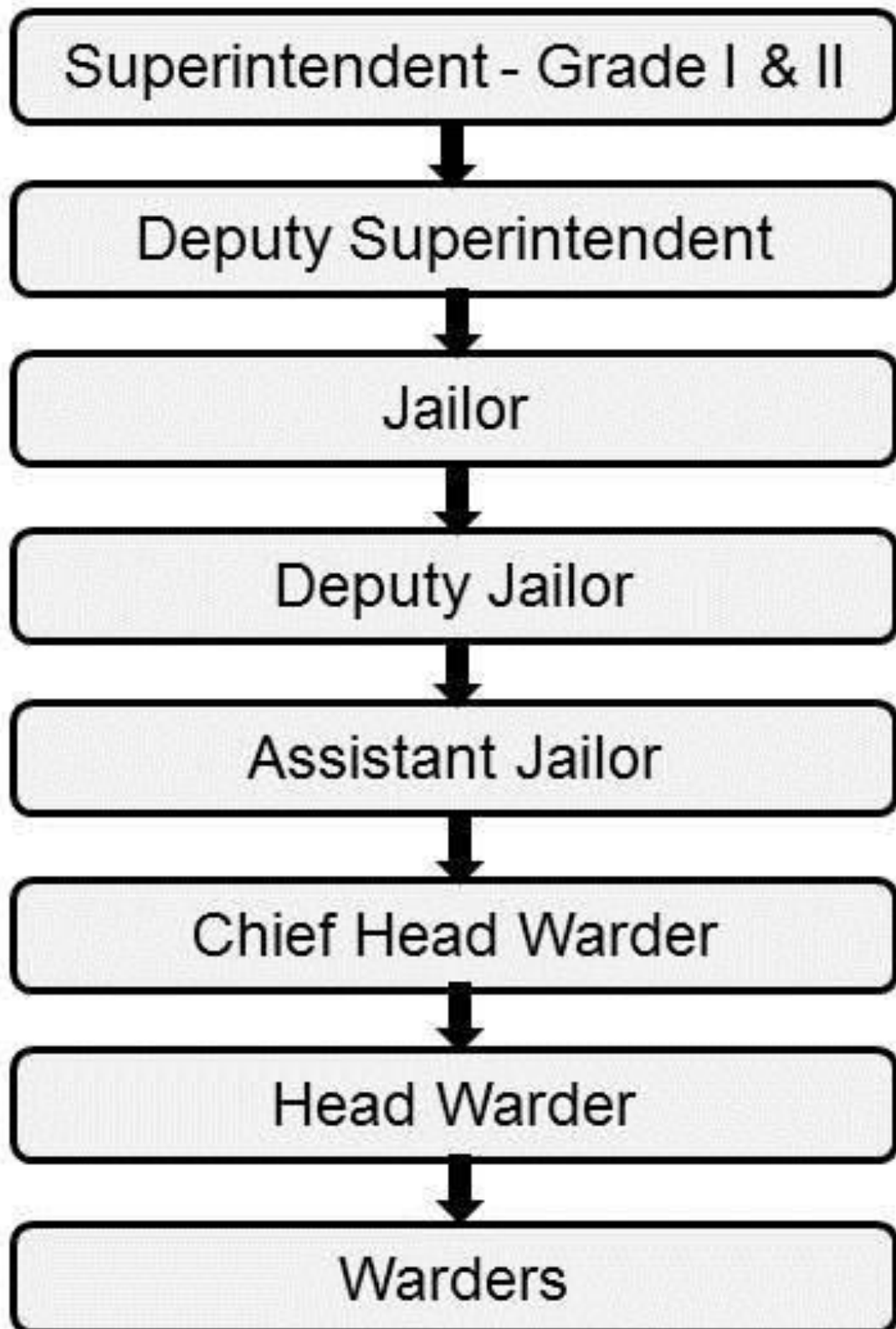


Fig. 6

Prison staff looks after the security of inmates and internal maintenance. Whereas internal perimeter and prison premises entrance gates are manned by Prison Staff, the external perimeter, High Security Wards and watch Towers are manned by Prison Staff, Rajasthan Armed Constabulary and Border Home Guards. The work of escorting to other destinations and production before courts is looked after Reserve Guards of Rajasthan Police.

Category of Prisons

[Table 1](#) represents the number of jails under different categories at National Level as per the Prison Statistics India 2014 ([Ref. NCRB](#)). In total 1,387 jails are reported from India. Maharashtra (150) has the highest number of jails followed by Tamil Nadu (136), Madhya Pradesh (123), Rajasthan (119), Andhra Pradesh (112) and Karnataka (102). [Table 2](#) represents the number of jails under different categories in state of Rajasthan as per Prison Statistics India 2014 ([Ref. NCRB](#)).

There are 8 Central Prisons, 3 'A' Class District Prisons, 22 'B' Class District Prisons and 60 Sub Jails for confining inmates and two Prisons for Women, one Young Offenders Reformatory (Aged 18 to 21 years), and Twenty Three Open Air Camps in Rajasthan. The sanctioned capacity of inmates in prisons of Rajasthan is 17796 as on 31.12.2010 ([Table 2](#))

Table 1: Types of Jails in India (Source: PSI 2014)

Sr. No.	Types of Jails	Number of Jails
1.	Central Jail	131
2.	District Jail	364
3.	Sub Jail	758
4.	Women Jail	19
5.	Borstal Jail	20
6.	Open Jail	54
7.	Special Jail	37
8.	Others	4
	TOTAL	1,387

Table 2: Jails in Rajasthan (Source: PSI 2014)

Sr. No.	Types of Jails	Number of Jails
1.	Central Jail	8
2.	District Jail	25
3.	Sub Jail	60
4.	Women Jail	2
5.	Borstal Jail	1
6.	Open Jail	23
7.	Special Jail	0
8.	Others	0
	TOTAL	119

D. Prisons Statistics

During the complete period of study from year 2012 to year 2014, total number of jails in Rajasthan is 119 classified under six categories (Table 2). The major concern of the prison administration is the population of the inmates. Table 3 gives data on the capacity of jails, population of inmates and occupancy rates in Rajasthan during the study period from 2012 to 2014. Graphical presentation of Table 3 data is given in Figure 7.

Table 3: Capacity in jails, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in Rajasthan Jails (119)

	2012	2013	2014
Available Capacity	16,600	16,622	17,191
Inmate Population	19,351	19,293	20,359
Occupancy rate	116.6	116.1	118.4

(Source: PSI 2012, 2013, 2014)

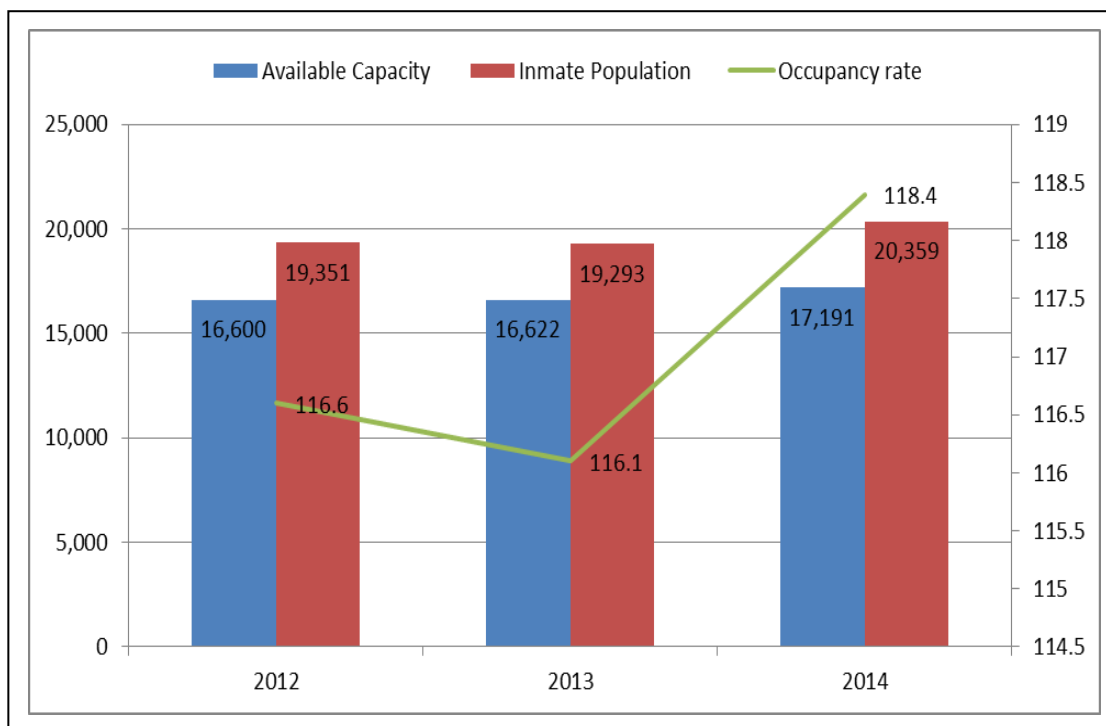


Fig. 7

Tables 4.1-4.3 present the data of the gender-wise capacity of the jails, actual number of the inmates and occupancy rates of Rajasthan Jails during the course of investigation (2012-2014). The data showed that the occupancy rates of the males remained high as compared to females throughout the investigation period. Fig. 8 is the graphical presentation of the data.

Table 4: Capacity in jails, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in Rajasthan Jails

Table 4.1: Year 2012

	Total	Males	Females
Available Capacity	16,600	15,560	1,040
Inmate Population	19,351	18,656	695
Occupancy rate	116.6	119.9	66.8

(Source: PSI 2012)

Table 4.2: Year 2013

	Total	Males	Females
Available Capacity	16,622	15,579	1,043
Inmate Population	19,293	18,631	662
Occupancy rate	116.1	119.6	63.5

(Source: PSI 2013)

Table 4.3: Year 2014

	Total	Males	Females
Available Capacity	17,191	15,982	1,209
Inmate Population	20,359	19,665	694
Occupancy rate	118.4	123	57.4

(Source: PSI 2014)



Fig. 8

Tables 5.1-5.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The occupancy rates were high in eight Central Jails of Rajasthan which shows that the jails are overcrowded. Data present that even female inmates were overcrowded in eight Central Jails of Rajasthan. Fig. 9 is the graphical presentation of the data.

Table 5: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in eight Central Jails of Rajasthan

Table 5.1: Year 2012

	Total	Males	Females
Available Capacity	8,013	7,907	106
Inmate Population	9,630	9,500	130
Occupancy rate	120.18	120.15	122.64

(Source: PSI 2012)

Table 5.2: Year 2013

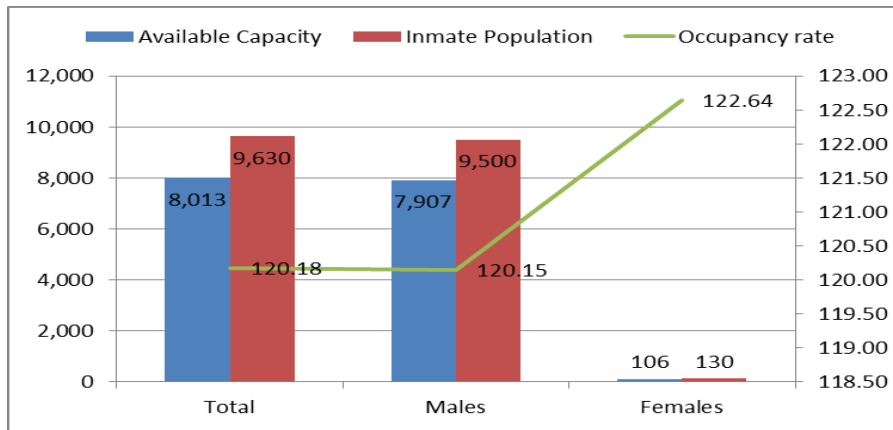
	Total	Males	Females
Available Capacity	8,013	7,907	106
Inmate Population	9,365	9,228	137
Occupancy rate	116.87	116.71	129.25

(Source: PSI 2013)

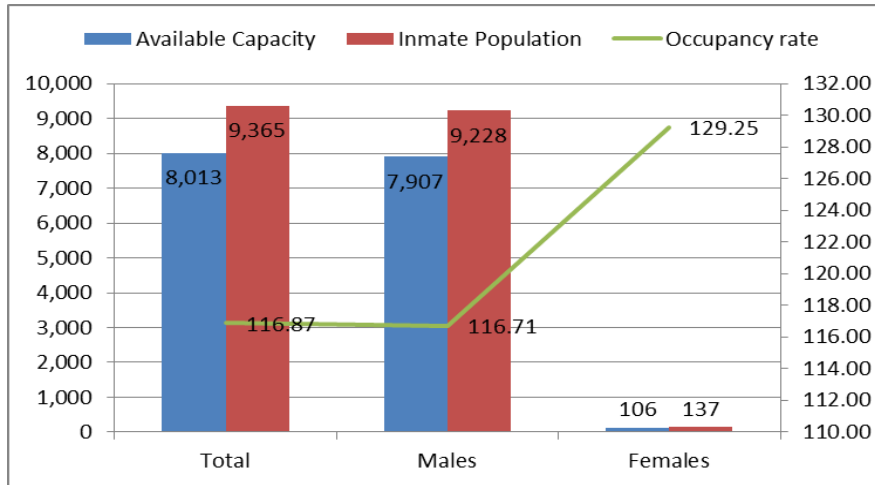
Table 5.3: Year 2014

	Total	Males	Females
Available Capacity	8,013	7,907	106
Inmate Population	8,958	8,793	165
Occupancy rate	111.79	111.21	155.66

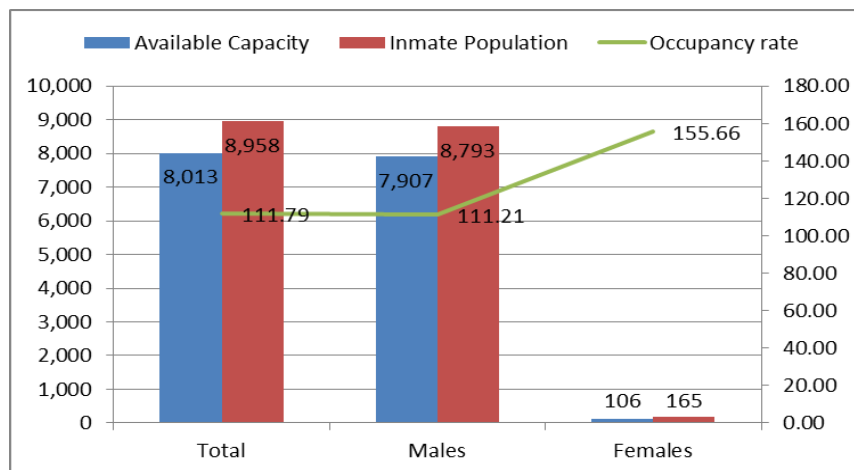
(Source: PSI 2014)



Year 2012



Year 2013



Year 2014

Fig. 9

Tables 6.1-6.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The occupancy rates were high in 25 District Jails of Rajasthan which shows that the jails are overcrowded. Female occupancy was low. Fig. 10 is the graphical presentation of the data.

