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MILENA MIAŁKOWSKA-KOZARYNA¹

The Maria Grzegorzewska University, Poland

ORCID 0000-0002-7829-4876

KAMIL MISZEWSKI²

University in Warsaw, Poland

ORCID 0000-0003-0728-3819

Received: 11.01.2023; revised: 8.04.2023; accepted: 17.04.2023

MENTAL FUNCTIONING AND RELIGIOSITY OF PRISONERS

FUNKCJONOWANIE PSYCHICZNE A RELIGIJNOŚĆ WIĘŹNIÓW

Streszczenie: Pomimo istotnej roli, jaką odgrywa religijność w resocjalizacji więźniów, ten obszar badań nie doczekał się zbyt wielu systematycznych przeglądów. Celem badania było przeprowadzenie analizy funkcjonowania psychicznego więźniów przez pryzmat ich religijności. Badanie objęło 124 osoby skazane na dwadzieścia pięć lat pozbawienia wolności. Wyniki badań sugerują, że ci sprawcy, którzy twierdzą, że są wierzący, znacznie częściej cechują się wyższą odpornością psychiczną (Skala Odporności Psychiczej) oraz zgłaszają więcej problemów zdrowotnych, głównie objawów somatycznych, lęku i bezsenności (GHQ-28). Jednocześnie analiza nie wykazała żadnego istotnego statystycznie związku między religijnością a poziomem lęku (STAI) oraz poczuciem, że izolacja w zakładzie karnym jest sytuacją stresującą (narzędzie własne – Izolacja w zakładzie karnym jako sytuacja Stresująca). Badanie wskazuje na rolę wiary w funkcjonowaniu psychicznym sprawców skazanych na długie kary pozbawienia wolności i jako taka powinna być uważana za istotną w resocjalizacji.

Słowa kluczowe: religijność, więźniowie, lęk, stres, funkcjonowanie psychiczne

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- 1 **Milena Miałkowska-Kozaryna**, PhD, Institute of Special Education, The Maria Grzegorzewska University in Warsaw; research interests: psychological aspects of imprisonment, psychological characteristics of socially maladjusted individuals; email: mmialkowska@aps.edu.pl
 - 2 **Kamil Miszewski**, PhD, Institute of Social Prevention and Resocialization, University of Warsaw; research interests: sociology of prisons, ethical issues in field research; email: k.miszewski@uw.edu.pl

Abstract: Despite the important role religiosity plays in the resocialization of inmates, this research field lacks systematic reviews. The purpose of the study was to supply an account of mental functioning of prisoners viewed in the framework of their religiosity. The research included 124 individuals sentenced to twenty-five years of imprisonment. The research findings suggest that those offenders who claim to be believers significantly more often feature higher mental resilience (*Mental Resilience Scale*) and report more health-related issues, mainly somatic symptoms, anxiety and insomnia (*GHQ-28*). However, the analysis did not reveal any statistically significant relationship between religiosity and the level of anxiety (*STAI*) and the feel that penitentiary isolation is a stressful situation (the proprietary tool – *Prison Isolation as a Stressful Situation*). The study points to the role of faith for the mental functioning of offenders sentenced to long prison sentences and, as such, should be considered crucial to resocialization.

Keywords: religiosity, prisoners, anxiety, stress, mental functioning

Introduction

Historically, religion has always been key to prisoners' character development around the world. David O. Moberg (1984) states that religion gives people hope, meaning and sense of life, optimism, and the feeling of security, which is particularly important in the case of the incarcerated. The concept of faith-based resocialization programmes stems from the Judeo-Christian practice dating back to the first century A.D., to the times when Christians were persecuted for their beliefs by Roman Caesars. The first Christians imprisoned because of their religious beliefs were oftentimes visited by clergymen who offered spiritual support. The earliest known programme based on faith was introduced in 1488 by the Roman Catholic Misericordia Order, whose activity focused on comforting prisoners on the death row (Zimmer 2004).

