



Solitary Watch

News from a Nation in Lockdown
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"It's a standard psychiatric concept, if you put people in isolation, they will go insane.... It's a big problem in the California system, putting large numbers in the SHUs [Secured Housing Units]... Most people in isolation will fall apart."

— Sandra Schank, staff psychiatrist, Mule Creek State Prison, California.¹

Solitary confinement is the practice of isolating a prisoner in a closed cell for 23 to 24 hours a day—often for weeks or months, and sometimes for years or decades at a time. While precise data on nationwide utilization of the practice is elusive, we know that some 20,000 inmates are in solitary confinement in America's supermax prisons, while tens of thousands more are held in isolation in other prisons and jails.²

Solitary Confinement and Mental Health

"We make loners here, not better people."

— Prison Psychologist³

Since the 1970s, research has been amassed indicating that solitary confinement does alter neural and therefore psychological states.

One study examining the development of psychopathologies found that those in solitary developed pathologies at higher rates than those in the general population (28% vs. 15%).⁴

Another study of 20 prisoners who volunteered for a week of solitary confinement found that the prisoners exhibited decreased EEG activity, indicative of increased theta activity, which is related to stress, tension, and anxiety.⁵

Prisoners in solitary confinement have been found to engage in self-mutilation at rates higher than the general population.⁶

Other research found that individuals released directly onto the streets had a higher recidivism rate compared to those who spent time in the general population after solitary confinement (64 vs. 41%).⁷

Inmates released in Washington in the course of one year, controlling for criminal history and mental health, were more likely to commit felonies and crimes against individuals if they had been assigned to a supermax facility.⁸

Suicide in Solitary

In 2005, forty-four prisoners in the California prison system committed suicide; 70% of whom were in solitary confinement.⁹

Fact Sheet:

Psychological Effects of Solitary Confinement

This has been a consistent trend. A national study of 401 jail suicides in 1986 found that two out of three were among those held in a control unit.¹⁰

A 2007 study examining attempted suicide in the prison system identified solitary confinement as a major factor in suicidal ideation and suicide attempts. Among the 24 individuals who attempted suicide:

"I started hearing voices and losing control of my own thoughts...I really started noticing more when I started being in the hole...It just started getting worse for me."

—Participant 22¹¹

Mental Illness and Solitary Confinement

"Go to the segregation units and you will find the sickest people locked down, unattended to, and it's the way that a malfunctioning prison system operates to hide their mentally ill." — Fred Cohen, LL.M., LL.B.¹

An estimated 20% of all inmates in the nation's prison and jails are "seriously mentally ill."¹² To compound the problem, psychiatric resources are scarce in the overcrowded prison system.

Behavior that stems from mental illness is often used as a justification to place convicts with mental illness in the SHU. As a result, America's lockdown units are becoming its new asylums. A 2003 report from Human Rights Watch found that one-third to one-half of prisoners in "secure housing units" and "special management units" were mentally ill.¹

According to the American Psychiatric Association, clinicians "generally agree that placement of inmates with serious mental illnesses in settings with "extreme isolation" is contraindicated because many of these inmates' psychiatric conditions will clinically deteriorate or not improve."¹³

The inadequacy of prison system to deal with mentally illness results in a cycle wherein emotionally troubled inmates enter solitary confinement, anger builds as a result of isolation, and eventually the inmate may lash out—resulting in an extended term in solitary.¹⁴

Terry Kupers, a professor at the Wright Institute in Berkeley, testified in a Wisconsin case that confinement of "prisoners suffering from serious mental illnesses, or who are prone to serious mental illness or suicide, is an extreme hazard to their mental health and wellbeing. It causes irreparable emotional damage and psychiatric disability as well an extreme mental anguish and suffering, and in some cases presents a risk of death by suicide."¹⁵

Pelican Bay State Prison

Pelican Bay State Prison is a supermax prison in Del Norte California. In 1993, the prison was subject of a suit filed on behalf of 3,600 prisoners alleging violations of rights and abuse (*Madrid v. Gomez*).

Dr. Stuart Grassian submitted testimony resulting from his extensive interviews with PBSP prisoners, suggesting that solitary confinement induces a specific psychiatric disorder characterized by: hypersensitivity to external stimuli, hallucinations, panic attacks, cognitive deficits, obsessive thinking, paranoia, and impulse control problems.¹⁶

Psychological assessments of Pelican Bay's solitary confined prisoners indicate high rates of anxiety, nervousness, obsessive ruminations, anger, violent fantasies, nightmares, trouble sleeping, as well as dizziness, perspiring hands, and heart palpitations.¹⁷

The judge in the *Madrid* case stated that putting the mentally ill into solitary confinement is "the mental equivalent of putting an asthmatic in a place with little air."¹⁸

