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# Exploring the mental health of newly admitted prisoners: A phenomenological study with emphasis on personality, family, and religious factors

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## Abstract

The transition into prison is a disruptive life event marked by emotional distress, uncertainty, and loss of autonomy. Identifying psychosocial factors that influence early adjustment is essential for effective correctional mental health interventions. This study examined the relationships among personality traits, family functioning, and religiosity in newly admitted prisoners, with emphasis on the mediating role of religiosity in psychological adjustment. A cross-sectional quantitative study was conducted at Shiraz Central Prison in late 2024 with 44 newly admitted inmates selected through purposive sampling. Assessments included personality traits based on the Five Factor Model, family functioning derived from the McMaster model, and religiosity across belief, ritualistic, and consequential dimensions. Mental health was assessed through indicators of depression, anxiety, somatic symptoms, and social dysfunction. Data were analyzed using descriptive statistics, Pearson correlation, and structural equation modeling to examine direct and indirect relationships among variables. Personality traits significantly influenced early psychological adjustment. Neuroticism showed a negative effect on mental health ($\beta = -0.16$), while conscientiousness had a positive effect ($\beta = 0.19$). Ritualistic and consequential religiosity were positively associated with mental health ($\beta = 0.15$). Religiosity also functioned as a mediating mechanism linking personality traits to mental health outcomes, suggesting that greater spiritual engagement may buffer psychological distress. The structural model showed acceptable fit indices. Personality traits, family context, and religiosity influence the mental health of newly admitted prisoners. Religiosity may serve as a psychological resource that supports coping and emotional regulation during early incarceration.

**Keywords:** Mental health, Prisoners; Personality traits, Family functioning, Religiosity, Structural equation modeling

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## Introduction

Prisoners' mental health has emerged as a critical concern within public health and criminal justice systems over the past decades (1-4). A substantial body of evidence indicates that the prevalence of mental disorders among incarcerated populations is significantly higher than in the general community. Rates of depression, anxiety, psychological distress, and maladaptive behaviors have consistently been reported to be several times greater among prisoners (3, 5, 6). This disparity reflects a complex interplay of pre-incarceration vulnerabilities such as social deprivation, exposure to traumatic events, and substance uses well as the psychological consequences of confinement in restrictive and high-stress environments (7, 8). Moreover, structural characteristics of prison settings, including overcrowding, limited social interaction, uncertainty about the future, and separation from family, may exacerbate existing psychological difficulties or precipitate new ones (9, 10).

Despite the adverse conditions of incarceration, individuals vary considerably in their psychological adjustment to imprisonment. Personality traits represent one of the most robust frameworks for understanding such individual differences. The Five-Factor Model of personality has been widely recognized as a comprehensive taxonomy for explaining psychological functioning (11). In particular, high neuroticism has consistently been associated with emotional vulnerability, impaired emotion regulation, and increased susceptibility to mental disorders (12, 13). Conversely, traits such as conscientiousness and agreeableness have been linked to more adaptive coping strategies and more favorable psychological outcomes(14, 15). Thus, personality characteristics may function either as risk or protective factors in the context of incarceration.

Beyond individual dispositions, family functioning constitutes a foundational determinant of mental health. Patterns of interaction, emotional cohesion, communication styles, and perceived social support within the family system play a pivotal role in emotional and behavioral development (16). Dysfunctional family environments have been associated with higher risks of psychological distress and delinquent behavior(17), whereas well-functioning families may serve as protective buffers through the provision of emotional and social support (18, 19). Among incarcerated individuals, the salience of family support may be even more pronounced, as sustained familial connections have been shown to reduce anxiety, foster hope, and enhance psychological adjustment during imprisonment (20, 21).

In addition to personality and family-related factors, religiosity has been identified as an important psychosocial resource for psychological well-being. Religious beliefs and practices may contribute to mental health by providing meaning in the face of adversity, strengthening hope, promoting self-regulation, and facilitating supportive social networks (22-24). Empirical studies have linked religiosity to lower levels of depression and anxiety, greater resilience, and improved psychological well-being (25-27). Furthermore, active engagement in religious activities during incarceration has been described as an effective coping strategy, assisting prisoners in adapting to the challenges of confinement (28).