Currently, faith-based programmes are quite common. The majority of prison facilities employ a chaplain; there are also some that have special resocialization programmes based on reading the Bible. In the United States of America, one will find entire institutions with correction/resocialization activities based on faith and religious practices (McKean and Ransford 2004; O'Connor 2004). Even though religious ministry in prisons has been popular for a long time, the topic seems to be neglected by researchers in the fields of criminology, sociology, resocialization pedagogics or psychology (Dammer 2002).

Positive impact of religion

Many people reckon that prison may only make one worse. However, there are some who claim that a penitentiary institution might become a point of conversion and change for the better (Maginnis 1996). Numerous inmates try to give meaning to their lives and develop their own networks of social support through religious

practices (O'Connor 2004). Religion in prison is said to have four major functions: (1) to answer questions on how to live; (2) to formulate principles to follow; (3) to be the source of inner transformations (conversion) of prisoners; and (4) to gather prisoners of similar values and offer them participation in support groups (Maginnis 1996). In prison, religion allows one to “humanize a dehumanizing situation”, helps prisoners deal with “being a social outcast”, and cope with the feeling of loss –loss of freedom, intimacy, and contact with friends and family, etc. (O'Connor 2004).

The analysis of spirituality/religiosity, not only that of prisoners, is troublesome. There are some who hold that this variable cannot, or even should not, be measured (compare Skowroński and Bartoszewski 2017). Psychologists tend to view religion from a distance. Oftentimes, they evaluate it on a dichotomic scale, either as something naturally positive, or the opposite – absolute evil. Meanwhile, studies show that the intensity of faith and the frequency of one's religious practices has an impact on one's character (Saucier and Skrzypińska 2006). Kenneth I. Pargament (2002) conducted a meta-analysis of articles treating the (positive/negative) relationship between faith/religiosity and mental well-being, and on such basis drew the following five conclusions: (1) mental well-being is related to religion, which is internalized, internally motivated and based on a secure relationship with God; (2) even some controversial religious forms, such as fundamentalism, have both advantages and disadvantages; (3) religion is particularly helpful in the case of socially marginalized groups; (4) religious faith and practice appear especially valuable in stressful situations, where one is pushed to his/her mental limits; (5) the effectiveness of religion is associated with the degree to which it is integrated with the life of a human being. The above findings contradict simple conclusions drawn by psychologists, who assume that religious faith is either naturally negative or highly positive.

The studies conducted by Pargament (2002) demonstrated that research questions aimed at investigating the relationship between faith and mental well-being must be formulated in a more detailed manner, whereas each individual case often should be investigated separately. For instance, Janusz Mastalski (2021, pp.148-156) believes that religiosity of a sentenced person (in which s/he sees a prospect of successful resocialization) depends on answers to some fundamental questions a prisoner must provide. The questions correspond to the nature of God himself, one's Church experience, an assessment of one's moral system, or an evaluation of one's personality.

Hence, what does religious faith offer prisoners? The most prevalent explanation advanced by subject literature is hope (O'Connor 2002; Dammer 2002; O'Connor and Perreyclear 2002). Studies show that religion eases coping with guilt, fosters finding a new way in life, helps one come to terms with the loss of freedom, and provides ease of mind, which is essential for long-term prisoners (Dammer 2002). Inmates who became involved with faith-based resocialization programmes saw changes in their own behaviours: they started to take responsibility for their own

actions, analyse situations before acting, and improved the handling of demanding situations and anger management (Cei 2010). There are many high-flown opinions, such as the one that “religion gives freedom to those in prison” (Clear et al. 2000, p.62). It is also emphasised that such transformations of prisoners require both time and space, including physical space in a prison facility, where prisoners could refrain from the prison life and enter into a relation with God (Vaccarino and Comrie 2015).