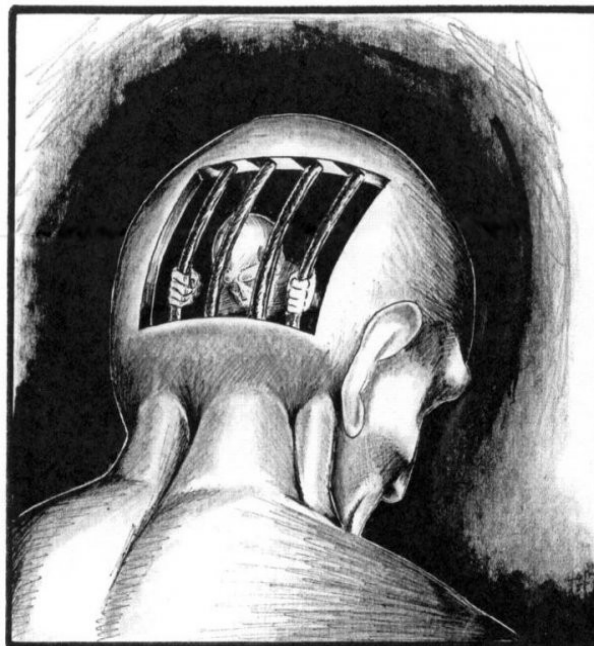
Future Directions

In some states, lawsuits brought by prisoners and their advocates have resulted in limits on the incarceration of mentally ill patients in solitary confinement.¹⁹ Even in states with outright bans, problems remain with the diagnosis of inmates' mental illnesses and the creation of humane alternatives to solitary confinement.

For prisoners without underlying mental illness, the courts have largely ignored or condoned the use of solitary confinement, despite evidence of psychological harm.

In 2006, the Commission on Safety and Abuse in America's Prisons, following a yearlong investigation, called for dramatic reductions and reforms on the practice of solitary confinement, noting the high recidivism rate and the viability of alternatives to solitary confinement.

1. Human Rights Watch (2003), *Ill-Equipped: U.S. Prisons and Offenders with Mental Illness* 149 n. 513 (New York: Human Rights Watch).
2. Naday, A., Freilich, J. & Mellow, Jeff. (2008), "The Elusive Data on Supermax Confinement," *The Prison Journal* 88, 69.
3. Mears, D.P. & Watson, J. (2006), "Towards a Fair and Balanced Assessment of supermax prisons." *Justice Quarterly* 23(2), 232-270.
4. Andersen, H. S., Sestoft, D. D., Lillebæk, T. T., Gabrielsen, G. G., Hemmingsen, R. R., & Kramp, P. P. (2000), "A Longitudinal Study of Prisoners on Remand: Psychiatric Prevalence, Incidence and Psychopathology in Solitary vs. Non-Solitary Confinement." *Acta Psychiatrica Scandinavica*, 102(1), 19.
5. Gendreau, P., Freedman, N. and Wilde, G. (1972), "Changes in EEG Alpha Frequency and Evoked Response Latency During Solitary Confinement," *Journal of Abnormal Psychology* 79, 54, 57-58.
6. Haney, C., & Lynch, Mona. (1997), "Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement." *New York University Review of Law and Social Change* 23: 477-570.
7. *Confronting Confinement: A Report of The Commission on Safety and Abuse in America's Prisons* (2006), http://www.prisoncommission.org/pdfs/Confronting_Confinement.pdf.
8. Lovell, D. & Johnson, C. (2004), *Felony and Violent Recidivism Among Supermax Prison Inmates in Washington State: A Pilot Study*. University of Washington.
9. Thompson, Don (2006), "Convict Suicides in State Prison Hit Record High." Associated Press, January 3.
10. Hayes, L. & Rowan, J. (1988), *National Study of Jail Suicides: Seven Years Later*. National Center on Institutions and Alternatives.



© by Todd (Hyung-Rae) Tarselli, who spent 9 years in solitary confinement at Pennsylvania's SCI Greene.

The Commission found that the "increasing use of high-security segregation is counter-productive, often causing violence inside facilities contributing to recidivism after release."

The Commission recommended that prison administrators:

1. Make Segregation a last resort...and stop releasing people directly from segregation to the streets.
2. End conditions of isolation: Ensure that segregated prisoners have regular and meaningful human contact...
3. Protect mentally ill prisoners."⁷

11. Suto, I. (2007), "Inmates Who Attempted Suicide in Prison: A Qualitative Study." School of Professional Psychology. Paper 46.
12. American Psychiatric Association (2000), *Psychiatric Services in Jails and Prisons*, 2nd ed. (Washington, D.C.: American Psychiatric Association).
13. Work Group on Schizophrenia (1997), "American Psychiatric Association Practice Guidelines: Practice Guideline for the Treatment of Patients with Schizophrenia," *American Journal of Psychiatry* 154:1-63.
14. Haney, C. (1993), "Infamous punishment": The Psychological Consequences of Isolation, *National Prison Project Journal* 8(2), 3-7, 21.
15. Kupers, Terry (2001). "Declaration of Terry A. Kupers, M.D., M.S.P.," United States District Court for the Western District of Wisconsin, Case No. 00-C-421-C. August 9.
16. Grassian, Stuart (1993), "Psychiatric Effects of Solitary Confinement," *Madrid v. Gomez*, 889F.Supp.1146.
17. Haney, Craig. (2003), "Mental Health Issues in Long-Term Solitary and 'Supermax' Confinement," *Crime & Delinquency* 49(1):124-56.
18. *Madrid v. Gomez*, 889 F. Supp. 1146, 1265 (N.D. Cal. 1995).
19. See Correctional Association of New York. *States that Provide Mental Health Alternatives to Solitary Confinement*. Fact Sheet.

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