Although each of these domains—personality traits, family functioning, and religiosity—has been examined independently in prior research, relatively few studies have investigated their simultaneous contributions within an integrated framework (4, 6, 29). This gap is particularly evident in research focusing on prisoners at the point of entry into prison, a transitional phase that may represent a critical period of psychological vulnerability or adjustment.

Accordingly, the present study aims to examine the mechanisms underlying prisoners' mental health at prison entry by simultaneously investigating the roles of personality traits, family functioning, and religiosity within an integrated structural model. By providing a more comprehensive understanding of the psychological determinants of mental health in



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this population, the findings may inform the development of evidence-based interventions within correctional and rehabilitative systems (30).

## Methods

This study employed a cross-sectional quantitative design conducted during the second half of 2024 at Shiraz Central Prison, Iran. The aim of the study was to examine the relationships between personality traits, family functioning, religiosity, and mental health among newly admitted prisoners.

Participants were selected using purposive sampling with maximum variation from newly admitted prisoners in Shiraz Central Prison, with variation sought in characteristics such as age, marital status, education level, and type of offense. The inclusion criteria were: (1) being in the early stage of incarceration (at least two weeks after admission), (2) having basic literacy sufficient to complete the questionnaires, (3) absence of a diagnosed psychotic disorder according to prison medical records, and (4) willingness to participate in the study. Exclusion criteria included severe psychological instability, inability to understand the questionnaire items, or incomplete questionnaire responses. Eligible inmates were approached after obtaining the necessary institutional permissions. Some individuals declined participation, mainly due to lack of interest or time constraints. After applying the inclusion and exclusion criteria, a total of 44 participants were included in the final analysis. Due to restricted access to newly admitted inmates and administrative limitations within the correctional setting, the achievable sample size was limited; therefore, the findings should be interpreted as exploratory.

Data were collected using a set of standardized instruments with documented reliability and validity. Mental health was assessed using the General Health Questionnaire (GHQ-28), a widely used 28-item measure that evaluates four domains: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. Items are scored on a four-point Likert scale, with higher scores indicating poorer mental health. Previous studies have confirmed the reliability and validity of the Persian version of the GHQ-28 in Iranian populations (31). Personality traits were assessed using the NEO Five-Factor Inventory (NEO-FFI), which measures the five major personality dimensions: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. The inventory consists of 60 items rated on a five-point Likert scale. The Persian version has demonstrated acceptable psychometric properties in previous research(32). Family functioning was measured using the Family Assessment Device (FAD), derived from the McMaster Model of Family Functioning. This instrument assesses key aspects of family interaction and functioning through multiple subscales reflecting communication, problem solving, roles, affective involvement, and general functioning. Responses are rated on a four-point Likert scale, with higher scores indicating poorer family functioning (33, 34). Religiosity was measured using the Khodayarifard Religiosity Scale, which assesses religious beliefs, emotional attachment to religion, and religious practices. This scale has been validated in Iranian samples and demonstrates satisfactory reliability(35, 36). Family resilience was evaluated using the Walsh Family Resilience Questionnaire, which measures the family's ability to adapt, reorganize, and maintain functioning during stressful or crisis situations (37).

Participants completed the questionnaires individually in a supervised setting within the correctional facility. Confidentiality was ensured through anonymous alphanumeric coding Data analysis was conducted using Structural Equation Modeling (SEM) to examine the direct and indirect relationships among variables.



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Descriptive statistics (means and standard deviations) were calculated for all study variables, and Pearson correlation coefficients were used to examine bivariate associations. The structural model was estimated to evaluate the mediating role of religiosity between personality traits, family functioning, and mental health, Model fit was evaluated using several standard indices including the Chi-square to degrees of freedom ratio ($\chi^2$/df), Goodness-of-Fit Index (GFI), Adjusted Goodness-of-Fit Index (AGFI), Comparative Fit Index (CFI), Incremental Fit Index (IFI), Root Mean Square Error of Approximation (RMSEA), and PCLOSE. All procedures were conducted in accordance with ethical research standards. The study protocol was approved by the Ethics Committee of Islamic Azad University (IR.IAU.A.REC1403.143). Participation was voluntary, and informed consent was obtained from all participants.