Table 6: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in 25 District Jails of Rajasthan

Table 6.1: Year 2012

	Total	Males	Females
Available Capacity	3,809	3,608	201
Inmate Population	5,877	5,688	189
Occupancy rate	154.29	157.65	94.03

(Source: PSI 2012)

Table 6.2: Year 2013

	Total	Males	Females
Available Capacity	3,809	3,608	201
Inmate Population	5,768	5,618	150
Occupancy rate	151.43	155.71	74.63

(Source: PSI 2013)

Table 6.3: Year 2014

	Total	Males	Females
Available Capacity	3,809	3,608	201
Inmate Population	6,552	6,364	188
Occupancy rate	172.01	176.39	93.53

(Source: PSI 2014)

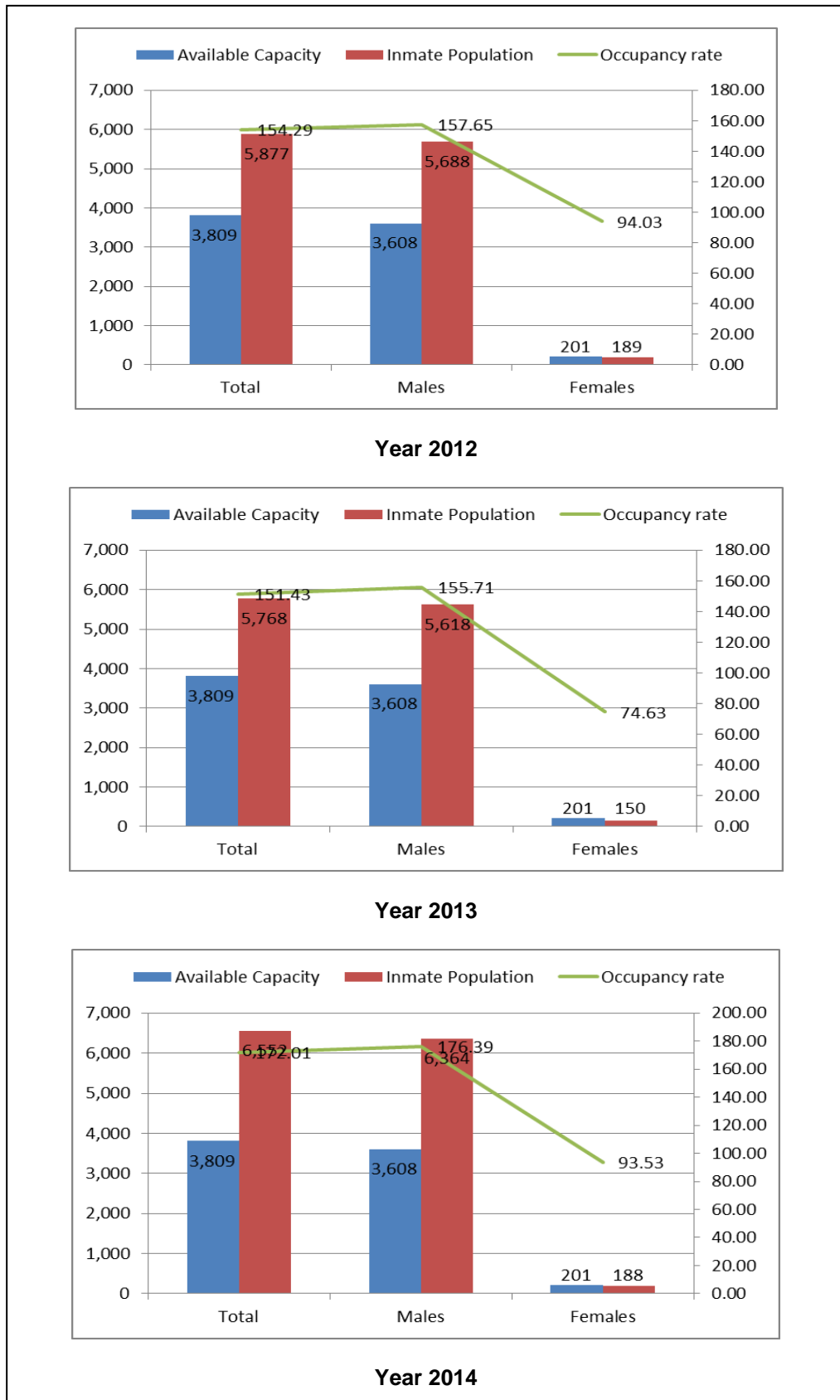


Fig. 10

Tables 7.1- 7.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The occupancy rates were under control in 60 Sub Jails of Rajasthan but showing higher side with the advancement of time. Interestingly women inmates were very low. Fig. 11 is the graphical presentation of the data.

Table 7: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in 60 Sub Jails of Rajasthan

Table 7.1: Year 2012

	Total	Males	Females
Available Capacity	3,368	3,105	263
Inmate Population	2,891	2,885	6
Occupancy rate	85.84	92.91	2.28

(Source: PSI 2012)

Table 7.2: Year 2013

	Total	Males	Females
Available Capacity	3,368	3,105	263
Inmate Population	3,170	3,149	21
Occupancy rate	94.12	101.42	7.98

(Source: PSI 2013)

Table 7.3: Year 2014

	Total	Males	Females
Available Capacity	3,368	3,105	263
Inmate Population	3,415	3,406	9
Occupancy rate	101.40	109.69	3.42

(Source: PSI 2014)

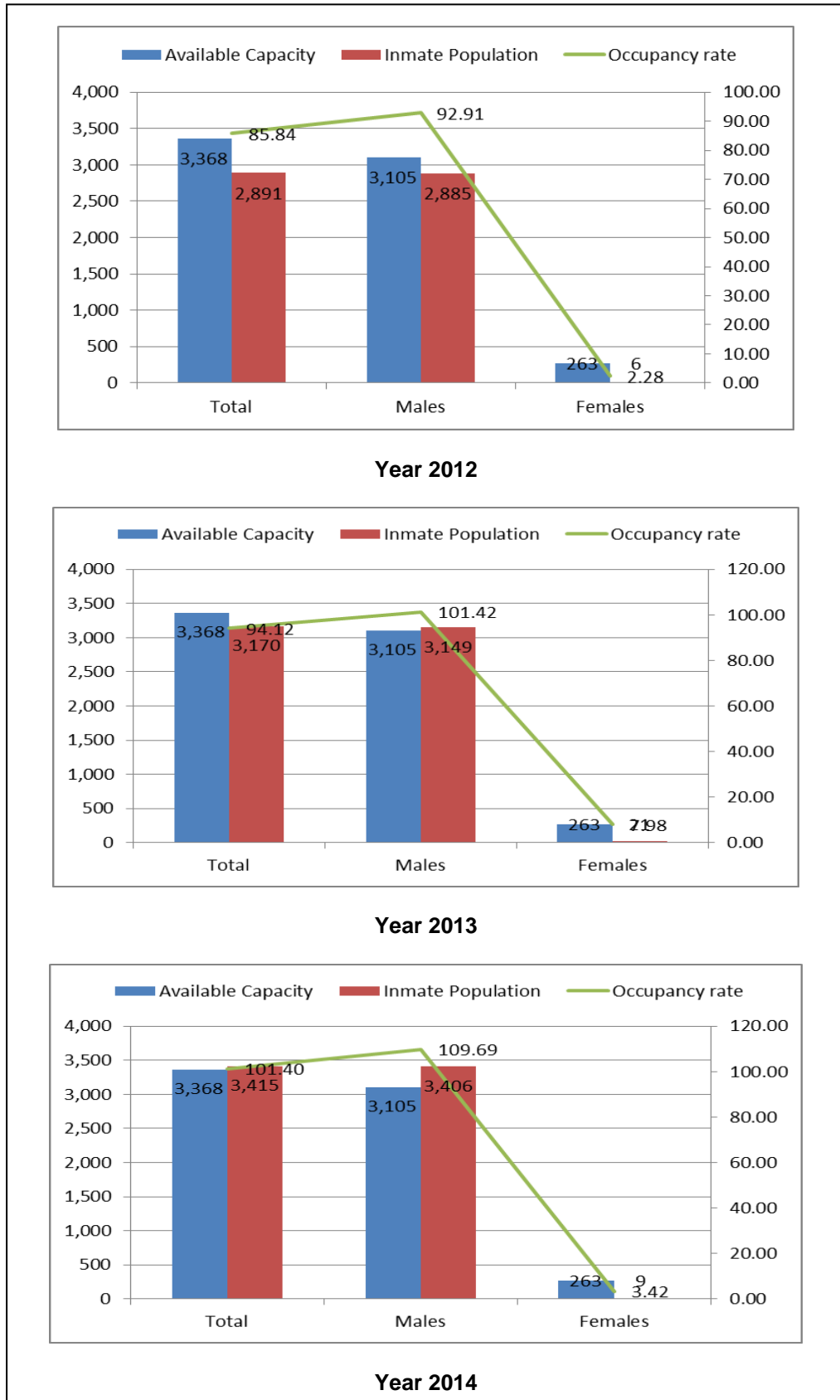


Fig. 11

Tables 8.1-8.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The data presents the low occupancy. Fig. 12 is the graphical presentation of the data.

Table 8: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in two Women jails of Rajasthan

Table 8.1: Year 2012

	Total	Males	Females
Available Capacity	469	0	469
Inmate Population	358	0	358
Occupancy rate	76.33	0	76.33

(Source: PSI 2012)

Table 8.2: Year 2013

	Total	Males	Females
Available Capacity	469	0	469
Inmate Population	324	0	324
Occupancy rate	69.08	0	69.08

(Source: PSI 2013)

Table 8.3: Year 2014

	Total	Males	Females
Available Capacity	469	0	469
Inmate Population	289	0	289
Occupancy rate	61.62	0	61.62

(Source: PSI 2014)

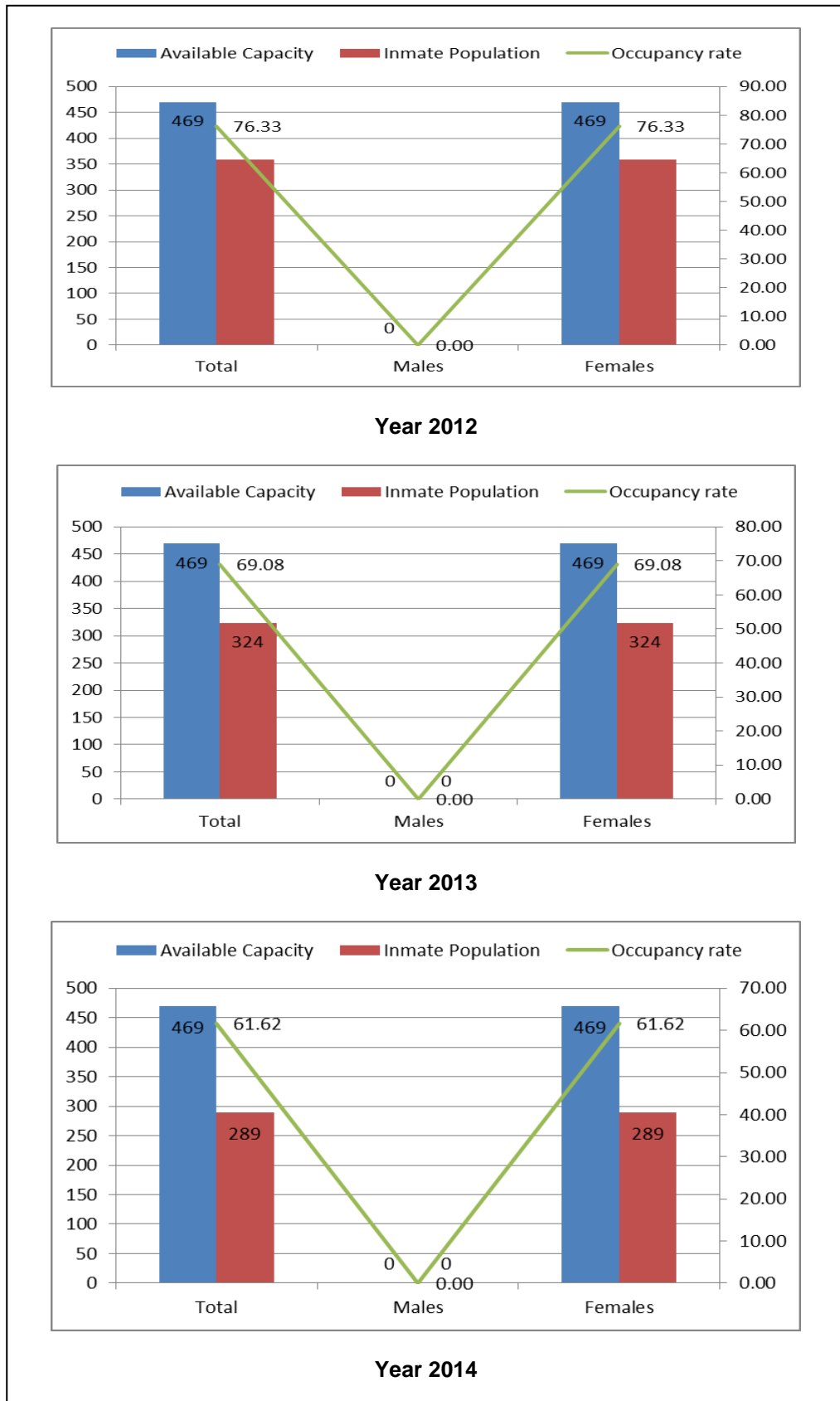


Fig. 12

Tables 9.1- 9.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The occupancy rates were low in one Borstal School/Jail of Rajasthan. Fig. 13 is the graphical presentation of the data.

Table 9: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in one Borstal School/Jail of Rajasthan

Table 9.1: Year 2012

	Total	Males	Females
Available Capacity	312	312	0
Inmate Population	3	3	0
Occupancy rate	0.96	0.96	0

(Source: PSI 2012)

Table 9.2: Year 2013

	Total	Males	Females
Available Capacity	312	312	0
Inmate Population	8	8	0
Occupancy rate	2.56	2.56	0

(Source: PSI 2013)

Table 9.3: Year 2014

	Total	Males	Females
Available Capacity	312	312	0
Inmate Population	18	18	0
Occupancy rate	5.77	5.77	0

(Source: PSI 2014)



Fig. 13

Tables 10.1-10.3 present the data of the different categories of the jails of Rajasthan related to their capacity, actual number of the inmates and occupancy rates during the course of investigation (2012-2014). The occupancy rates were almost around 100% in 23 Open Jails of Rajasthan but female occupancy rate was extremely high in the early years of study. Fig. 14 is the graphical presentation of the data.

Table 10: Capacity, Population of inmates and Occupancy rate during the study period (Year 2012-2014) in 23 Open Jails of Rajasthan

Table 10.1: Year 2012

	Total	Males	Females
Available Capacity	629	628	1
Inmate Population	577	565	12
Occupancy rate	91.73	89.97	1200.00

(Source: PSI 2012)

Table 10.2: Year 2013

	Total	Males	Females
Available Capacity	651	647	4
Inmate Population	658	628	30
Occupancy rate	101.08	97.06	750.00

(Source: PSI 2013)

Table 10.3: Year 2014

	Total	Males	Females
Available Capacity	1,220	1,050	170
Inmate Population	1,142	1,099	43
Occupancy rate	93.61	104.67	25.29

(Source: PSI 2014)

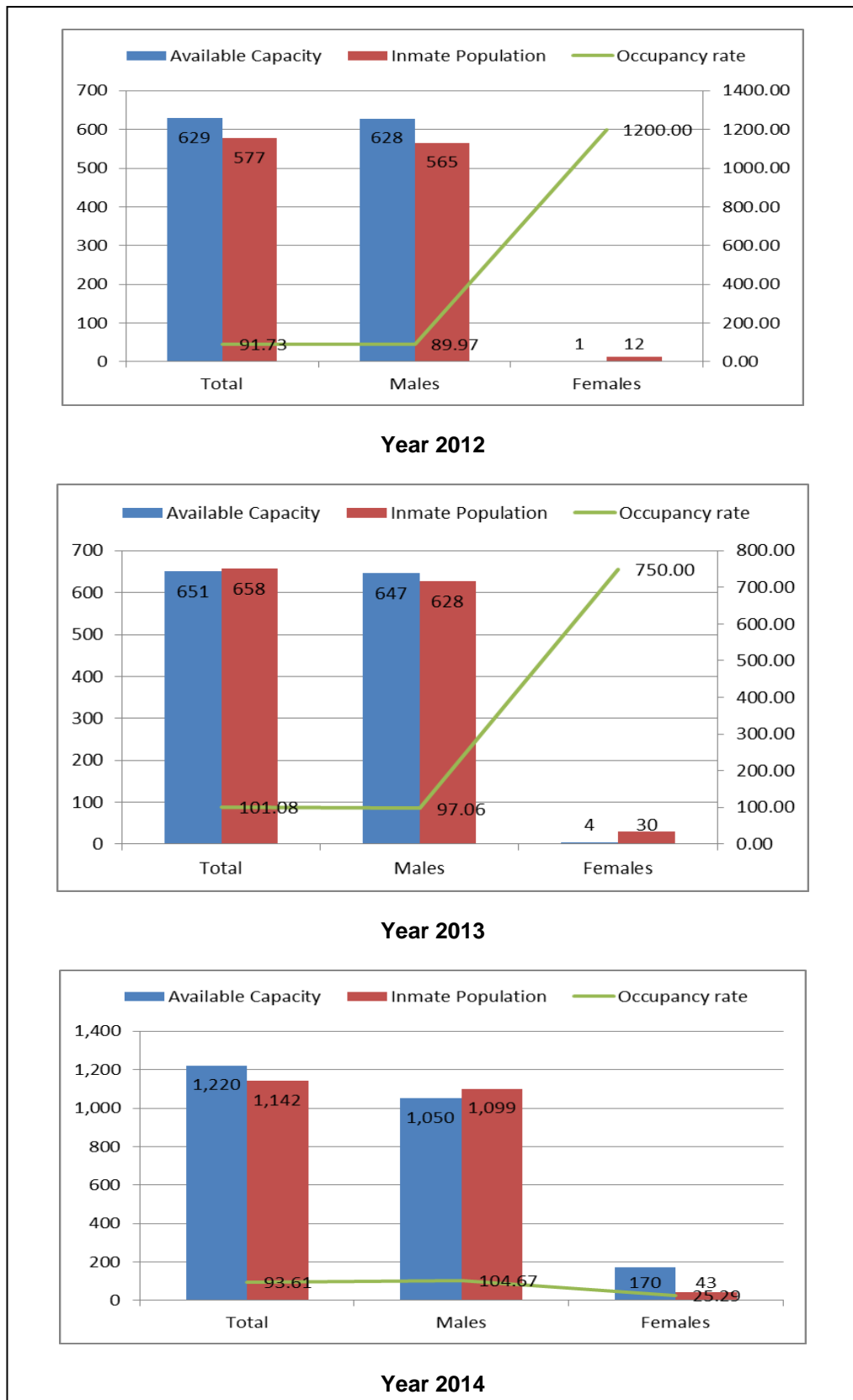


Fig. 14

F. Prison Statistics Under Investigation

During the course of study, five central jails were taken as sample units, viz., Bharatpur, Ganganagar, Jodhpur, Kota and Udaipur. Tables 11 -13 present the prison statistics of the jails under investigation. Although the data varied with the months but at the time of events, the collection of the data were done and further averaged with the financial year ending data. It was observed that the Udaipur Central Jail was having highest occupancy rates throughout the study period whereas that of Jodhpur Central Jail was least. The occupancy rate of Bharatpur and Ganganagar central jails remained closely to the 100 which was slightly higher in case of Kota Central Jail. Though, not a rule, but it was observed that the Bharatpur and Jodhpur jails were mostly having the higher side of convicts whereas other three jails were having the higher side of undertrial category.