Faith vs resocialization

Also Polish researchers have examined faith in a higher power and religiosity, producing overviews of prisoners’ religious practices (Lasocik 1993), the role of prison chaplains in arousing faith (Kosiacki 2018), or the impact of prisoners’ religiosity on their correctional opportunities (Pol 2002; Mastalski 2021). The most appealing subject matter is the relationship between religiosity and relapse. If one could prove that strong religious feelings or beliefs boost corrective efficacy, without a doubt, actions aimed at reinforcing faith at correction facilities would abound. Many researchers analyse the effectiveness of faith-based resocialization programmes (compare Ferguson, Wu and Spruijt-Metz 2007). However, reliable research in the field, especially in Poland, is scarce (Roman et al. 2007).

The majority of faith-based resocialization programmes try to prove their efficacy by emphasising reduction in recidivism rates. However, researchers prove that such an approach to the role of religious faith in prison is highly devaluating. Religion and faith bring considerable benefits also during the incarceration term (they support the process of resocialization at its various stages) (Clear et al. 2000). Among the factors favouring resocialization, Iwona Niewiadomska (2016) specifies faith/spirituality. The analyses presented further on were specifically directed at detecting the following correlation: to what extent is religious faith or the lack of it correlated with mental functioning of inmates sentenced to 25 years of imprisonment under the conditions of penitentiary isolation.

Methods

Sample Selection

The study included 124 inmates sentenced to 25 years of imprisonment based in six prison facilities in Poland. For the sake of obtaining reliable results, only those sentenced to 25 years in prison qualified for the study. The study subjects were males, on average 42 years old ($M = 42.2$; $SD = 10.56$), the majority of whom have already served over a half of their prison terms ($M = 13.8$; $SD = 5.6$).

Research Questionnaires

Most of the psychological tools employed in the study were standardized. To verify the level of anxiety – understood, on the one hand, as an intrinsic behavioural disposition to react with great fear in objectively non-threatening situations (anxiety-trait) and, on the other hand, as the feeling of fear and tension generated by specific stimuli (anxiety-state), we employed the the *State-Trait Anxiety Inventory* (STAI).

Furthermore, we used the Polish adaptation of the *Ego Resiliency Scale* done by Łukasz Kaczmarek (*Mental Resiliency Scale*). The above tool allows one to describe to what extent an individual is capable of adjusting his/her self-control to specific requirements/situations. Resiliency is a personality trait that plays a major role in the process of tackling life challenges.

To assess prisoner health, we employed the *General Health Questionnaire – 28* (GHQ-28) by Goldberg. The decision to use the tool was made on the basis of the fact that it can provide an overview of human functioning at several levels: somatic symptoms, anxiety and insomnia, functioning disorders, or symptoms of depression. The general score may be referred to Polish sten scores.

The ultimate tool used in the research study was an original questionnaire designed to evaluate to what extent did inmates see incarceration as a stressful situation. The last version of the tool (amended upon analyses of the results of pilot studies) covered a set of twenty statements to which the sentenced persons responded based on a 4-point Likert scale. For example, the inmates were asked to specify *how often they think back about their first days in prison?* The questionnaire design and content is based on the PTSD diagnostic criteria described in DSM-IV.

In addition, we used an original survey designed to collect information about demographic features of the studied population, such as age, education, origin or relation to faith.

Data Analysis

The underlying goal of the research study was to present an overview of mental functioning of people deprived of liberty for extended periods from the point of view of their religiosity. Above all, answers to the following questions were sought:

- How do prisoners describe their relationship with religious faith and is it related to their age and the period of incarceration?
- Is there a correlation between religiosity and the level of anxiety, stress, mental resilience and the evaluation of mental health of long-term prisoners?

The results collected with the application of standardized psychological tools were converted into stens following test manual guidance. All tests were performed

using IBM SPSS Statistics 27 programme, and all results with a p -value < 0.05 were considered significant.

Results

Prisoners' approach to religion and their age and length of prison sentences

Among the 124 sentenced to twenty-five years of prison, 121 answered the question about their approach to religious faith. The vast majority (78%) described themselves as believers, 33% of whom as believing and practising (45% as believing and non-practising). 22% of convicts described themselves as non-believers (including 4% as non-believers but practicing, e.g. celebrating Christmas, and 18% as non-believers and non-practicing).