## Results

Descriptive statistics indicated that participants demonstrated relatively higher levels of Conscientiousness (M = 26.84, SD = 7.07) compared with other personality traits, suggesting that self-discipline and responsibility may function as adaptive characteristics during the early stage of imprisonment. The mean score for Neuroticism was lower (M = 23.64, SD = 5.81)**,** regarding religiosity**,** the belief dimension showed the highest mean score (M = 16.44, SD = 5.34), followed by consequential religiosity (M = 15.57, SD = 5.79) and ritualistic religiosity (M = 13.00, SD = 7.65). These findings suggest that religious beliefs and behavioral expressions of faith represent meaningful psychological resources for prisoners coping with the stress of incarceration, Pearson correlation analysis revealed significant associations among personality traits, religiosity, family functioning, and mental health variables ($p < 0.01$) (Figure 1). Higher levels of conscientiousness and agreeableness were associated with better mental health outcomes, whereas neuroticism showed a negative association with psychological well-being, Structural Equation Modeling (SEM) was conducted to examine the proposed relationships among the study variables (Figure 2). The results indicated that Neuroticism had a significant negative direct effect on mental health ($\beta = -0.16$)**,** suggesting that individuals with higher emotional instability experience greater psychological distress during the early stage of imprisonment, In contrast, Conscientiousness showed a significant positive effect on mental health ($\beta = 0.19$)**,** indicating that traits related to responsibility, organization, and self-regulation contribute to better psychological adjustment in prison settings, Among the religious dimensions, ritualistic and consequential religiosity were positively associated with mental health ($\beta = 0.15$)**,** suggesting that engagement in religious practices and the internalization of religious values may serve as coping mechanisms that enhance psychological resilience.

The model further indicated that Neuroticism, Openness to Experience, Conscientiousness, and the problem-solving dimension of family functioning were significant predictors of religiosity, suggesting that both personality characteristics and family environment influence the development of religious coping strategies, importantly, and religiosity demonstrated a mediating role in the relationship between personality traits and mental health. Specifically, the effects of Neuroticism, Openness, and Conscientiousness on psychological well-being were partially transmitted through religiosity, indicating that religious beliefs and practices function as an important psychological mechanism shaping prisoners' adjustment to incarceration, Model fit indices indicated that the proposed structural model demonstrated an acceptable fit to the data ($\chi^2$/df = 2.28, GFI = 0.97, AGFI = 0.93, IFI = 0.90, CFI = 0.93, RMSEA = 0.05) (Table 1). Pearson correlation coefficients are reported. All correlations are significant at the $p<0.01$.



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**Table 1. Goodness-of-Fit Indices for the Final Research Model**

| **Index** | χ2/df | GFI | AGFI | IFI | CFI | RMSEA | P-CLOSE |
|---|---|---|---|---|---|---|---|
| **Value** | 2.28 | 0.97 | 0.93 | 0.90 | 0.93 | 0.05 | 0.28 |
| **Acceptable Threshold** | <3 | >0.90 | >0.90 | >0.90 | >0.90 | <0.08 | >0.50 |