Table 11: Inmates of the Jails under Investigation (Yr 2012)

Sr. No.	Jail	Capacity	Inmates	Category of Inmates				Occupancy Rate (%)
				Convicts	Undertrials	Civil	Detenue	
1	Bharatpur Central Jail	751	753	536	232	0	0	100.27
2	Ganganagar Central Jail	461	349	138	204	30	1	75.70
3	Jodhpur Central Jail	1,578	1,111	586	525	0	0	70.41
4	Kota Central Jail	1,067	1,363	448	940	2	0	127.74
5	Udaipur Central Jail	597	1,036	572	464	0	0	173.53

Table 12: Inmates of the Jails under Investigation (Yr 2013)

Sr. No.	Jail	Capacity	Inmates	Category of Inmates				Occupancy Rate (%)
				Convicts	Undertrials	Civil	Detenue	
1	Bharatpur Central Jail	751	824	485	339	0	0	109.72
2	Ganganagar Central Jail	461	498	263	200	35	0	108.03
3	Jodhpur Central jail	1,578	1,311	558	740	13	0	83.08
4	Kota Central Jail	1,067	1,476	474	1,000	2	0	138.33
5	Udaipur Central Jail	597	1,147	564	583	0	0	192.13

Table 13: Inmates of the Jails under Investigation (Yr 2014)

Sr. No.	Jail	Capacity	Inmates	Category of Inmates				Occupancy Rate (%)
				Convicts	Undertrials	Civil	Detenue	
1	Bharatpur Central Jail	751	831	420	411	0	0	110.65
2	Ganganagar Central Jail	461	464	210	234	20	0	100.65
3	Jodhpur Central Jail	1,578	1,216	418	787	3	8	77.06
4	Kota Central Jail	1,067	1,112	384	727	1	0	104.22
5	Udaipur Central Jail	597	1,088	571	493	24	0	182.24

G. Holistic Stress Management Techniques and its Application

Guided by Sri Sri's philosophy of peace, "Unless we have a stress-free mind and a violence-free society, we cannot achieve world peace", the Art of Living (AoL) offers several stress-elimination and self-development programs based mainly on breathing techniques, meditation, detoxification of body, detoxification of mind and yoga. The underlying principles are compatible with Vedic philosophy. Thus, volunteers of AoL are engaged in many social services globally. Its area of work covers conflict resolution, disaster and trauma relief, poverty alleviation, empowerment of women, prisoner rehabilitation, education for all, campaigns against female foeticide and child labour and environment sustainability. AoL organizes courses based on breathing exercises and meditation. *Sudarshan Kriya* is the pivot of majority of AoL Courses which are conducted by instructors.

A number of medical studies on the organization's core life-enhancing/trauma-relief techniques (*Sudarshan Kriya* and its preparatory practices) have been published in international peer-reviewed journals. A range of mental and physical benefits are reported in these studies, including reduced levels of stress (reduced cortisol—the "stress" hormone), improved immune system, relief from anxiety & depression and increased antioxidant protection, enhanced brain function (increased mental focus, calmness and recovery from stressful stimuli), among other findings.

The programs and events in form of eight days structured AoL course were organized for the inmates of the target study jails ([Annexure IV](#)). As described in the methodology, the stepwise processes were followed. The indicators for assessment purpose were framed through simple questions used during the interview with the respondents ([Annexure II](#)). Observations on the inmates were recorded out for the period of three years at five central jails. Impacts on the transformational and the behavioral aspects of the inmates were recorded, for randomly selected fifty respondents from the participants ([Table 14.1](#), [14.2](#), [14.3](#), [14.4](#), [14.5](#)), through pre- and post- questionnaire

(Annexure V) based interview mode. The video shoot outs with due permission and the written records were maintained. It was found that the courses brought a great change in the inmates. The level of self-assessment, the mode of thinking, perception, self-realization, clarity of mind, peace, meaning of peace, approach towards challenges etc. were kind of key features of observations.

Table 14.1 to 14.5 present the average percentage of the responses (observations) received from the respondents from the participants in different targeted jails. “Yes” (Y) basically presents positive node from the respondent whereas “No” (N) is presenting the negative side of the response.

Figures 15.1 to 15.5 represent the proportions of the positive transformation took place in the inmate participant through comparison of positive response in pre- and post- questionnaire.

Table 14.1: The observations on the behavioral transformation of the respondent (Bharatpur) through questions

Questions	Bharatpur Central Jail			
	Pre		Post	
	Y	N	Y	N
1	70	30	90	10
2	10	90	95	5
3	5	95	90	10
4	2	98	50	50
5	90	10	60	40
6	5	95	40	60
7	3	97	35	65
8	60	40	80	20
9	20	80	70	30
10	30	70	80	20
11	80	20	90	10
12	65	35	80	20
13	45	55	60	40
14	85	15	90	10
15	10	90	70	30
16	95	5	97	3
17	97	3	98	2
18	35	65	90	10
19	25	75	95	5
20	98	2	98	2

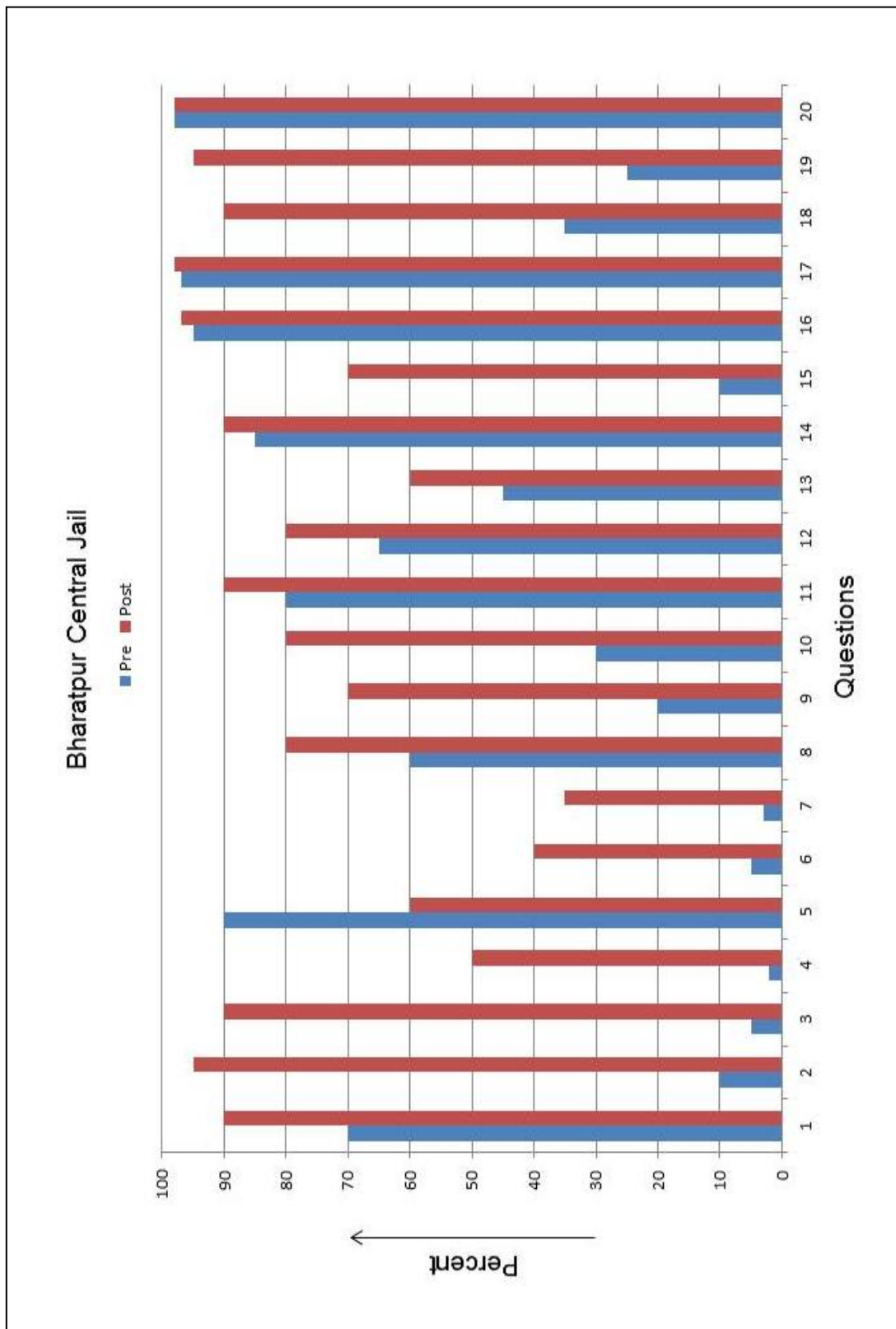


Fig. 15.1

Table 14.2: The observations on the behavioral transformation of the respondent (Jodhpur) through questions

Questions	Jodhpur Central Jail			
	Pre		Post	
	Y	N	Y	N
1	60	40	90	10
2	50	50	95	5
3	15	85	95	5
4	5	95	60	40
5	85	15	50	50
6	20	80	60	40
7	10	90	60	40
8	65	35	85	15
9	30	70	75	25
10	35	65	80	20
11	90	10	93	7
12	70	30	85	15
13	65	35	80	20
14	90	10	93	7
15	20	80	75	25
16	98	2	99	1
17	98	2	99	1
18	25	75	90	10
19	35	65	90	10
20	98	2	98	2

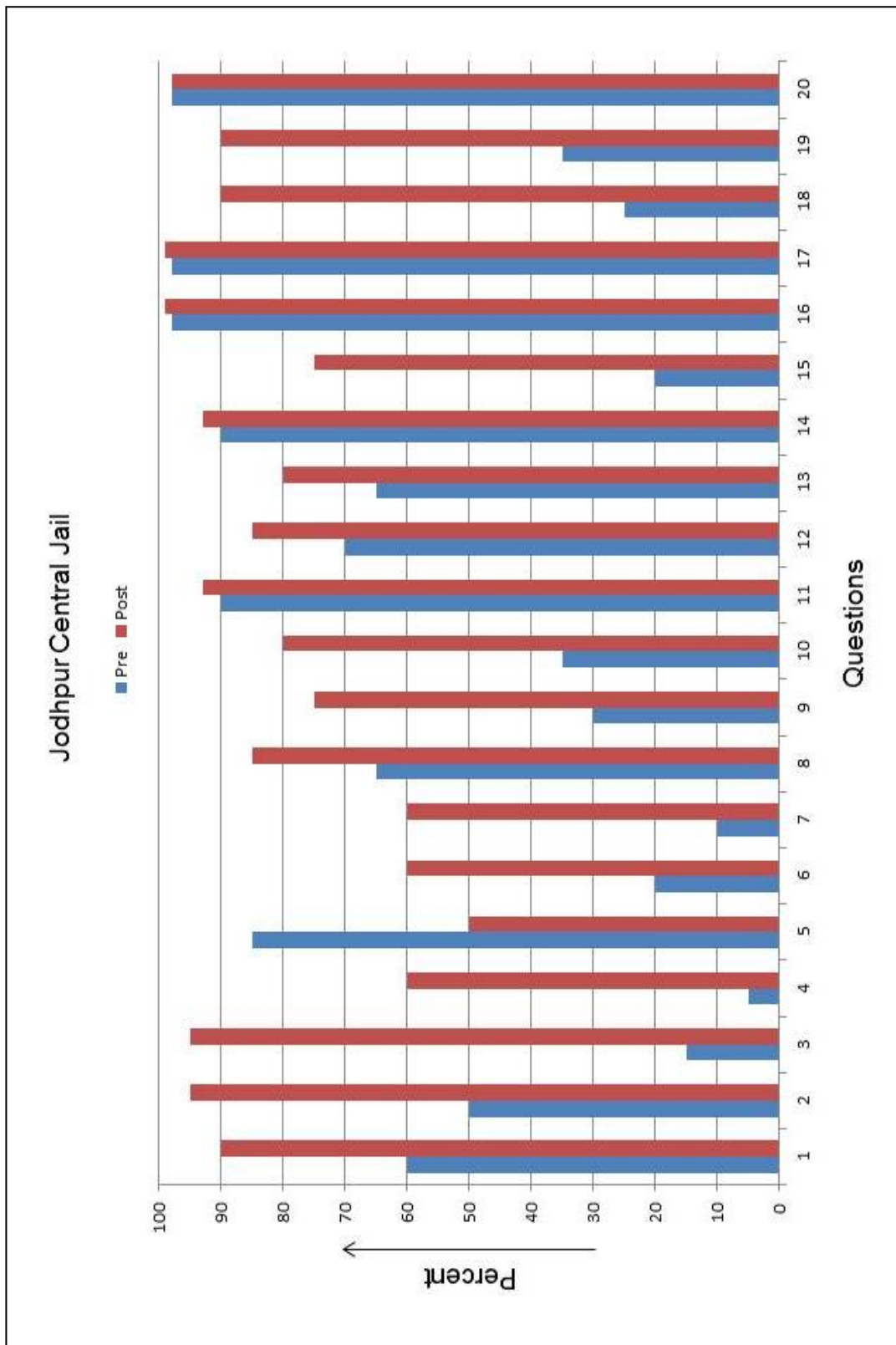


Fig. 15.2

Table 14.3: The observations on the behavioral transformation of the respondent (Ganganagar) through questions

Questions	Ganganagar Central Jail			
	Pre		Post	
	Y	N	Y	N
1	80	20	90	10
2	30	70	85	15
3	70	30	95	5
4	10	90	90	10
5	80	20	60	40
6	90	10	95	5
7	15	85	70	30
8	70	30	80	20
9	15	85	75	25
10	30	70	65	35
11	85	15	85	15
12	65	35	90	10
13	50	50	80	20
14	80	20	90	10
15	15	85	80	20
16	90	10	90	10
17	95	5	95	5
18	15	85	90	10
19	55	45	90	10
20	90	10	95	5

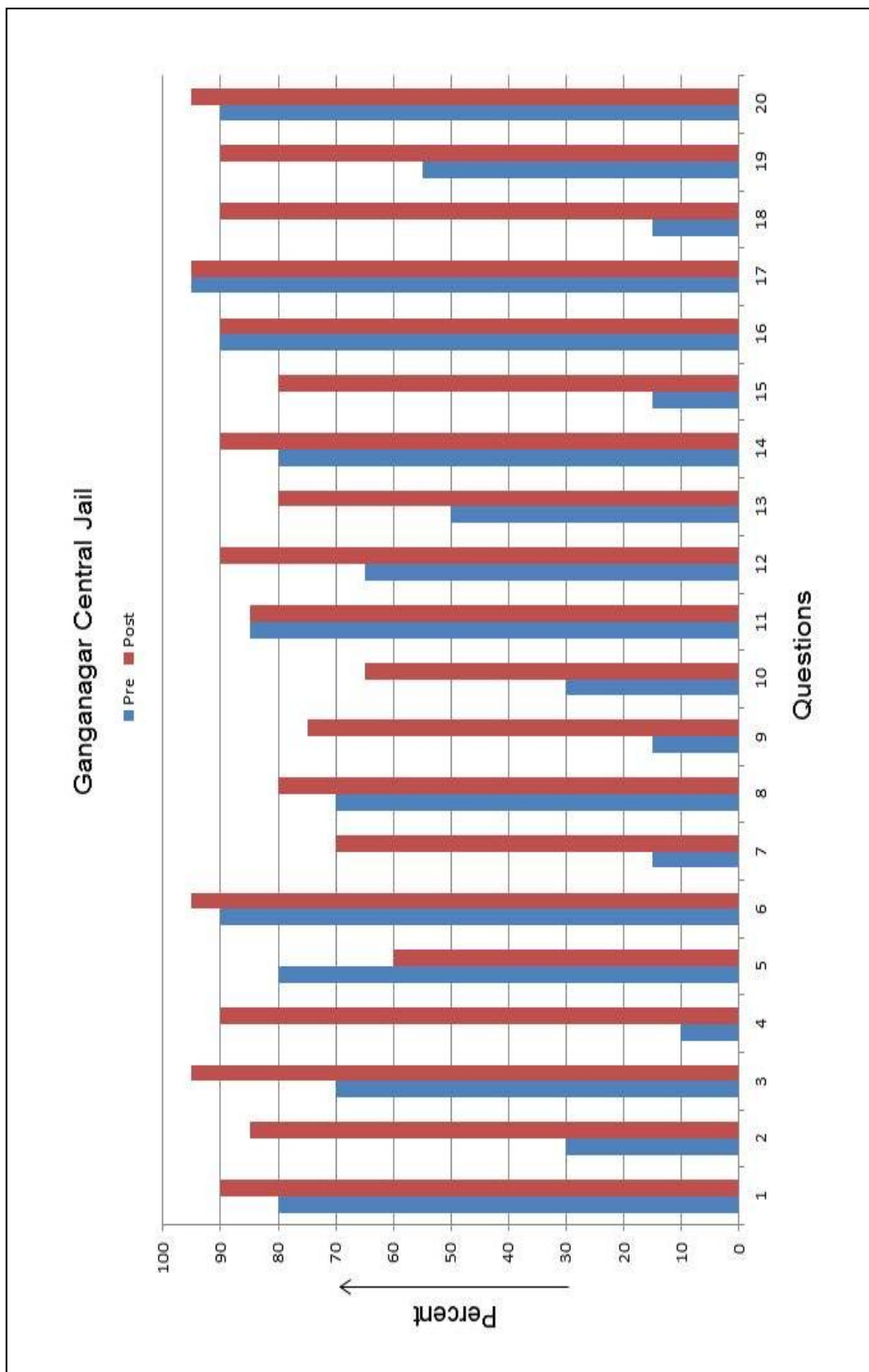


Fig. 15.3

Table 14.4: The observations on the behavioral transformation of the respondent (Kota) through questions