The prisoners who agreed to take part in the study were highly diversified in terms of age, ranging from 19- to 73-year-olds. The age average in the group was 42 years ($SD = 11$). However, a statistical analysis (Kruskal-Wallis H test) did not reveal any significant correlation between age and inmates' approach to faith [$H(3) = 3.70$; $p = n.i.$]. Similarly, the number of years spent in prison did not significantly correlate with approach to faith [$H(3) = 5.15$; $p = n.i.$]. The mean period of penitentiary isolation of the prisoners who participated in the study was 15 years ($SD = 6.3$). The shortest period of the served prison term was 2 years, whereas the most experienced prisoner spent in different prisons (at the time of the study) a total of 36 years.

Prisoners' religiosity and their mental functioning

We should assume that inmates sentenced to 25 years in prison feature average levels of anxiety viewed both as a condition ($M = 6.47$; $SD = 2.33$) and as a trait ($M = 6.00$; $SD = 2.42$). In both cases the results of the prisoners are close to the sixth sten, hence, they are within the average range. The statistical analysis showed that there is no statistically significant difference in terms of the level of anxiety understood as a state, depending on the study subject's approach to faith [$H(3) = 2.38$; $p = n.i.$]. Likewise, there is no significant difference with respect to anxiety viewed as a human trait [$H(3) = 1.73$; $p = n.i.$].

Another analysed variable was the perception of incarceration as a stressful situation. To conduct a related analysis, an original tool was developed wherein the studied population could score from 0 to 60 points – the better the score the more intense the stress generated by imprisonment. In the group of inmates sentenced to 25 years in prison, the respective average recorded was 31.64 ($SD = 9.58$), which should be interpreted as an average level of suffered stress.

The analysis of variance demonstrated that there is not a statistically significant difference in the level of stress between the sentenced persons declaring various

approaches to religious faith, $H(3) = 7.15$; $p = \text{n.i.}$ It is worth noting, however, that the group that reported the fewest symptoms indicating that incarcerations is for them a stressful situation were non-believing inmates practising major religious holidays. Detailed data is presented below (Table 1).

Table 1. Average stress level, mental resilience and mental health rating by approach to faith

	Non-believers		Non-believers, practising		Believers, non-practising		Believers		$\chi^2(2)$	post hoc
	(1)		(2)		(3)		(4)			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Stress level	32.67	7.85	19.60	9.10	31.87	9.21	32.57	10.16	7.15	n.i.
Mental resilience	37.95	6.43	35.80	12.52	35.09	6.58	39.15	6.17	9.07**	3 < 4
Mental health rating	4.67	2.37	3.50	1.73	6.49	2.22	5.95	2.65	11.34*	2,4 < 3
Somatic health rating	5.05	3.64	5.00	4.53	7.91	3.99	8.53	4.73	11.78**	1 < 3,4
Anxiety and insomnia	4.10	4.06	1.75	3.50	7.32	5.13	5.76	5.00	11.42**	1,2 < 3
Functioning disorders	6.62	2.75	6.75	0.50	7.36	2.59	7.49	3.56	1.05	n.i.
Symptoms of depression	2.52	3.60	4.00	5.87	4.60	5.10	3.43	4.15	3.87	n.i.

Annotation. Post hoc analysis done by pairwise comparisons. * $p < 0.05$, ** $p < 0.01$

Source: own research.

Mental resilience is a variable which plays a leading role in the life of every human being. It appears to be particularly important in the life of those deprived of liberty. The conducted research demonstrates that individual inmates sentenced to 25 years in prison feature an average development of the trait ($M = 36.85$; $SD = 6.88$). What is vital in terms of approach to faith controlled by the researchers, the analysis of variance revealed that there is a statistically significant difference in mental resilience between the sentenced persons declaring different approaches to religious faith, $H(3) = 9.07$; $p < 0,01$. Post hoc tests showed that there is a significant difference between practising believers and non-practising believers. Practising believers are characterised by significantly higher mental resilience than non-practising believers. Table 1 shows detailed data.