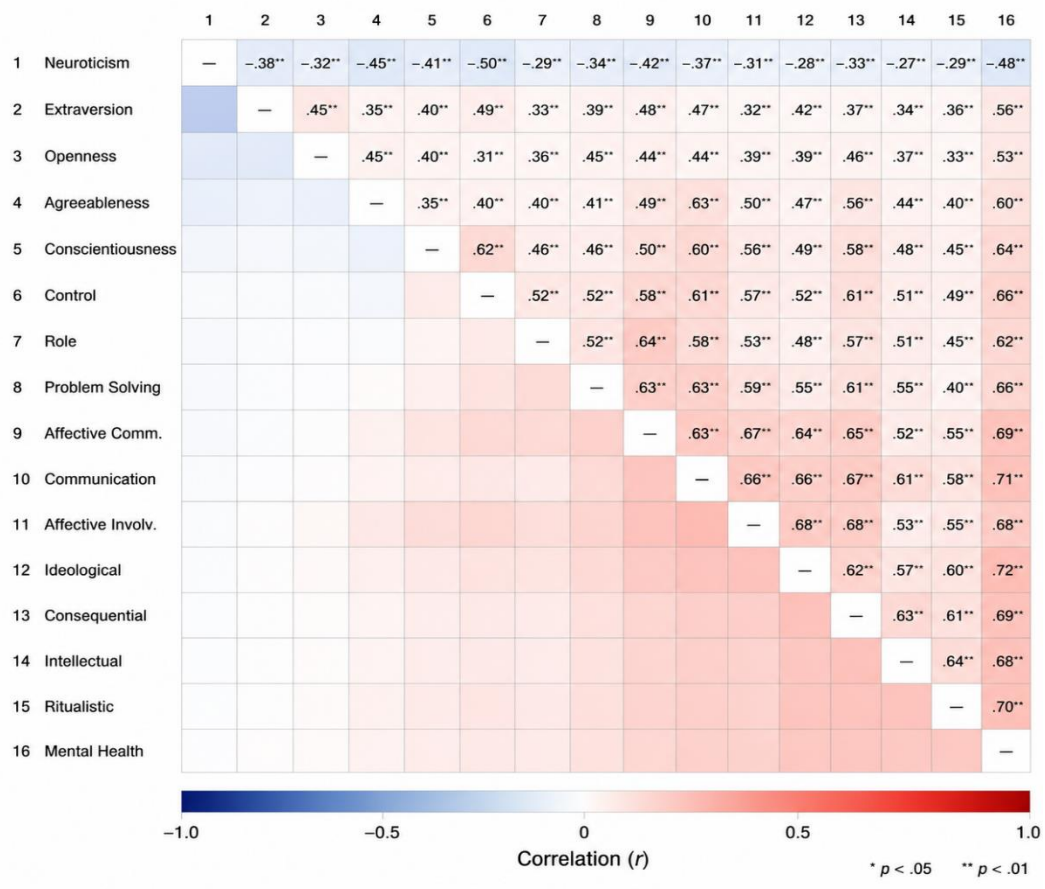


**Figure 1. Correlation Matrix representing the associations between personality traits, family functioning, religiosity dimensions, and mental health**

Structural equation modeling (SEM) revealed that personality traits and religiosity are critical determinants of mental health among newly admitted prisoners, Neuroticism exerted a significant negative direct effect on mental health (β=−0.16), suggesting that emotional instability is a primary driver of psychological distress in this population. Conversely, Conscientiousness characterized by self-discipline, orderliness, and responsibility emerged as a significant protective factor (β=0.19), underscoring the role of self-regulatory traits in buffering against psychological impairment, Regarding religious dimensions, both ritualistic and consequential practices were positively and significantly associated with mental health (β=0.15), This highlights the role of religious engagement as a vital resource for emotional regulation, hope, and spiritual support, particularly during the initial phase of incarceration, which is characterized by



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profound uncertainty, family separation, and loss of autonomy, Furthermore, the model identified Neuroticism, Openness to experience, and Conscientiousness, along with the problem-solving dimension of family functioning, as significant predictors of religiosity. These findings suggest that individual personality predispositions and early family environments fundamentally shape the formation of religious attitudes and behavioral patterns.