Questions	Kota Central Jail			
	Pre		Post	
	Y	N	Y	N
1	75	25	95	5
2	5	95	90	10
3	5	95	95	5
4	5	95	95	5
5	95	5	60	40
6	85	15	75	25
7	20	80	80	20
8	80	20	80	20
9	40	60	75	25
10	25	75	75	25
11	75	25	80	20
12	60	40	90	10
13	55	45	95	5
14	75	25	90	10
15	20	80	80	20
16	95	5	95	5
17	95	5	95	5
18	40	60	90	10
19	35	65	98	2
20	10	90	98	2

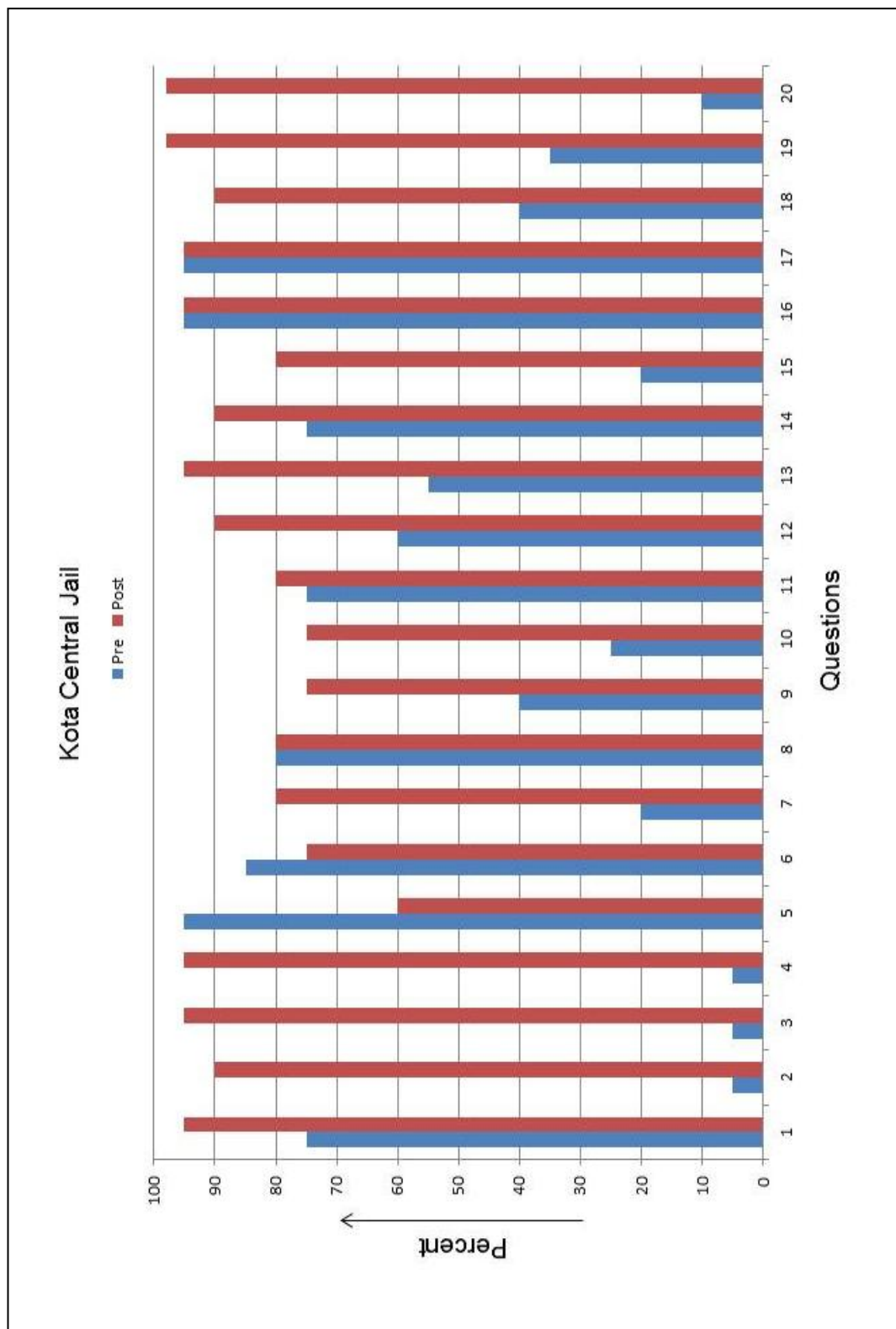


Fig. 15.4

Table 14.5: The observations on the behavioral transformation of the respondent (Udaipur) through questions

Questions	Udaipur Central Jail			
	Pre		Post	
	Y	N	Y	N
1	60	40	90	10
2	20	80	95	5
3	10	90	95	5
4	10	90	90	10
5	90	10	50	50
6	90	10	95	5
7	5	95	90	10
8	30	70	80	20
9	30	70	85	15
10	20	80	80	20
11	85	15	90	10
12	80	20	95	5
13	60	40	90	10
14	80	20	95	5
15	20	80	80	20
16	95	5	95	5
17	95	5	95	5
18	80	20	95	5
19	75	25	96	4
20	85	15	98	2

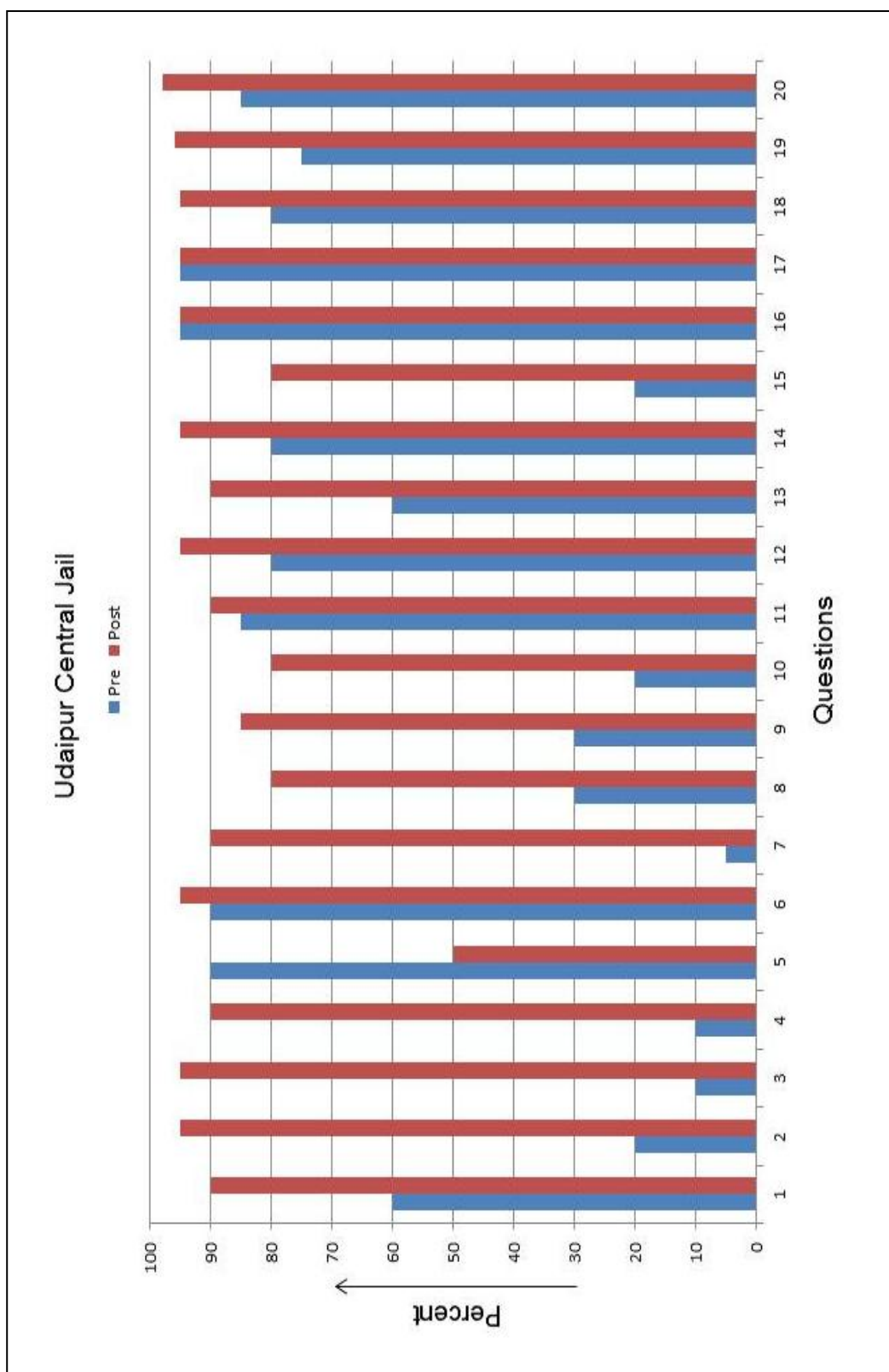


Fig. 15.5

RESULTS

Modern prisons are becoming the centre of corrective sentence for the person involved in activities which affect other individual, society, other's property etc. in negative side. Such deviations are corrected in the prisons through disciplinary steps and restricted measures. Other than the controlled environment, the jail administration had started various programs for capacity building of inmates. Along with recreational activities, academic and vocational education, the reforming steps had introduced the stress management programs with the support of voluntary agencies. Among such programs, *yoga*, meditation, etc. were undertaken by the foundation - Art of Living (AoL) in form of short courses with the regular follow ups. To understand the impact of tools and techniques used by the AoL courses, different studies were carried out. The present investigation had also observed the transformational changes after the courses. Through certain methodology, using the questionnaire based interview, the observations were collected in the systematic manner. The results are briefed in the subsequent paragraphs through indicators.

Tables 14.1 to 14.5 presented the changes among the inmates. Following comparative table (Table 15) and figures (Figs. 16.1 – 16.5) highlight resulted changes in inmates of investigated prisons. The changes depicted by the indicators in all the inmates were increased after the course. The average proportions were higher side in post-course feedbacks. Thus, it was well established that HSMT had a great impact on the inmates. Interestingly, the result showed that the average change was highest in inmates of Udaipur Jail (32.93) followed by Kota Jail (31.65), Bharatpur Jail (28.98), Jodhpur Jail (27.40) and Ganganagar Jail (25.60).

It was found that all the prisons had showed positive changes. The proportion of positive nodes before course was low as compared to the proportion of positive nodes after course (Fig. 17).

Table 15: Comparative result of transformational changes observed in inmates of the investigated five central jails

Indicators	Bharatpur		Jodhpur		Ganganagar		Kota		Udaipur	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Introspection Mode	21.75	81.25	32.50	85.00	47.50	90.00	22.50	93.75	25.00	92.50
Analytical Mode	32.67	45.00	38.33	56.67	61.67	75.00	66.67	71.67	61.67	78.33
Thinking Mode	60.00	80.00	65.00	85.00	70.00	80.00	80.00	80.00	30.00	80.00
Contribution Mode	43.33	80.00	51.67	82.67	43.33	75.00	46.67	76.67	45.00	85.00
Listening Mode	65.00	76.67	75.00	86.00	65.00	86.67	63.33	91.67	73.33	93.33
Spiritual Mode	67.33	88.33	72.00	91.00	66.67	88.33	70.00	90.00	70.00	90.00
Experiential Mode	52.67	94.33	52.67	92.67	53.33	91.67	28.33	95.33	80.00	96.33
Average	48.96	77.94	55.31	82.71	58.21	83.81	53.93	85.58	55.00	87.93