The final research questions posed by the authors of the study concentrated on the relationship between the evaluation of mental health and offenders' approach to faith. Overall, it is considered that prisoners serving the term of 25 years of deprivation of liberty rated their health as average ($M = 5.91$; $SD = 2.48$). The results surrounding the sixth step should, without a doubt, be considered

average. Prisoner perceive their somatic health to be the weakest ($M = 7.48$; $SD = 4.33$ (here, it is worth to point out that the higher the sten, the more related symptoms are reported), which is followed by functioning disorders ($M = 7.30$; $SD = 2.95$), anxiety and insomnia ($M = 6.10$; $SD = 5.02$). The rarest reported symptoms are those of depression ($M = 3.92$, $SD = 4.65$).

The analysis of variance demonstrated that there is a statistically significant difference between mental health ratings by convicted offenders declaring various approaches to religious faith, $H(3) = 11.34$; $p < 0.05$ (Table 1). Post hoc tests showed that there is a significant difference between non-practising believers and non-believers, as well as between non-practising believers and believers. In both cases, Non-practising believers report significantly more health problems than non-believers.

The detailed analysis of variance (Kruskal-Wallis H test) of individual subtests of the GHQ-28 questionnaire shows that non-believers significantly less frequently report somatic health issues than believers and non-practising believers. It has also been shown that non-believers and non-believers practising inmates report significantly fewer problems with insomnia and general anxiety than non-practising believers. In the case of other GHQ-28 questionnaire subtests, no significant correlations with approach to faith were reported (Table 1).

Discussion

The aim of the presented research was to verify the presence of a statistically significant relationship between offender's declared approach to faith and evaluation of one's mental functioning.

On the basis of the collected data, we must consider that the majority of inmates serving the term of 25 years in prison describe themselves as believers. This is consistent with the remaining research in the field. According to American reports, it appears that 52% of males and 66% of females define themselves as believers (O'Connor 2004).

Generally, it is observed in a population that religiousness grows with age (Abdi et al. 2019). Nonetheless, in the group of the incarcerated, no such dependence was reported. Neither the age of a convicted offender, nor the time spent in penitentiary isolation significantly correlates with his/her approach to faith. On the contrary, the length of one's prison term seems to have a negative correlation with religiosity. The more years spent in penitentiary isolation, the rarer inmates claim to have undergone a spiritual transformation for the better (Roman et al. 2007).

The purpose of the research conducted by Frans Cronje et al. (2017), was to determine the effects of participation in the faith-based educational project For My Life. The researchers verified to what extent participation in the said project correlated with transformations regarding one's self-assessment, physical and mental health rating, and spirituality (religiosity). Research findings showed that

in the case of those who had completed a religion-based course, the level of anxiety viewed as the feeling of permanent strain (anxiety-state) was significantly lower than in a general population, while the level of anxiety seen as a human trait, largely exceeded population standards. Nonetheless, such a correlation was not noted in the case of the incarcerated. As shown by our own research, there is no correlation between prisoner religiosity and the level of anxiety, understood both as a human predisposition to react with strong anxiety in objectively non-threatening situations (anxiety-trait), and anxiety viewed as a feeling of apprehension and tension generated under specific circumstances (anxiety-state). Nonetheless, the level of anxiety in prisoners should be controlled, for – as emphasised by Mastalski (2021, pp.155-156) – it may become an obstacle to spiritual development of the sentenced person and, without a doubt, prison is a generator of all sorts of fear and distress.