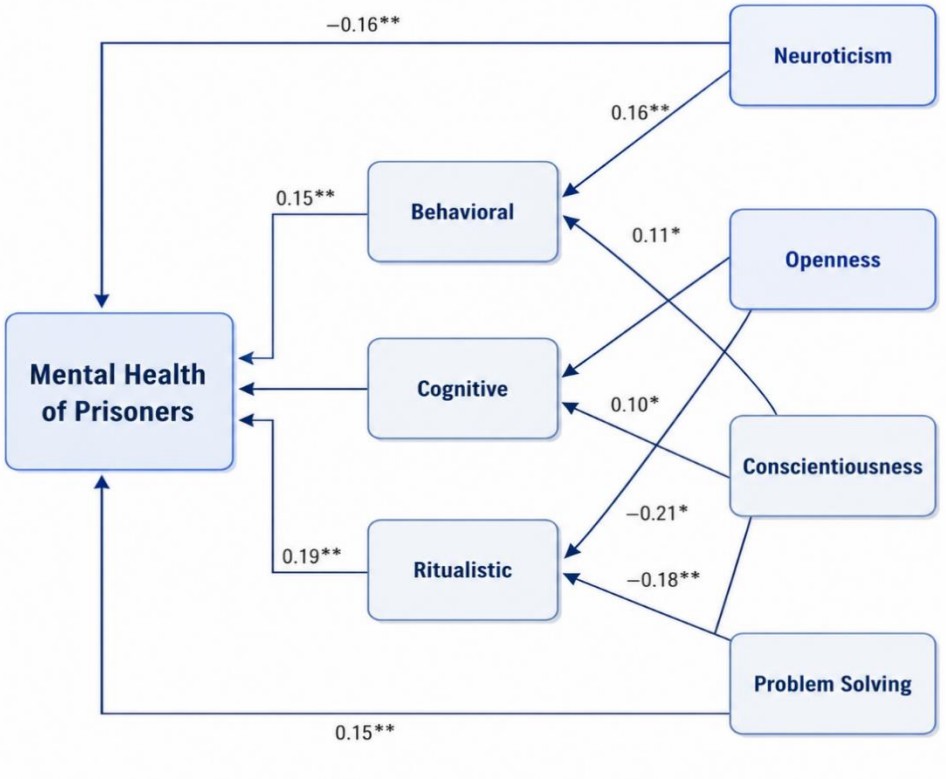


**Figure 2. A Structural Model for Predicting Prisoners' Mental Health Based on Personality Traits and Behavioral, Cognitive, and Ritualistic Coping Strategies**

A central finding of this study is the full mediating role of religiosity in the relationship between personality traits and mental health. Specifically, religiosity fully mediated the effects of Neuroticism, Openness, and Conscientiousness on mental well-being, indicating that religious belief serves as a primary psychological mechanism through which individual traits influence the adjustment process in prison. Consequently, these results highlight the clinical utility of integrating spirituality-based interventions into prison rehabilitation programs, particularly for individuals with higher neurotic vulnerability who require sustainable mechanisms for emotional self-regulation.

**Model fit analysis**

To evaluate how well our theoretical framework aligns with the empirical data, we primarily examined the Chi-square to degrees of freedom ratio ($\chi 2/df$). This index is pivotal in structural equation modeling as it captures the harmony between the hypothesized paths and the actual patterns observed within the sample. Conceptually, a lower value reflects a higher precision in the model's architecture, indicating that the predicted relationships closely mirror real-world data with minimal discrepancy, in this study, the $\chi 2/df$ value was calculated at 2.28**,** which falls comfortably within the ideal range. In



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behavioral research, values below 3.0 are widely recognized as evidence of a robust model fit. This result confirms that our proposed model effectively resonates with the gathered data, accurately capturing the structural dynamics between variables. Specifically, the interplay between personality traits, dimensions of religiosity, and mental health aligns seamlessly with the participants' responses, showing no significant deviation from the estimated values. Consequently, the conceptual model demonstrates strong empirical validity, providing a reliable and meaningful basis for interpreting the complex relationships under study.

## Discussion and Conclusion

The findings of this study underscore that the mental health of prisoners upon entry is shaped by a multifaceted interplay of individual, familial, and spiritual factors. At the individual level, our structural equation modeling (SEM) revealed that neuroticism exerts a significant negative impact on mental health, whereas conscientiousness acts as a robust positive predictor. These results suggest that individuals with higher levels of neuroticism, characterized by emotional hypersensitivity and vulnerability to stress, are more prone to psychological distress within the high-pressure environment of a prison. Conversely, conscientiousness—manifested through self-control, discipline, and responsibility—facilitates better adaptation to new environments and serves as a preemptive buffer against psychiatric symptoms.

This alignment with existing literature reinforces the notion that neuroticism is one of the most potent predictors of psychological morbidity, while conscientiousness remains a vital protective factor against mental health disorders (30, 38). Recent evidence further supports this, showing that highly neurotic individuals exhibit intensified emotional reactions to daily stressors, whereas conscientious individuals employ more effective emotion regulation strategies (39). Consistent with this interpretation, evidence from correctional settings also suggests that personality traits remain relevant to prisoners' behavioral and psychological adjustment. For example, higher neuroticism and lower conscientiousness have been linked to maladaptive interpersonal behaviors, including bullying and aggression among prisoners, indicating that these traits may influence not only internal distress but also adjustment to the prison social environment(40). However, it is worth noting that in highly restrictive environments like prisons, the influence of personality traits may occasionally be overshadowed by structural or social determinants(41), a discrepancy that likely stems from variations in prison conditions, cultural backgrounds, and sample characteristics. This point is particularly important because prison mental health is strongly shaped by environmental conditions such as overcrowding, lack of privacy, perceived insecurity, restricted autonomy, and limited access to meaningful activities. Such contextual stressors may intensify psychological symptoms regardless of individual personality profiles and may partly explain why associations between personality traits and mental health are not always consistent across prison studies (42).