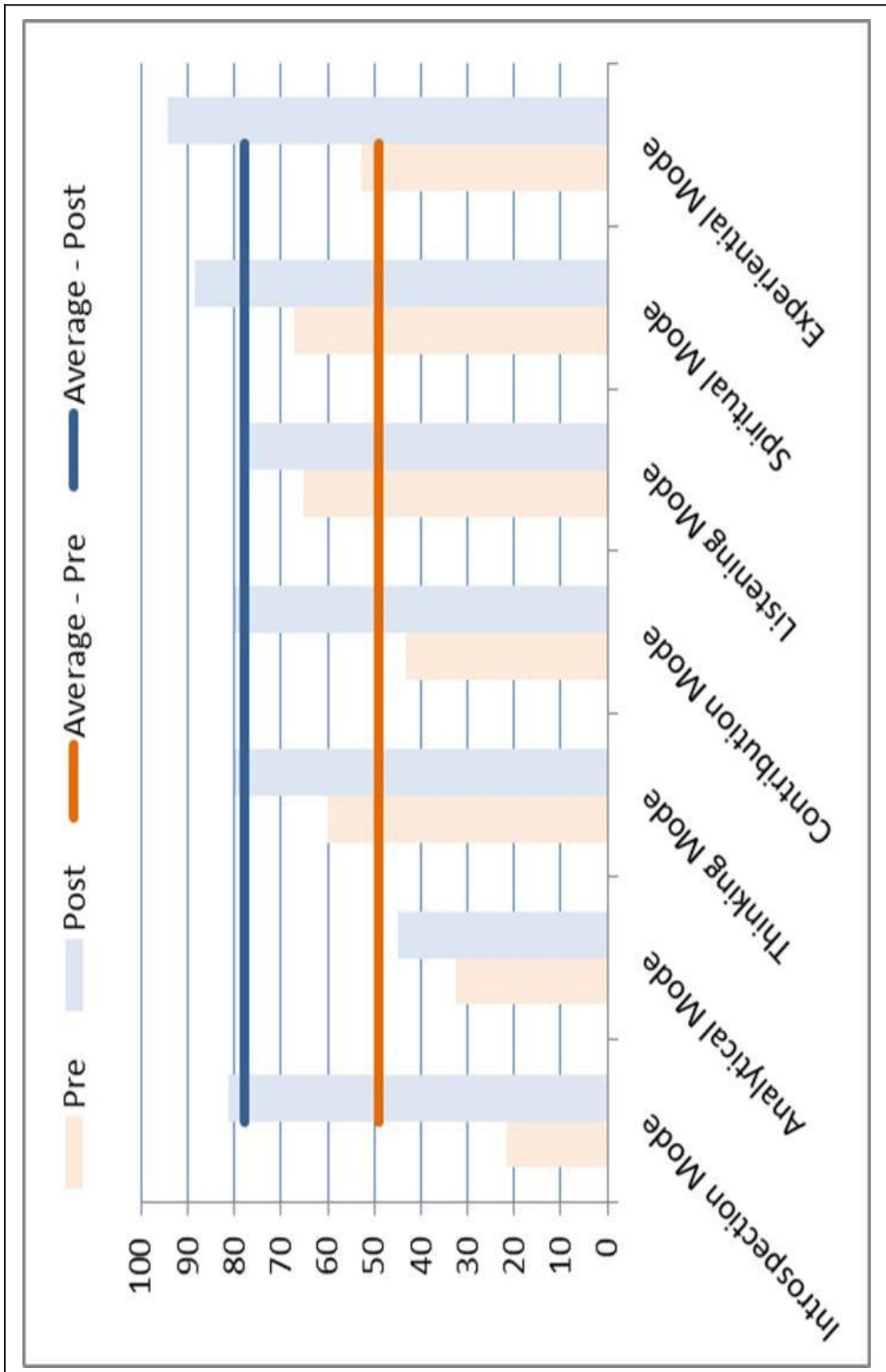


Fig. 16.1

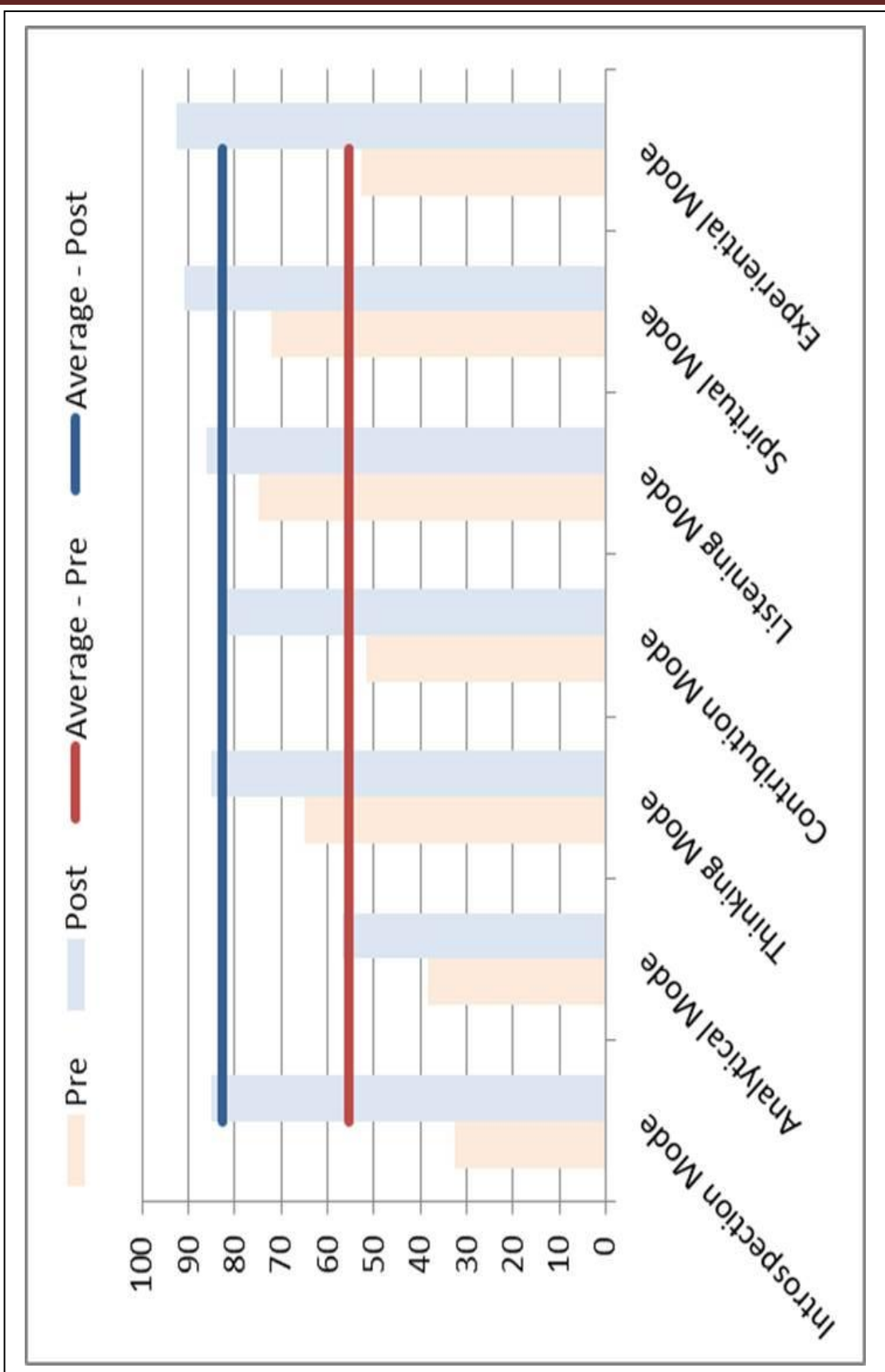


Fig. 16.2

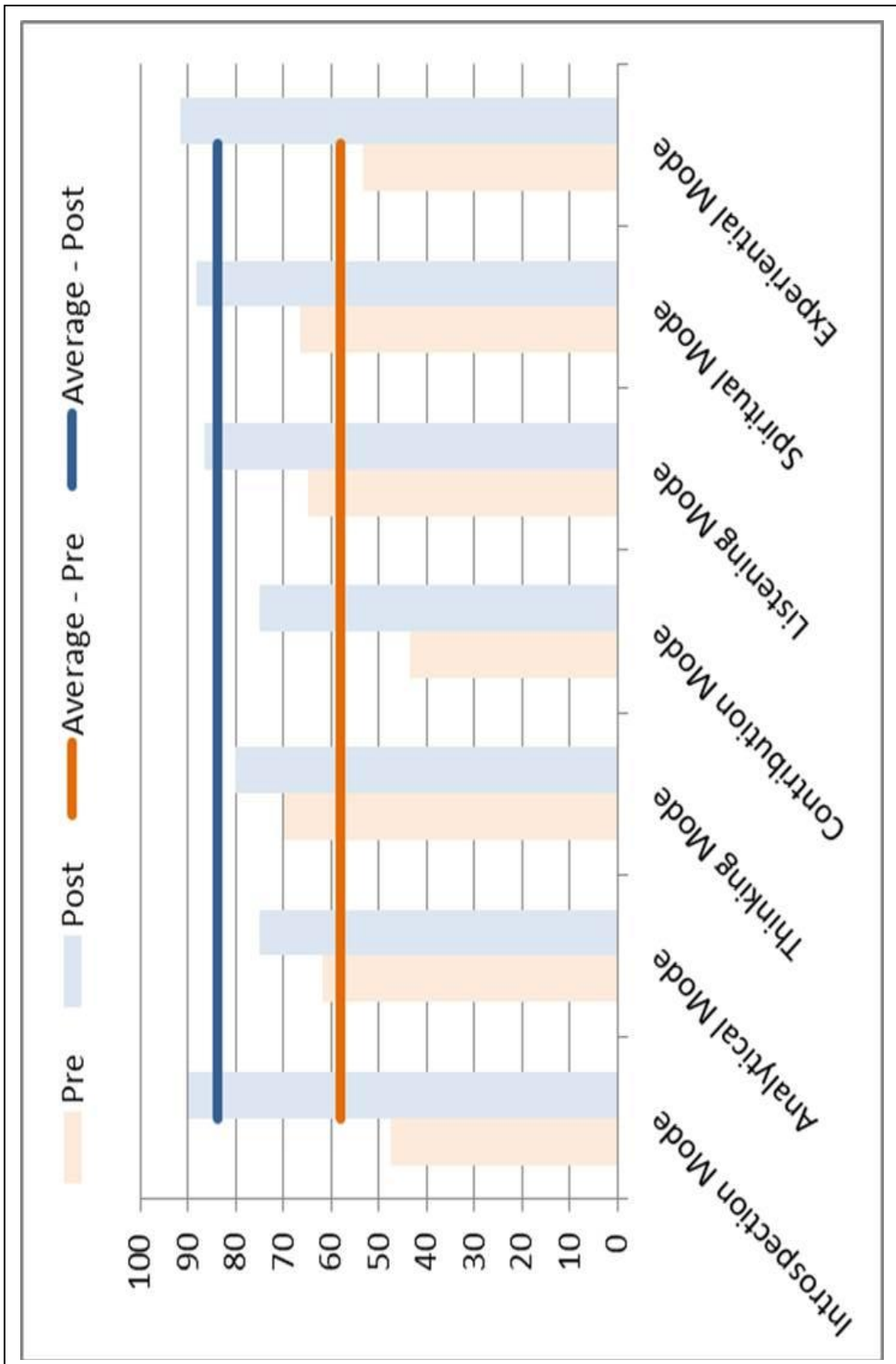


Fig. 16.3

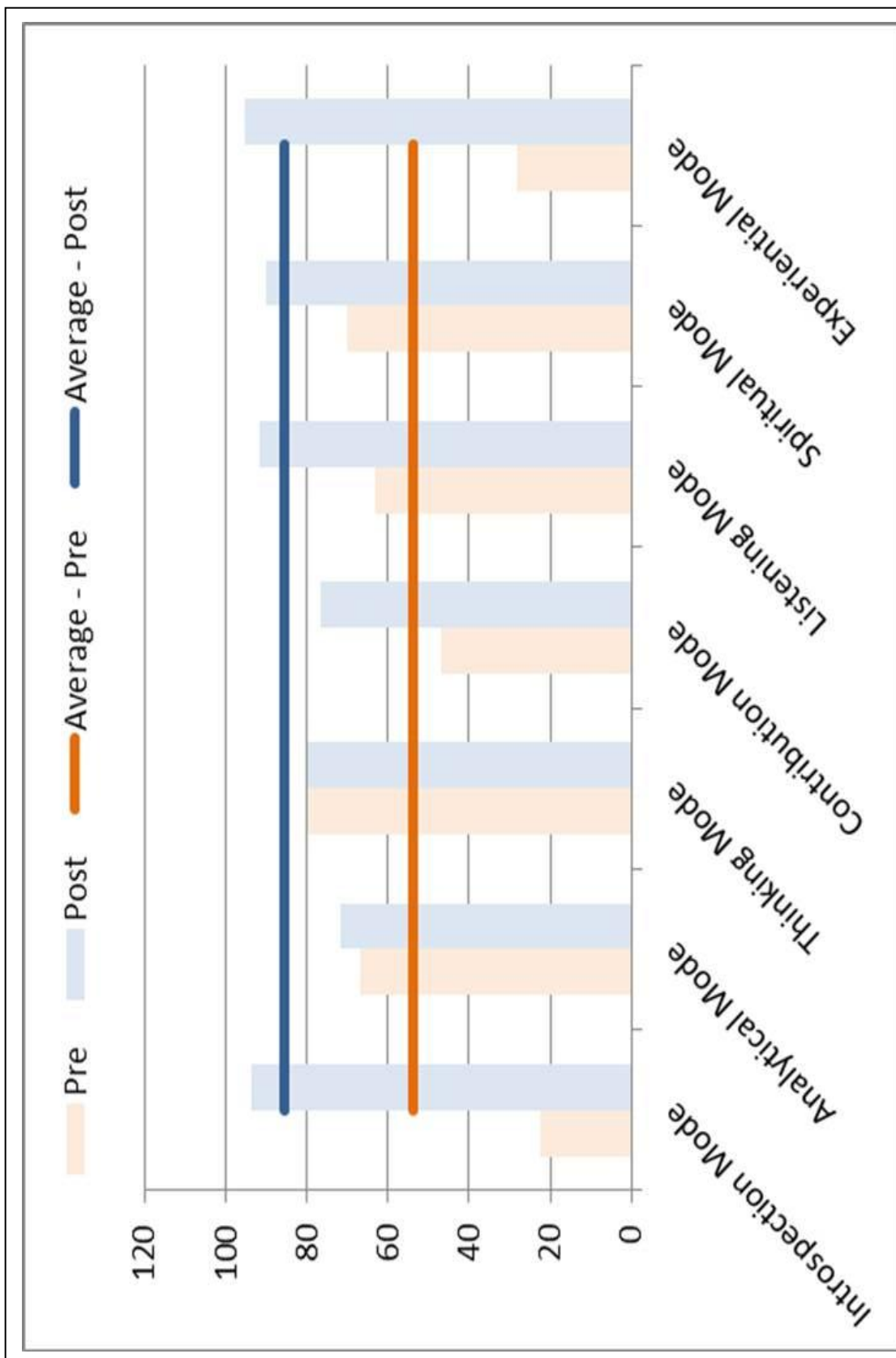


Fig. 16.4

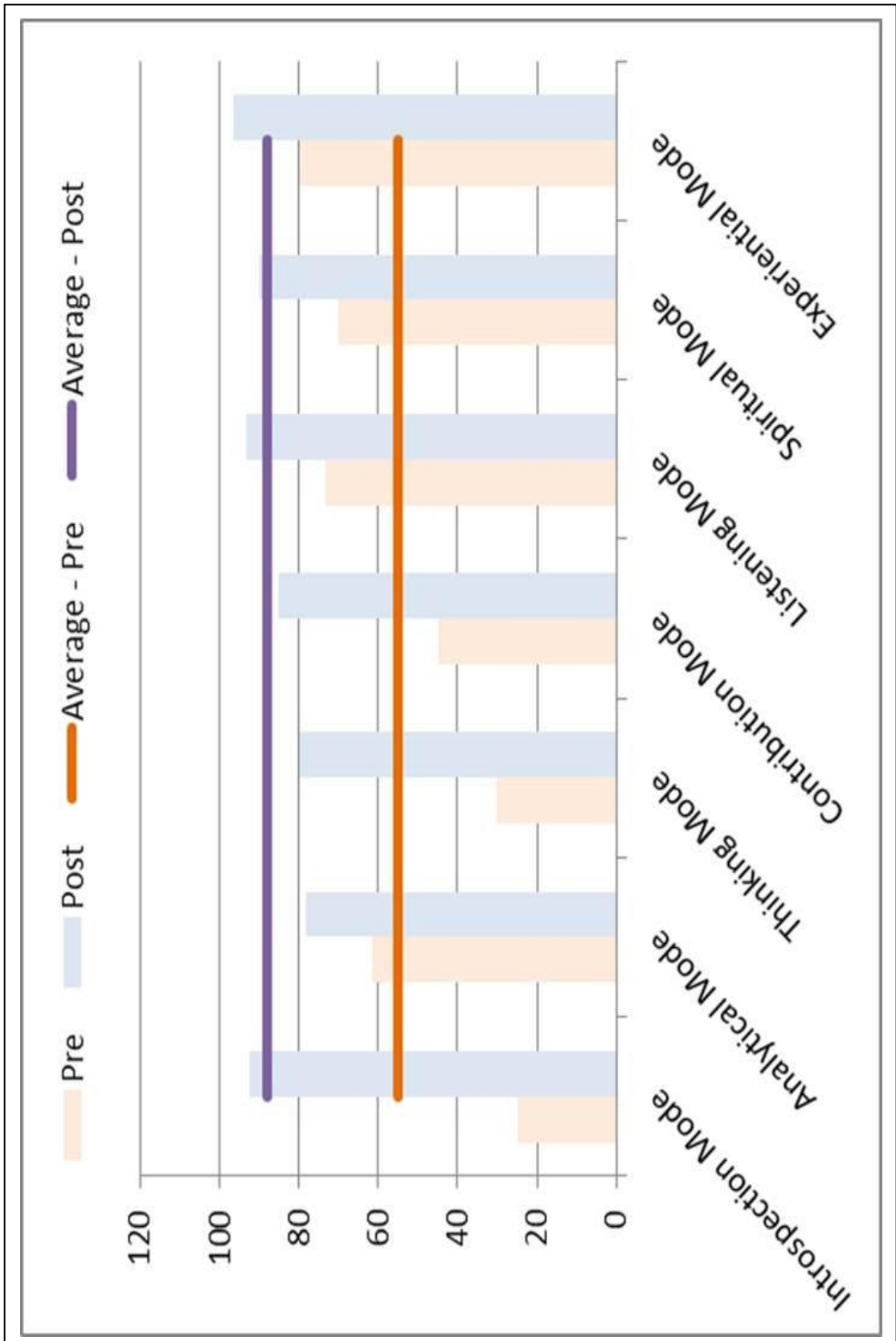


Fig. 16.5

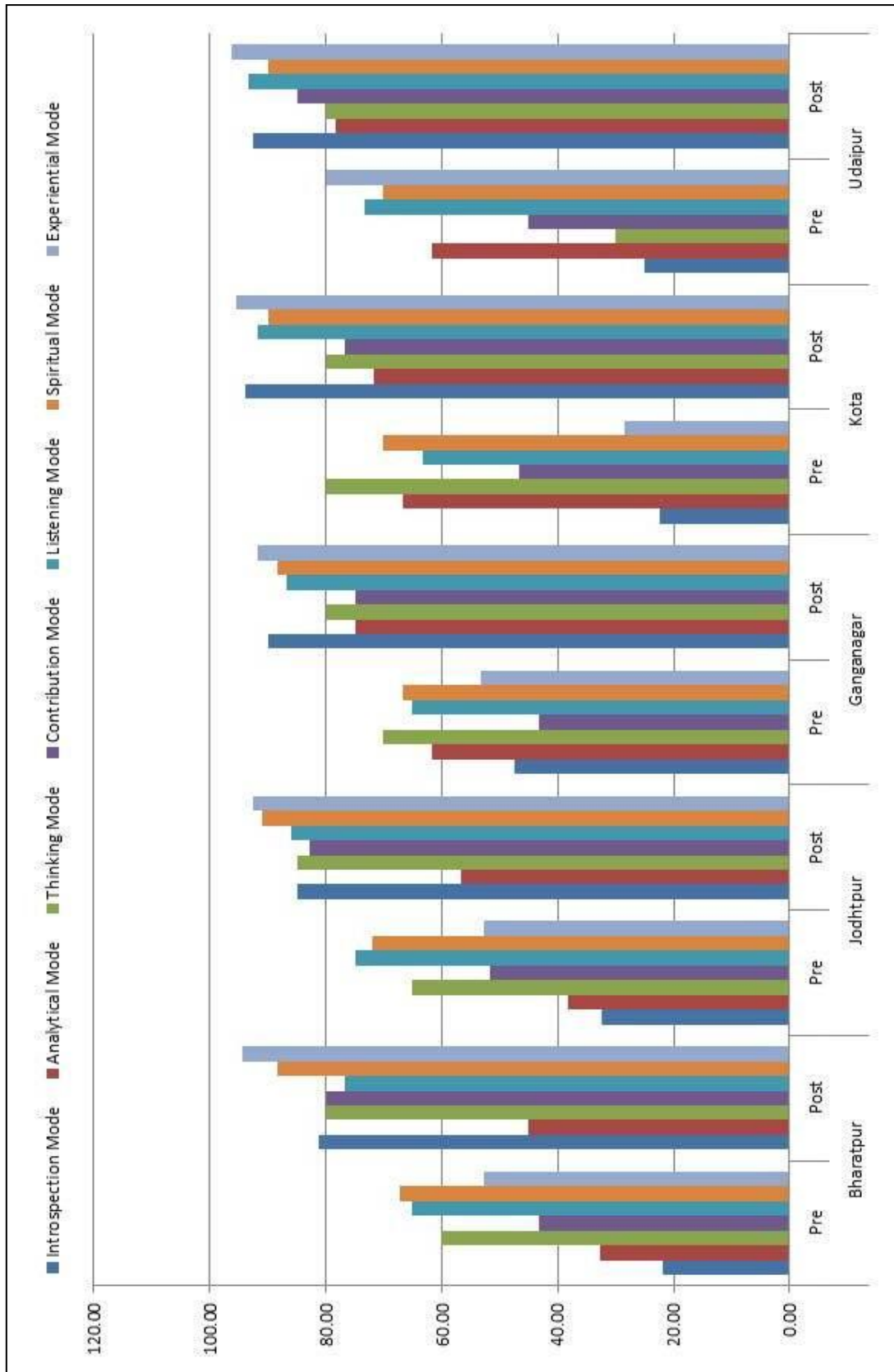


Fig. 17

Tables 16.1-16.7 represent comparative responses of the inmates of five investigated prisons categorized as according to the indicators. The comparative figures are represented graphically in figures 18.1-18.7.