Research shows that faith brings relief and has relaxing properties (Streib et al. 2021). It was not possible to confirm this thesis in our own research, because no significant differences were found in the frequency of feeling penitentiary isolation as a stressful situation in groups of inmates with different approach to faith. It should be noted, however, that although the differences turned out to be statistically insignificant, convicted believers seemed to interpret the situation of imprisonment in terms of stress more often. Results showed a trend ($p = 0.06$), perhaps increasing the sample size would make the differences significant. It might be related to the fact that they are more aware of what they have done. Perhaps they show more remorse or guilt, are more troubled by everything, tend to get more emotional because they are more capable of reading and expressing emotions (empathy?). Research conducted on a group of 102 inmates who participated in a 14-week faith-based resocialization programme demonstrated that post programme completion, the sentenced persons: showed significantly higher empathy levels, both in terms of their capacity to take the perception of another person and in terms of compassion, were more prone to forgive others and more aware of transcendence in their everyday lives, were more tolerant for each other and God, and improved their relationships with other people (Armour et al. 2008). The higher the religiosity level of offenders, the less frequent the aggressive behaviour (Uysal and Turan 2019). Without a doubt, it is worth to conduct research to search for a connection between faith and coping with stress, both across the general population and within a specific group of those deprived of liberty.

Faith helps one overcome adversity. It gives one the strength to fight (Oxhandler et al. 2021). The conducted research shows that attending religious service, praying, or celebrating religious holidays, thus meeting the criteria of being a practising believer, is correlated with a significantly higher mental resilience when compared to non-practising believers. The findings of Stanley et al. (2011), who verified how much patients' individual preferences as to the inclusion of religion in the therapeutic process (anxiety and depressive disorder therapy) translated into their coping style,

beliefs and behaviour, were analogous. Patients who decided to incorporate faith in their treatment process more often adopted positive styles of coping (faith-based), believed that faith had causative power in their lives, and more frequently resorted to cooperating with others when solving problems. Yet another research shows that along an increase in religiosity (the number of spiritual experiences), there is a growth in offenders' self-appraisal, the sense of self-efficiency and readiness to start treatment (Roman et al. 2007). Therefore, research demonstrates that for those who identify themselves as believers, it would be valuable to include religiosity in the therapeutic process (Stanley et al. 2011).

Even though a lot is said about the importance of faith, religiosity and spirituality in the perception, prevention, and treatment of various diseases (compare Stanley et al. 2011), reliable academic research in the field remains scarce (Cronje et al. 2017). Is faith related to how we rate our somatic and mental life? The literature of the subject demonstrates that the offenders who completed a faith-based resocialization programme, immediately after the programme rated their somatic and mental health higher. With time, the ratings dropped to even up with the population average (Cronje et al. 2017). Offenders-believers report less symptoms of depression (Maginnis 1996; Cronje et al. 2017). Our own research shows that inmates serving the penalty of 25 years of imprisonment, declaring themselves to be non-practising believers, report more health (mainly somatic health, anxiety and insomnia)-related issues than non-believing but practising offenders. This might be related to the fact that offenders who believe have greater self-awareness and, therefore, are more inward-focused and can note their bodily symptoms more readily. Or, it may be associated with that fact that non-believing offenders more often follow the "macho" culture and are less likely to admit their weaknesses. Without a doubt, more research in the area should be conducted, above all, to seek not only correlations, but also causal links.

Conclusions

Despite some disparities between the cited research findings, in general, it appears that religiosity/spirituality has a positive impact on inmates. As far as the measurable effects are concerned, we may mention a decrease in reoffences and rearrests and less disciplinary penalties for the breaching of prison rules. The prison blocks where faith-based programmes are introduced report a drop in the impact of prison subculture.

Equally important, at least for the inmates, are non-measurable issues, such as finding meaning in life, hope, consolation, and many others that faith offers. It is a truism to state that the latter may (but do not have to) lead to the former.

The conducted analyses reveal that faith generated both advantages and disadvantages for the offenders who described themselves as believers, for they more often experienced isolation as a stressful situation (than the non-believing

inmates) and significantly more often reported health-related issues. However, if our attempts to explain the phenomena proved correct, paradoxically, this might be a good starting point for the resocialization process.

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