Regarding the social dimension, our analysis indicated that family functioning did not show a direct significant correlation with mental health, although certain components were strong predictors of religiosity. This finding suggests that the family's impact during acute crises might be indirect, operating through mediating variables such as social support or spiritual resources (43). While some studies report a direct link between family relationship quality and reduced depression or anxiety among inmates (44), for instance, Chassay and Kremer found that incarcerated individuals who had more frequent contact with family and friends through visits and phone calls reported better mental health functioning, suggesting that social support during incarceration may operate as a protective factor (45).

Our results may reflect the unique "entry-phase shock." During this initial stage of incarceration, the immediate trauma of



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imprisonment might temporarily diminish the direct efficacy of external support systems. This interpretation is also supported by evidence showing that a considerable proportion of prisoners enter correctional facilities with pre-existing psychiatric histories, prior suicide attempts, or substance-use problems, which may make the entry phase a particularly vulnerable period requiring immediate clinical attention (46).

One of the most compelling insights from this research is the role of religiosity in inmate well-being. Both the ritualistic and consequential dimensions of religiosity were significantly and positively associated with mental health, indicating that active engagement in religious practices and the practical application of faith serve as vital coping mechanisms. This is consistent with a body of research highlighting religiosity's role in mitigating stress, fostering hope, and enhancing psychological resilience (47, 48). In line with this, a systematic review of empirical studies on religion and mental health during incarceration concluded that religious and spiritual resources were associated with lower frequency and severity of depressive episodes, as well as fewer disciplinary incidents among detained individuals (49).

Furthermore, our structural model identified religiosity as a mediator between personality traits and mental health. This suggests that the influence of personality is partly channeled through the reinforcement of spiritual inclinations—a finding that resonates deeply with Pargament's theory of religious coping, which frames religion as a primary source of meaning-making and emotional regulation during crises(50). Recent studies also emphasize that positive religious coping strategies significantly reduce anxiety and helplessness in high-stress environments (51). Nevertheless, the psychological effects of religiosity may depend on the type of religious coping used. Evidence among older prisoners indicates that positive religious coping is associated with fewer depressive symptoms, whereas negative religious coping, such as feeling abandoned or punished by God, is associated with higher depression and greater desire for hastened death (52).

Collectively, our findings portray mental health as a multi-level construct where personality traits set the stage for vulnerability or resilience, while religiosity acts as a psychological anchor for emotional stability.

## Practical implications and limitations

From a practical standpoint, these results suggest that mental health programs in correctional facilities should adopt an integrated, multidimensional approach. Interventions focusing on emotion regulation, coping skills, family reconnection, and structured spiritual programs could significantly improve psychological adaptation during the critical entry phase. Such initiatives not only enhance immediate well-being but also support the long-term rehabilitation and social reintegration of inmates.

Despite the valuable insights gained, this study has several limitations. First and most significantly, the modest sample size (n=44) limits the statistical power of the Structural Equation Modeling (SEM) analysis. Consequently, the findings and path coefficients should be interpreted with caution and considered exploratory rather than confirmatory evidence. Second, the study focused on a single correctional facility in Iran, which may limit the generalizability of the findings to broader or different prison populations. Additionally, certain critical contextual variables, such as socioeconomic status, precise type of offense, and criminal history, were not included in the current model. Therefore, we recommend that future research employ larger, longitudinal designs, such as cohort studies, to more precisely delineate the complex roles of social, legal, and psychological factors in the adjustment of newly admitted prisoners. Future models should also consider prison-related contextual variables, including length of sentence, history of previous incarceration, prison climate, perceived safety, access to family contact, and availability of religious or psychological services, as these



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factors may moderate the relationship between personality, religiosity, family functioning, and mental health.

## Ethical approval and consent to participate

This study was conducted in accordance with the ethical standards of the institutional and national research committees. The protocol and procedures of this research were formally reviewed and approved by the Ethics Committee of Islamic Azad University, Marvdasht Branch, under the ethical code: IR.IAU.A.REC1403.143. All participants provided written informed consent prior to their inclusion in the study. Confidentiality and anonymity of the participants' data were strictly maintained throughout all stages of the research.

## Author contributions

MH was responsible for the conceptual design of the study, data collection, and drafting the initial manuscript. SK supervised the project, participated in the methodological design, and critically revised the manuscript. MC performed the statistical analysis, interpreted the findings, and contributed to the final editing of the manuscript. All authors have read and approved the final version of the manuscript.

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