Table 16.1 represents response of the inmates on the “Introspection Mode”. There is increase in the positive response of the inmates after the course. Figure 18.1 represents the difference of the positive responses of inmates before and after application of HSMT. Maximum increase was resulted in inmates of Kota Jail (71.25) followed by Udaipur (67.5), Bharatpur (59.5), Jodhpur (52.5) and least Ganganagar (42.5). Overall, Introspection Mode was found to be the highest indicator which showed the positive transformation after application of HSMT.

Table 16.1: Comparative result of the transformational changes pre- and post- response for Introspection Mode

Introspection Mode		
	Pre	Post
Bharatpur	21.75	81.25
Jodhpur	32.5	85
Ganganagar	47.5	90
Kota	22.5	93.75
Udaipur	25	92.5

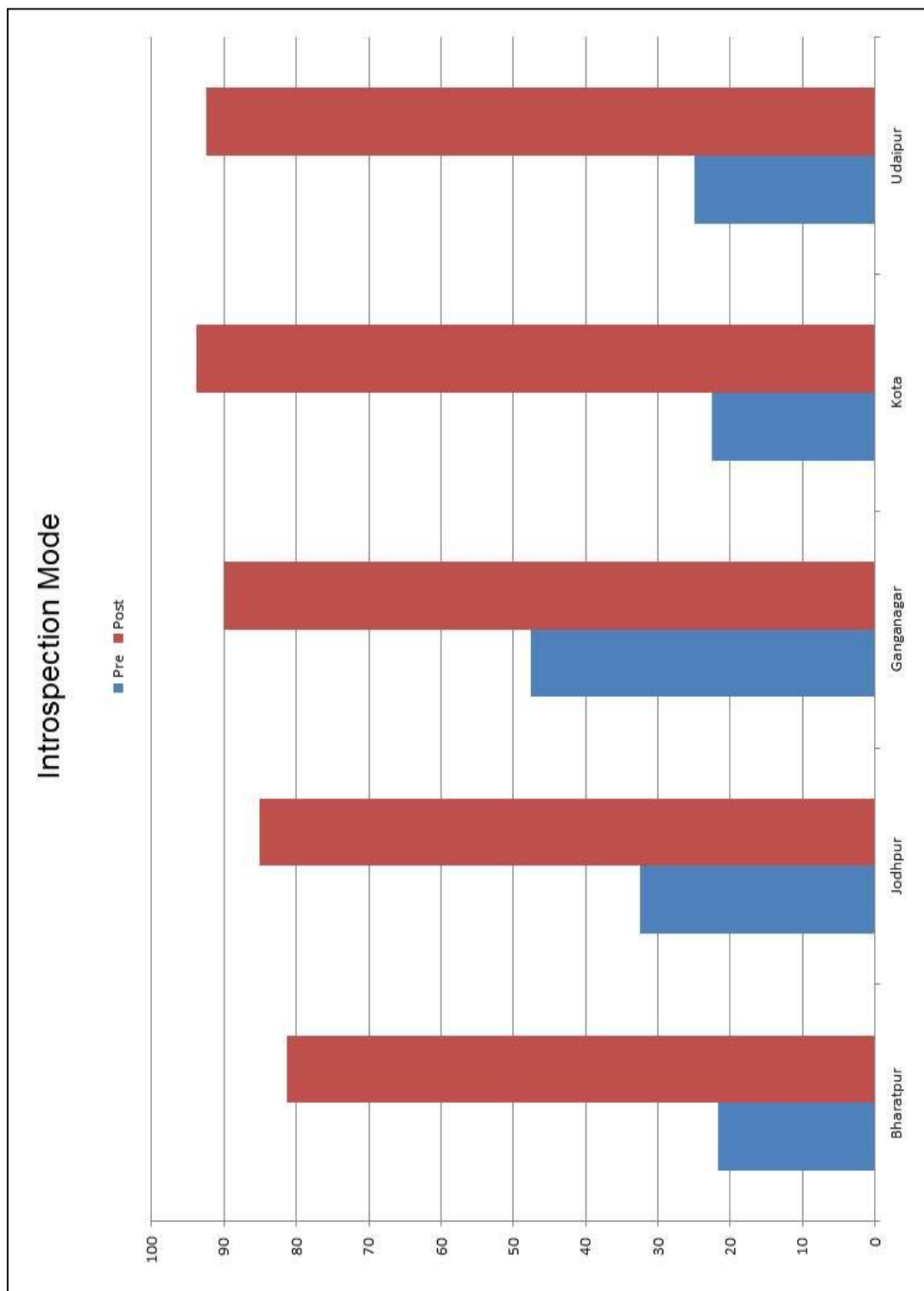


Fig. 18.1

Table 16.2 represents response of the inmates on the “Analytical Mode”. There is increase in the positive response of the inmates after the course. Figure 18.2 represents the difference of the positive responses of inmates before and after application of HSMT. Maximum increase was resulted in inmates of Jodhpur Jail with a difference of 18.34. Response of inmates of Kota Jail showed least increase (difference of 5). The differences of pre- and post- response of inmates for Analytical Mode were 16.66 for Udaipur Jail, 13.33 for Ganganagar Jail and 12.33 for Bharatpur Jail.

Table 16.2: Comparative result of the transformational changes pre- and post- response for Analytical Mode

Analytical Mode		
	Pre	Post
Bharatpur	32.67	45
Jodhpur	38.33	56.67
Ganganagar	61.67	75
Kota	66.67	71.67
Udaipur	61.67	78.33

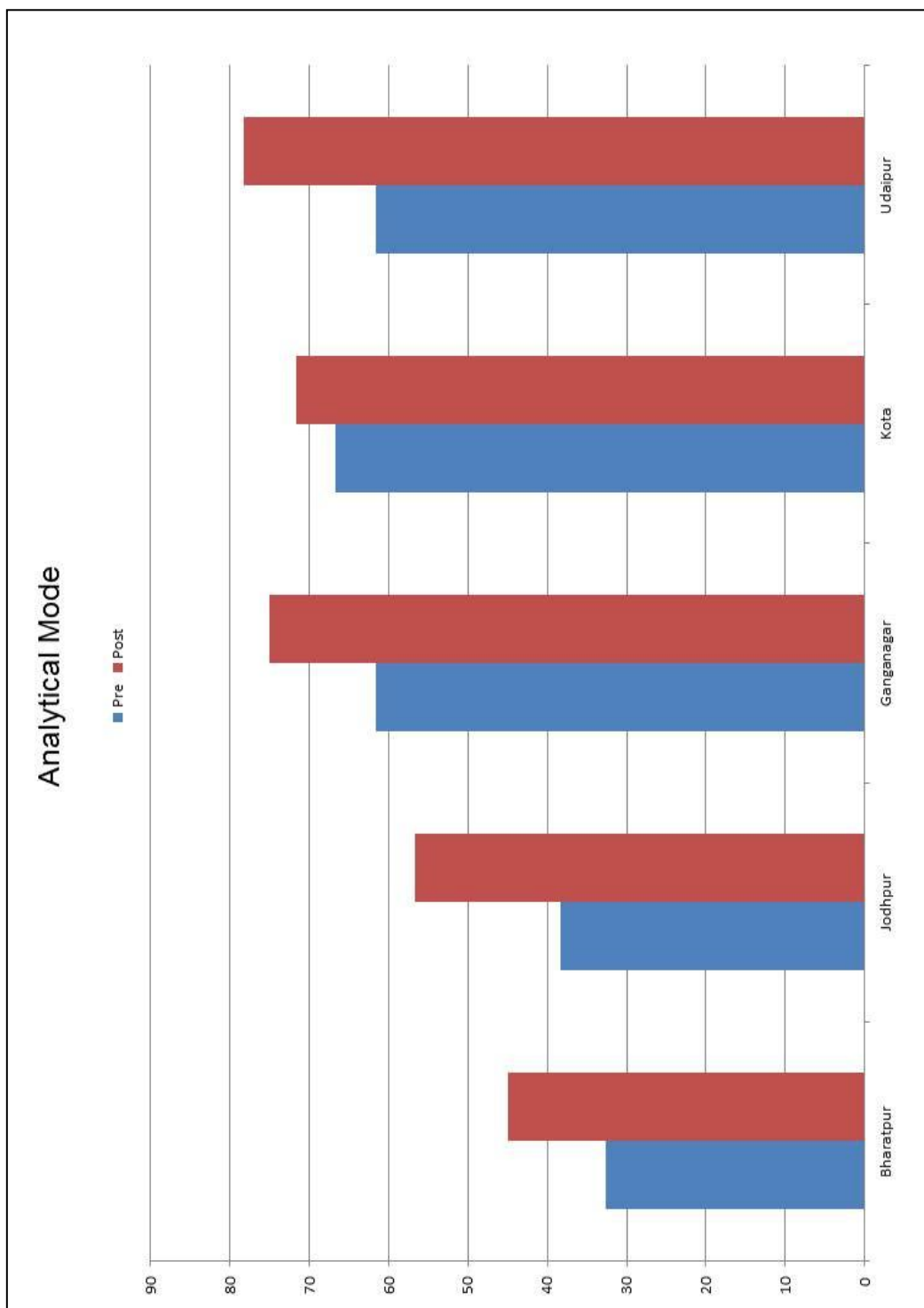


Fig. 18.2

Table 16.3 represents response of the inmates on the “Thinking Mode”. There is increase in the positive response of the inmates after the course. Figure 18.3 represents the difference of the positive responses of inmates before and after application of HSMT. Maximum increase was resulted in inmates of Udaipur Jail with a marked difference of 50. Response of inmates of Kota Jail showed nil change. The differences of pre- and post- response of inmates for Analytical Mode were 20 each for Bharatpur and Jodhpur jails whereas 10 for Ganganagar Jail.

Table 16.3: Comparative result of the transformational changes pre- and post- response for Thinking Mode

Thinking Mode		
	Pre	Post
Bharatpur	60	80
Jodhpur	65	85
Ganganagar	70	80
Kota	80	80
Udaipur	30	80

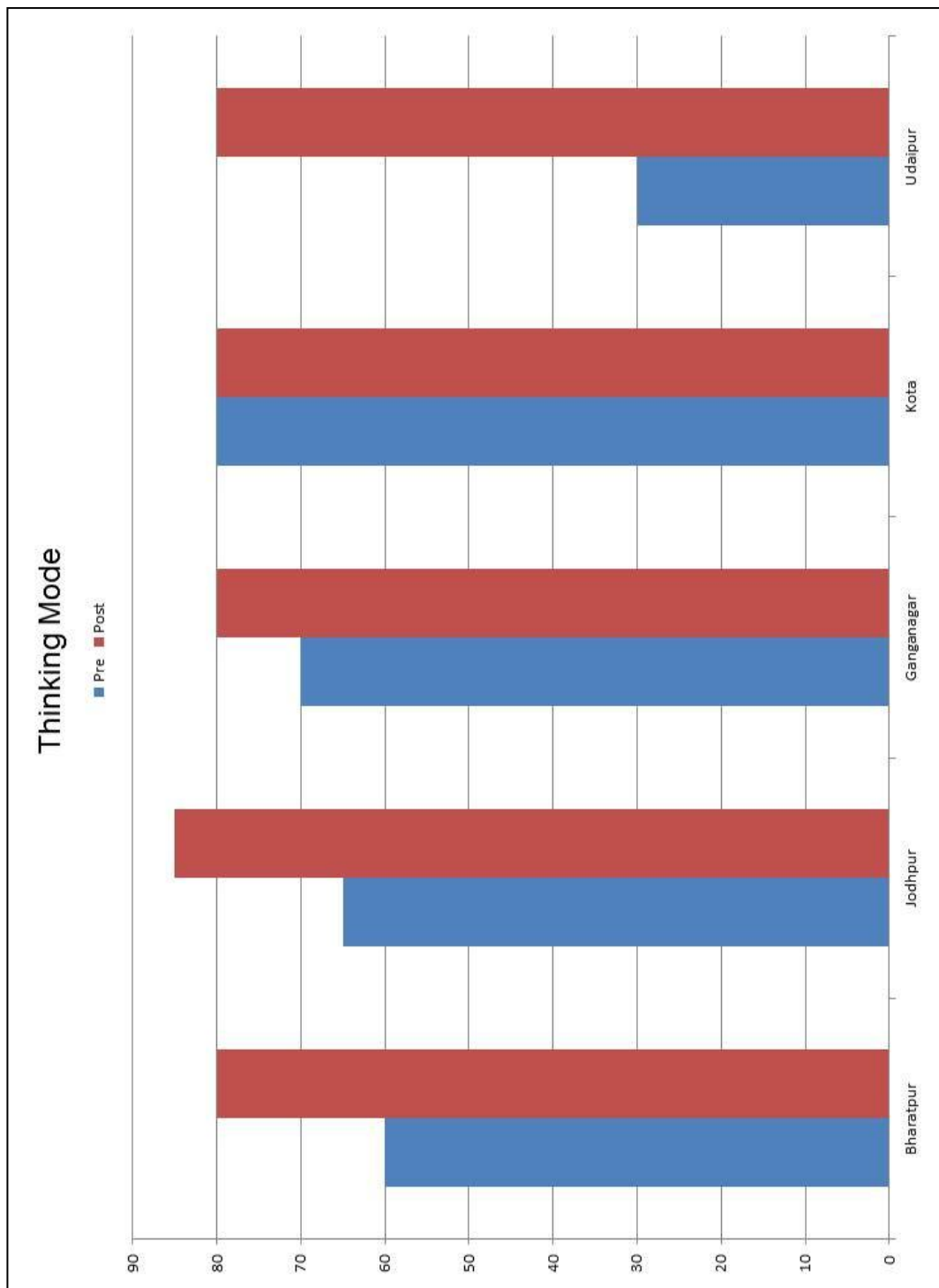


Fig. 18.3

Table 16.4 represents response of the inmates on the “Contribution Mode”. There is increase in the positive response of the inmates after the course. Figure 18.4 represents the difference of the positive responses of inmates before and after application of HSMT. Maximum increase was resulted in inmates of Udaipur Jail with a difference of 40 followed by response difference of 36.67 in Bharatpur Jail. Differences of responses of inmates of Kota Jail (30), Jodhpur Jail (31) and Ganganagar Jail (31.67) were at the close proximity of 30.

Table 16.4: Comparative result of the transformational changes pre- and post- response for Contribution Mode

Contribution Mode		
	Pre	Post
Bharatpur	43.33	80
Jodhpur	51.67	82.67
Ganganagar	43.33	75
Kota	46.67	76.67
Udaipur	45	85

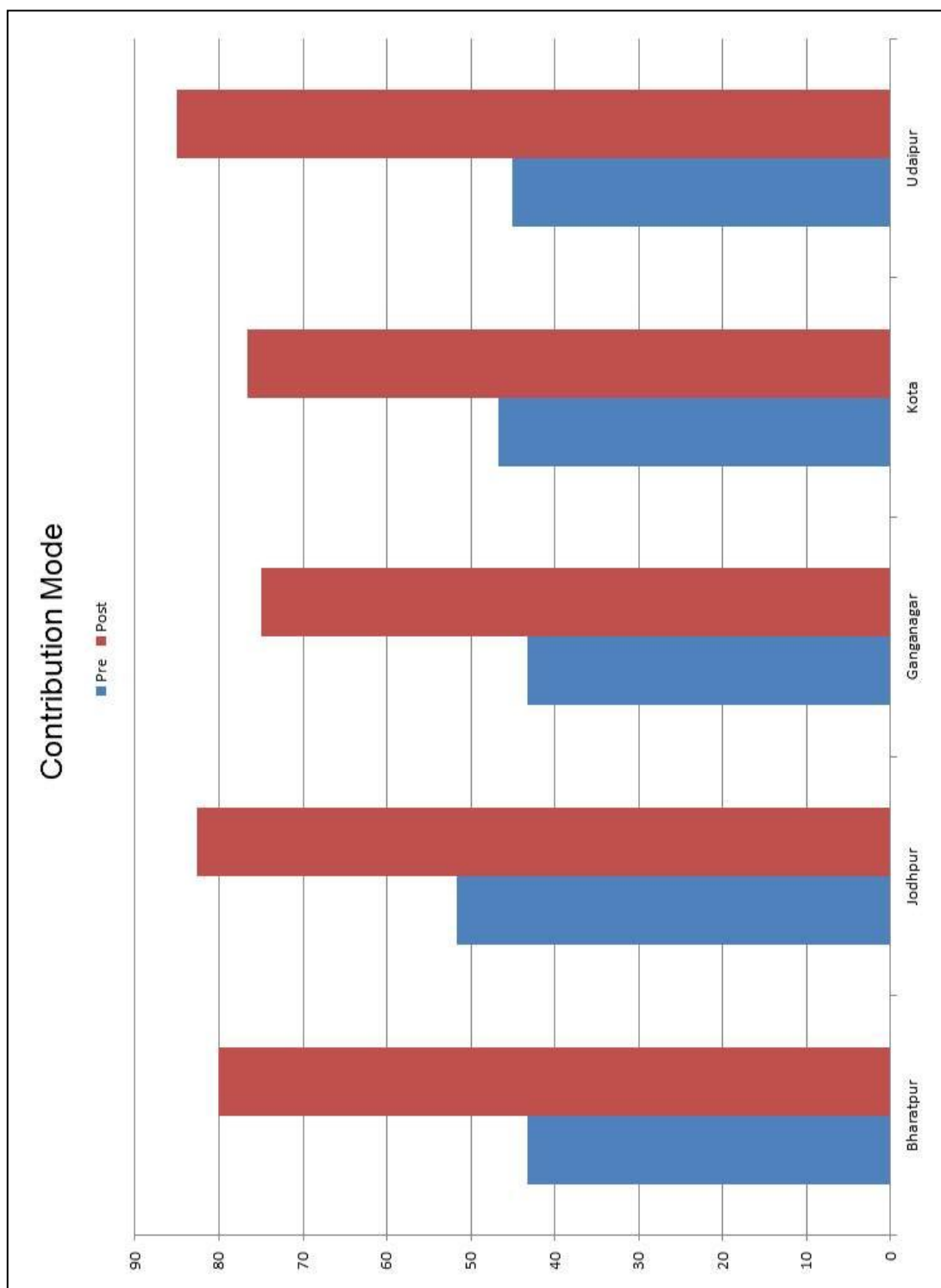


Fig. 18.4

Table 16.5 represents response of the inmates on the “Listening Mode”. There is increase in the positive response of the inmates after the course. Figure 18.5 represents the difference of the positive responses of inmates before and after application of HSMT. Maximum increase was resulted in inmates of Kota Jail with a difference of 28.34 followed by response difference of 21.67 in Ganganagar Jail and 20 in Kota Jail. Differences of responses of inmates of Jodhpur Jail (11) and Bharatpur Jail (11.67) were at the close proximity of 11.

Table 16.5: Comparative result of the transformational changes pre- and post- response for Listening Mode

Listening Mode		
	Pre	Post
Bharatpur	65	76.67
Jodhpur	75	86
Ganganagar	65	86.67
Kota	63.33	91.67
Udaipur	73.33	93.33

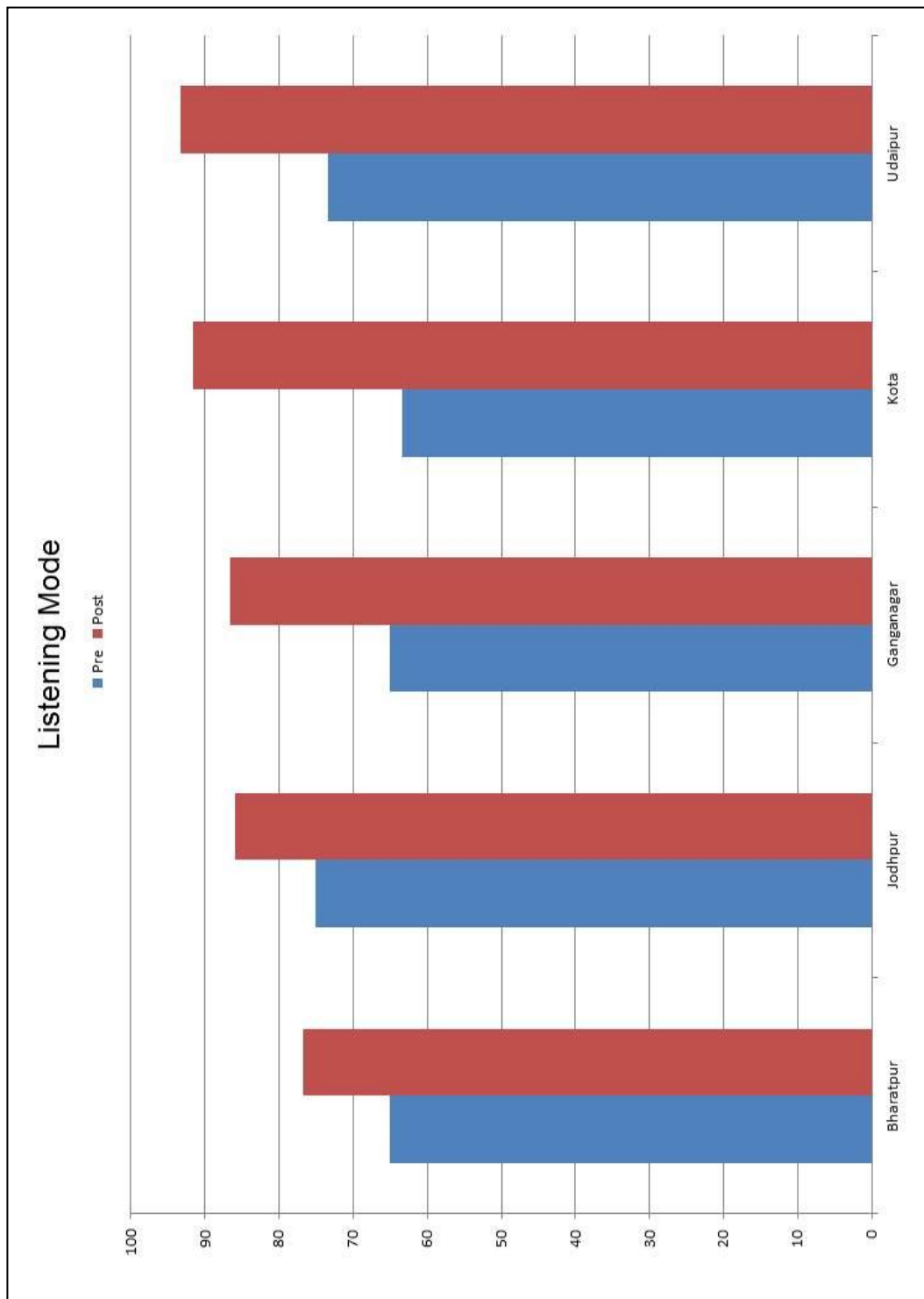


Fig. 18.5

Table 16.6 represents response of the inmates on the “Spiritual Mode”. There is increase in the positive response of the inmates after the course. Figure 18.6 represents the difference of the positive responses of inmates before and after application of HSMT. There were almost equal differences found in inmates’ response from pre- and post- assessments which was around 20. Response difference of Ganganagar was 21.66, Bharatpur 21, Kota and Udaipur 20 each and Jodhpur 19.

Table 16.6: Comparative result of the transformational changes pre- and post- response for Spiritual Mode

Spiritual Mode		
	Pre	Post
Bharatpur	67.33	88.33
Jodhpur	72	91
Ganganagar	66.67	88.33
Kota	70	90
Udaipur	70	90

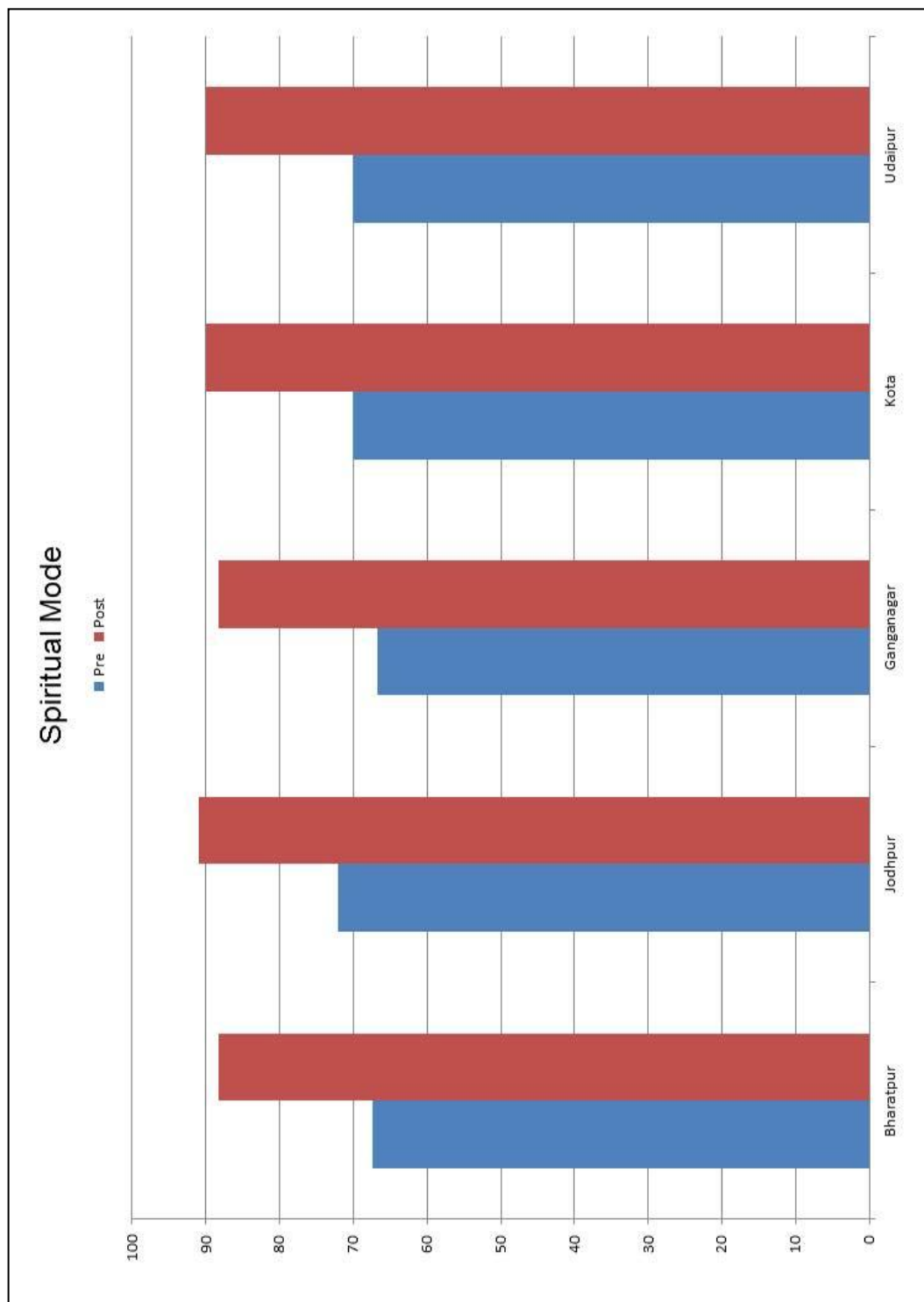


Fig. 18.6

Table 16.7 represents response of the inmates on the “Experiential Mode”. There is increase in the positive response of the inmates after the course. Figure 18.7 represents the difference of the positive responses of inmates before and after application of HSMT. Highest difference in the positive responses from pre- and post- assessment was found in inmates of Kota Jail with a number of 67 whereas least difference was found for Udaipur Jail with a score of 16.33. Rest three jails – Bharatpur (41.66), Jodhpur (40) and Ganganagar (38.34) were around 40.

Table 16.7: Comparative result of the transformational changes pre- and post- response for Experiential Mode

Experiential Mode		
	Pre	Post
Bharatpur	52.67	94.33
Jodhpur	52.67	92.67
Ganganagar	53.33	91.67
Kota	28.33	95.33
Udaipur	80	96.33

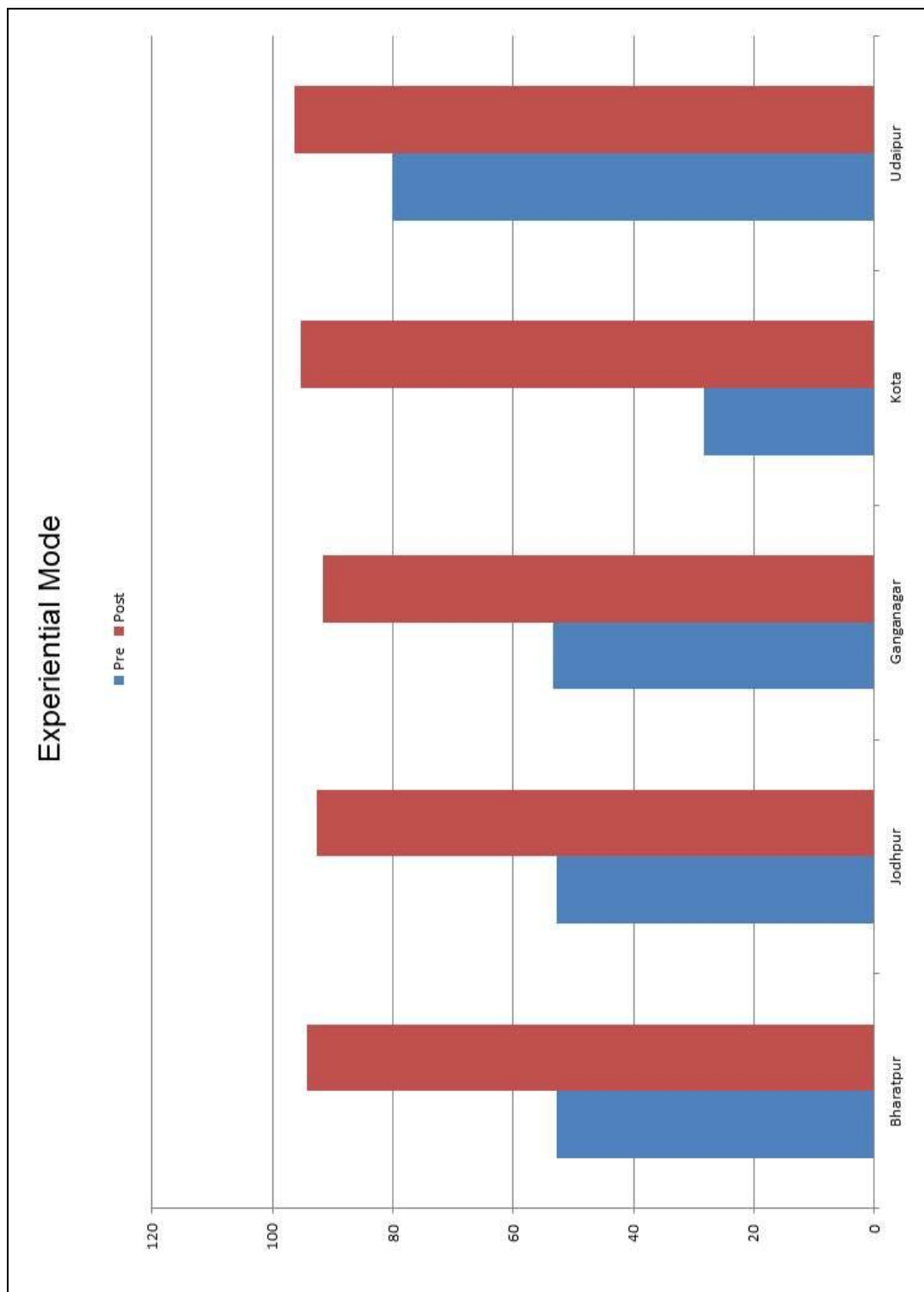


Fig. 18.5

Table 17 compiles the differences of the pre- and post- responses of the inmates of the investigated jails whereas figure 19 is the graphic presentation of the average changes.

It was observed that the Udaipur and Kota jails were having the higher affinity for bringing up the changes through HSMT. Ganganagar Jail inmates had showed lowest changes among the five whereas changes observed in inmates of Bharatpur and Jodhpur jails were moderate.

Table 17: Difference of the average scores of pre- and post- course response

Jails	Average - Pre	Average - Post	Difference
Bharatpur	48.96	77.94	28.98
Jodhpur	55.31	82.71	27.40
Ganganagar	58.21	83.81	25.60
Kota	53.93	85.58	31.65
Udaipur	55.00	87.93	32.93

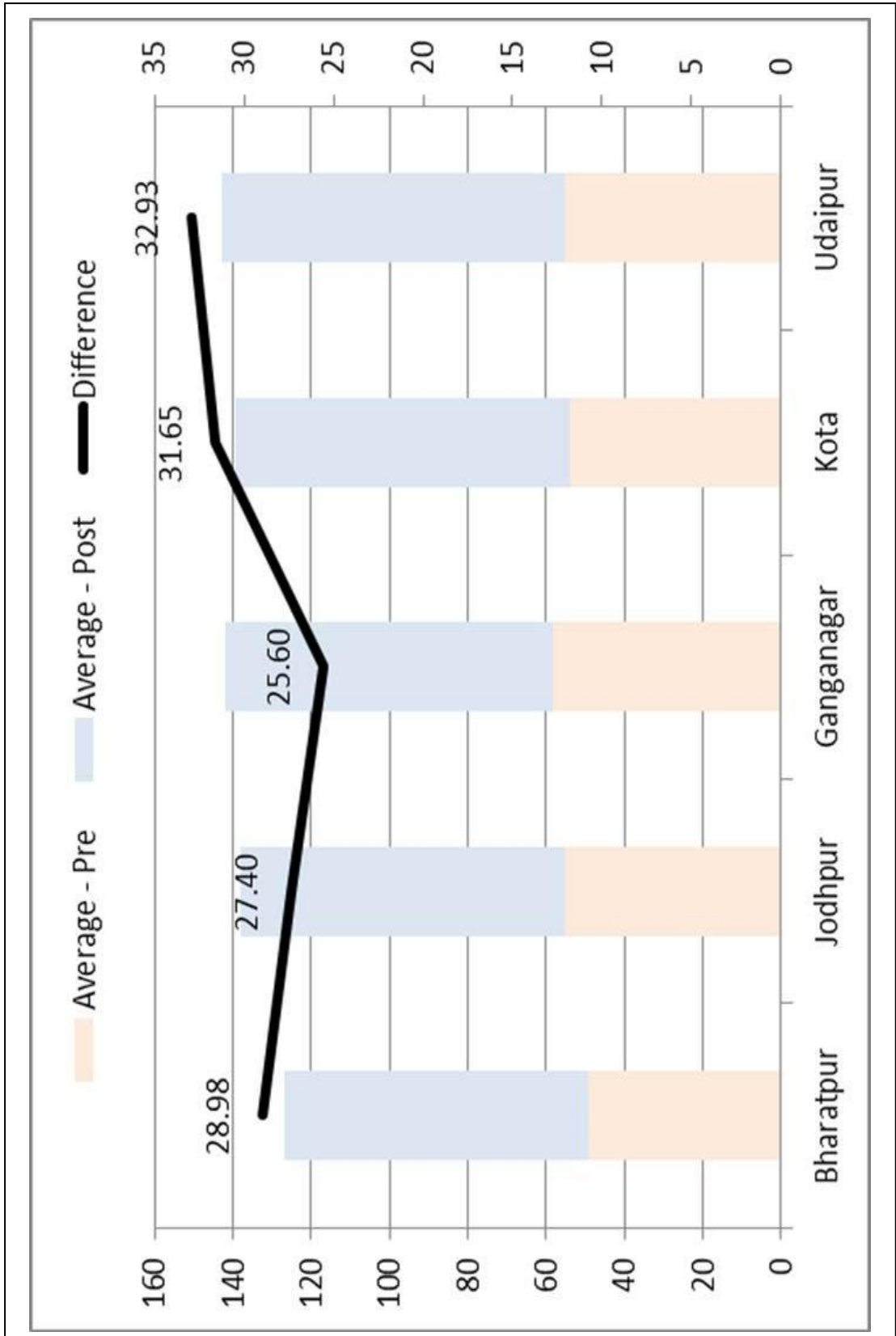


Fig. 19

Mental and psychiatric disorders are the prominent cost of disability adjusted life years globally (Balasubramaniam *et al.* 2012). These disorders affect the personal, social and occupational roles of an individual along with the physical health resulting into negative impact on the surrounding environment in form of society or community (Frye *et al.* 2006; Wittchen and Jacobi 2005; Wang *et al.* 2009). Regarding treatment strategies, recent studies have revealed an issue of particular relevance concerning the difference in access and propensity to psychiatric care in relation to gender (Doria *et al.* 2015). To this regard, in order to facilitate equal access and compliance to psychiatric care for both genders, it is necessary to develop strategies in communication, diagnosis and care specifically designed for the different needs and characteristics of male and female psychological disorders. Furthermore, in order to achieve effective, long-term results in therapeutic treatment, it is also essential to take into account the tendency of mood and anxiety disorders to be not only chronic and highly comorbid, but by their very nature, prone to exacerbate other forms of psychiatric illnesses (Andrews *et al.* 2002; Wittchen *et al.* 1998; Wittchen and Jacobi 2005). Impulsive behavior is often linked to adolescent substance abuse but observed in the inmates of any age; the intervention may help prevent such behavior.

In the present modern time, not only inmates but a common man is the victim of stress and stress related disorders which threaten to disrupt life totally (Madan and Pal 2002). SKY is a procedure that in various studies had shown evidences of efficacy in alleviating mental or other psychiatric disorders. It is a comprehensive program derived from yoga that includes bodily postures, powerful breathing exercises, meditation, and cognitive/behavioral procedures. As per the biomedical view, it is a set of techniques with demonstrable effects on brain function (Meti and Desiraju 1984; Meti and Raju 1993). There is sufficient evidence to consider SKY to be a beneficial, low-risk, low-cost adjunct to the treatment of stress, anxiety and depression (Brown and Gerbarg, 2005; Katzman *et al.*, 2012; Zope and Zope, 2013).

Specifically, it may fulfill a need for biopsychosocial interventions that address behavioral antecedents to substance abuse (Schepis and Rao, 2008). Changes in respiration can alter emotional states (Boiten *et al.*, 1994; Philippot *et al.*, 2002), regulation of the breath offer control over anxiety and the applicability of respiration-based interventions for anxious populations (Seppala *et al.*, 2014; Arch and Craske, 2006; Asmundson and Stein, 1994; Kaushik *et al.*, 2006; Salkovskis *et al.*, 1986). SKY positive effects have been found on lipid profile and pulmonary functions, betterment of antioxidant status and anxiety have been also reported. Narnolia *et al.* (2014) observed the positive changes through their sample observations. SKY has a sound scientific basis and is an ideal tool for improving the health.

The imprisonment is basically the corrective measures undertaken by governing system. For the inmates, imprisonment contributes into stress and depression. This could be avoided through breath interventions. The breath intervention called Breath, Water, Sound with *Sudarshan Kriya* (SK) are believed to reduce over-reactivity, sadness and fear, decreased the experience of imprisonment stress, depression and decrements in quality of life in inmates. SK is traditionally understood to use specific rhythms of the breath to eliminate stress, support the various organs and systems within the body, transform overpowering emotions and restore peace of mind. It is already found to be effective in improving well being and peace of mind. In practitioners of SK, significant increase in mental alertness (beta activity) was observed in the left frontal, parieto-occipital and midline regions of the brain, as compared to controls (Bhatia *et al.*, 2003). Practitioners of SK&P were found to have significantly greater antioxidant production and lower blood lactate levels which might be one of the contributing reasons of greater resilience to daily life stress as noticed in SK&P practitioners (Sharma *et al.*, 2003).

Work of Descilo *et al.* (2010) and (Kjellgren *et al.* 2007) evaluated the effect of a yoga breath program alone and concluded that the yoga breath-based interventions help in relieving psychological distress. Ghahremani *et al.*

(2013) concluded through their research findings that the psychosocial education and yoga-based practices, including breathing exercises and meditation, can reduce impulsive behavior during adolescence, a period when impulsive actions may have lifelong consequences. Qu *et al.* (2013) highlighted the importance of the breathing programs derived from yoga in SK. Furthermore, SK has been studied for its role in the management of several chronic diseases, including obesity, hypertension (Guanacina *et al.* 2006), asthma (Sabina *et al.* 2005), neuromuscular diseases (Ramaratnam and Sridharan 2000), psychiatric illness (Gupta *et al.* 2006), diabetes (Jyotsna *et al.* 2012, Agte and Tarvadi 2004) etc.

The strength of this study is that it documented positive responses to a brief group intervention under real-life in imprisonment. It contributes to the small but growing literature on HSMT that could be provided to the inmates to bring the positive transformations. Recent research on HSMT, which include yoga asanas, pranayama, SK and meditative components, has indicated significant effects on various aspects of the physiology and the psychology of the participants (Kjellgren *et al.* 2007; Bhatia *et al.* 2003; Sharma *et al.* 2003; Janakiramaiah *et al.* 2000). This was well observed in the present investigation.

Limitation includes a small sized sample lacking other characteristics such as gender, regional context, cultural traits and ethnicities etc. Despite these limitations, the study includes numerous methodological strengths often absent in studies of novel interventions. This study found that a breathing-based meditation intervention resulted in improvements on psychophysiological and symptom measures. *Sudarshan Kriya* yoga, a week-long intervention with longitudinal benefits, shows promise as a viable alternative or adjunct intervention for addressing the issues of inmates in positive direction.

In the materialistic world of today, people are suffering from various mental and psychological problems. The conditions of inmates were found to be further degraded. The present study had shown the effect of yogic intervention for inmates' population. It is significant for inmates who face physical and mental problems in prison life and want to achieve positive state of mind. Inmate engage in self-transformation through transformational efforts spiritual health is taken care of well then society will definitely be benefited. In a limited way the study has achieved its goal but there is still a long way to go.

The present research has humbly contributed to the existing knowledge in the field of impact of HSMT through SKY on inmates. It may, however, be noted that the study had certain limitations and its findings need to be taken with caution.

In the present study; factors of age, urban-rural, geographical set up, and socioeconomic status have not been varied. However, the researcher tried his best and took pain to counter check the information provided by the respondents. More rigorous effort was also needed to expand the data base by enlarging the sample to include inmates from various strata. In addition to qualitative study an effort was also made to learn about the quantitative assessment. The qualitative data pertaining to the outcome of Pranayama practice were asked to share experiences about physical, social, emotional and spiritual benefits derived from the HSMT. It was found that the practitioners of HSMT were on the better state of personality. They represented greater physical and mental health particularly in participating group as compared to remaining group.

The introduction of HSMT (Holistic Stress Management Technique) has successfully induced a significant reduction in negative traits in the inmates participated in AoL course. This Stress Management Training consists, just like Prison SMART, of effective breathing techniques that calm down the mind and transform negative or overwhelming emotions. The core part is *Sudarshan Kriya* that removes accumulated stress from the organism and has a strong purifying effect on body and mind. Participants get insight in

the causes of stress, become more stress resistant, and learn skills to deal more successfully with conflicts, stressful situations, aggression and violence in the future. The training also deals with responsibility, contentment, and health. SKY is the subject of independent investigation and research in hospitals and research institutions worldwide but the mechanism involved is by creating balance in autonomic nervous system functions by parasympathetic dominance and decreased sympathetic drive.

Considering the strong demand for the improvement in inmates' quality of life, as well as the need to reduce the negative impact on the work force (in form of inmates), this study provides extensive evidence to warrant further studies on the efficacy of the HSMT in relieving the negative traits of inmates and at the same time empowering the humans (inmates) suffering from stress. The emphasis has been laid down on quantitative data but this study has collected qualitative data with support of live examples of the transformed inmates through interviews, videos, written testimonials etc. Collecting qualitative data in order to enrich understanding with regard to improvements and changes in mental health status could tangibly facilitate practitioners in integrating the procedure with new ideas and synergies, further enhancing the beneficial effects on the participants' experience. To what extent at biological level HSMT with primary focus on SKY plays role in prevention as well as management of stress in inmates, further research are needed.

My research gives direction for further research. So, I had feeling that there is a wide scope for further study in the field of *yogic* interventions as a tool for stress management technique along with quality life skills. Depth study can also be conducted. A comparative study of ailments cured by HSMT through SKY in participating inmates should also be conducted. Psychologists must be more active in this sphere. More rigorous effort is also needed to expand the data base by enlarging the sample to include inmates from various strata. It may also be noted that the present study is a beginning in a very complex area and only through more concerted effort positive gains would be possible.

Positive medical and psychological effects of the training as reported by the participants:

- normalized sleep patterns
- reduced depression and anxiety
- decreased reliance on medication and drugs
- increased energy
- increased focus and clarity of mind
- increased resilience to daily stressors of life
- increased self-esteem and confidence
- decreased interpersonal conflicts
- decreased engaging in destructive behavior
- improved immunity and physical well-being
- freedom from traumatic scars of the past
- greater positive outlook on the future

Crime and reformation are the topics which could fill books and create script contents for several films. They invite studies from various sectors from scientific to managers to spirituals raising the question as to what precipitates the aberrant behavior among them and how one could help the society which gives birth to such people, thereby saturating prisons.

There are four main elements which constitute a crime, these are: Human being, *Mens rea* or guilty intention, *Actus reus* or illegal act or omission and Injury to other human being.

Whether a given act or omission constitutes a crime does not depend on the nature of that act or omission. It depends on the nature of the legal consequences that may follow it. An act or omission is a crime if it is capable of being followed by criminal proceedings.

The question arises that why do some people decide to commit a crime and while performing such acts, do they ever think about benefits and risks. Other important questions are that why do few people commit crimes regardless of the consequences and other never commits crime despite of the aggrieved circumstances. Workers proposed many causes and correlates of crime with ample of empirical support which include socioeconomic, psychological, biological, and behavioral factors.

If a person commits a crime voluntarily or after preparation the doing of it involves four different stages. In every crime, there is first intention to commit it, secondly, preparation to commit it, thirdly, attempt to commit it and fourthly the accomplishment.

Crime can affect people in many ways and every person's reaction is different. Sometimes people feel quite normal for a while and then things may suddenly start to fall apart. At the start, one might feel shocked, fearful or angry. A common reaction is feeling numb, and not believing that this has happened. One might suffer from headaches, nausea, sleep problems or fatigue, jumpiness and repeated thoughts of the event. One might have feelings that come and go, like guilt, fear, anger, sadness, confusion, helplessness. The day-to-day life might be affected by trouble with your concentration or memory, reduced performance at work or school,

withdrawing from others and feeling like losing self-control. Later, some people can experience depression or anxiety.

There are empirical approaches to prevent crime through different strategies. Commonest crime prevention is the attempt to reduce and deter crime and criminals. It is applied specifically to efforts made by governments to reduce crime, enforce the law, and maintain criminal justice.

Primary prevention address individual and family level factors correlated with later criminal participation.

Secondary prevention uses techniques focusing on at risk situations such as youth who are dropping out of school or getting involved in gangs.

Tertiary prevention is used after a crime has occurred in order to prevent successive incidents.

Situational crime prevention uses techniques focusing on reducing on the opportunity to commit a crime.

In most countries of the world, detention or imprisonment are the main measures imposed on individuals who are suspected of having breached the criminal law, or have indeed been convicted of a criminal offence.

Reformation is one of the main objectives behind imprisonment along with rehabilitation of the criminals. But detention with an objective of reformation has very limited scope, and retribution as the object of improvement is discarded. The overuse of prisons leads to a series of mutually reinforcing challenges in responding appropriately to the social reintegration needs of offenders, whilst also violating the rights of those who are innocent. Evidentially many inmates suffer from mental disorders in prison due to stress of limited freedom or incarceration.

The stresses behind the bars include separation from their family members, overcrowding, sensory deprivation, exposure to a high-density of hard-core offenders and a variety of uncertainties, fear, and frustrations. The period of trial is of great stress to the individual. Loss of social status, uncertainty of outcome of the trial, fear of punishment, staying in an unusual place like police station or jail and the financial upsets harass the individual.

It is always beneficial in stress to intervene with mind along with body. Yogic breathing techniques are often recommended for relaxation and stress management.

Sudarshan Kriya Yoga (SKY) is a type of cyclical controlled breathing practice which has roots in traditional yoga and it is taught by the nonprofit organization - Art of Living (AoL) Foundation India. AoL course was designed to control the stress among the inmates and observing the changes through Holistic Stress Management Technique (HSMT). The primary objective of this investigation is to observe the effect of HSMT through SKY on quality of life of inmates through the indicators designed by our team. Further, investigation aimed to identify motivational drivers, impact of HSMT and approach for transformational changes.

Inmates of the five central jails, viz., Udaipur, Bharatpur, Ganganagar, Jodhpur and Kota were undertaken for the investigation. SKY program was introduced to the participants through a course of eight days (generally six days were taken for general participants). SKY was taught to the participants through the interactive sessions involving 14 steps (refer methodology for details) process by certified teachers. On one hand, steps included, the SKY along for quality of life through breathing, mental and physical activities; on the other hand, after identifying the natural strengths guidance for the value addition on the livelihood skills of inmates were given for the betterment of future.

Although questionnaire based data collection was the main approach undertaken for the data collection. Due to limitation of the responses by the inmates, the approach was modified with the interview based data collection. The jails are the sample unit in the survey. The sample size chosen for this study is 50 inmates per jail. The sampling type is non-probability which involves deliberating selections of particular units constituting a sample, which represents the universe. The undertrial and convicted were interviewed with a base of questionnaire.

As per the availability of the data Indian prison system comprises of eight categories of jails. Central Jails, District Jails and Sub Jails are the commonly known jail institutions. Other jail establishments include women Jails, Borstal Schools, Open Jails and Special Jails. India has 1,387 jails and Rajasthan (119) stands fourth in the country in having jails (Central Jails – 8, District Jails – 25, Sub-Jails – 60, Women Jails – 2, Borstal School/ Jail – 1, Open Jails 23).

During the period of investigation (2012-2014) occupancy rate of the all the higher level of jails (such as Central and District jails) was over its capacity which represented that the jails were overcrowded. The lower levels of the jails (such as Sub-Jails) were under the limit and found to be lower side women jails and borstal schools. The occupancy rates of the males remained high as compared to females.

Observations on the inmates were recorded out for the period of three years at five central jails. Impacts on the transformational and the behavioral aspects of the inmates were recorded, for randomly selected fifty respondents from the participants, through pre- and post- questionnaire based interview mode. The video shoot outs with due permission and the written records were maintained. It was found that the courses brought a great change in the inmates. The level of self-assessment, the mode of thinking, perception, self-realization, clarity of mind, peace, meaning of peace, approach towards challenges etc. were kind of key features of observations. Result showed that the average change was highest in inmates of Udaipur Jail (32.93) followed by Kota Jail (31.65), Bharatpur Jail (28.98), Jodhpur Jail (27.40) and Ganganagar Jail (25.60). Thus, it was observed that the Udaipur and Kota jails were having the higher affinity for bringing up the changes through HSMT. Ganganagar Jail inmates had showed lowest changes among the five whereas changes observed in inmates of Bharatpur and Jodhpur jails were moderate. This study provides extensive evidence to warrant further studies on the efficacy of the HSMT in relieving the negative traits of inmates and at the same time empowering the humans (inmates) suffering from stress.

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