Relationship between Solitary Confinement and its Effects on Prisoner Mental Health

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Introduction

Solitary confinement has been commonly used in prisons since the nineteenth century for a variety of reasons including punishment, protection of an individual, security of the institution, or for more intensive observation. It generally involves placing an inmate in a single cell for prolonged periods of time with restrictions regarding certain privileges, access to social interaction or ability to reach outside the walls that surround them. From an understanding of this restrictive form of isolation stems the question, "How does solitary confinement affect the mental health of the prisoners who inhabit it?" Being cut off from the world, and in some ways reality, leads society to ponder whether or not solitary confinement is a humane form of punishment as research suggests the insurmountable negative consequences on mental health that may result from it. By interviewing several people that have experience working in a prison system, we were able to conduct more research on the mental, social, and physical aspects of solitary confinement and how its effects can be so damaging toward one's outlook on life.

Literature Review

Historically, "[t]he third wave of solitary confinement began in the 1980s and was led by prison administrators who sought less to redeem or rehabilitate criminal subjects than to isolate and control prison populations…" (Guenther, xvi). It has been argued that this use of solitary confinement in prisons and the social isolation that coincides with it can leave lingering, damaging effects on an individual's mental health. One of the first significant studies that supported this claim came from the likes of Dr. Stuart Grassian (1983) when he examined forty inmates held in solitary confinement. When observing their psychological functions, he noted that initially, the subjects averted to defense mechanisms such as rationalization and denial, seemingly downplaying the effects that their experience in isolation had on them. However, as

the questioning progressed over time, the subjects displayed consistent psychiatric complaints including hyper-responsivity to external stimuli, perceptual distortions and hallucinations, difficulties with thinking, memory, and concentration, and problems with impulse control in addition to several other similar mental health issues. The results were eye-opening, and despite criticisms that the subjects may have overexaggerated their conditions, it was clear that the relationship between solitary confinement and mental health was worth a further dive into.

As more researchers took interest on the topic, many began to find common occurrences of mental health problems in solitary confinement across prisons all over the world. In 1996, a group of Danish researchers (Sestoft, Andersen, Lilleback, & Gabrielsen) found that the risk of being admitted to a hospital for psychiatric reasons was nearly twenty percent higher in those held in solitary confinement for at least four weeks, in comparison to those not held in solitary confinement. Four years later, the same group of researchers (Sestoft, Andersen, Lilleback, Gabrielsen, & Hemmingsen, 2000) again concluded that solitary confinement had negative effects on the mental health of prisoners. Many held in isolation had reported developing disorders relating to adjustment, anxiety, loneliness, and depression. Depression has become a serious issue in society as a whole and is especially prominent in individuals who are held in solitary confinement. According to Blanco-Suarez Ph.D., "[T]the necessity of integrating science in law, as legislators may not recognize possible emotional injuries in the same way they recognize the physical effects of imprisonment" (1). Unless one undertakes the actual experience of solitary confinement, one may not understand the effects it has on a person, and the conditions that those who are isolated must face can cause changes in the brain that ultimately lead to long-lasting depression and the other aforementioned mood disorders.

A significant reason why these various mental health issues arise is due to the fact that in solitary confinement, prisoners are deprived access to resources that influence their mental health in a positive manner. After being questioned in Blanco-Suarez's study, the prisoners admitted the need of a support system, "Inside prisons, mentors can have very different roles. Some provide advice and guidance for new prisoners (a potentially vulnerable group), some provide crisis support and some provide health promotion advice" (Gatherer et. al 93). The immediate transition from the open streets into such a restricted area can be "a difficult environment for people to tolerate" (Haney). Without the proper guidance, the effects of solitary confinement can be detrimental, not only while they are imprisoned but also when they become reintroduced to society. Readjustment to the outside world can be extremely difficult for former felons: "Many current prisoners... want help with getting a place to live and enough money (preferably through a job) and support with any substance misuse problems" (Gatherer et. Al 90). Being placed in such a drastically different environment from what they are accustomed to can be harmful to their mental health. Not enough emphasis is given in ensuring that individuals placed in solitary confinement have that stability and support system; "promoting positive interpersonal relations could prevent negative outcomes including violence in places of detention" (Sark et al., 3), and without these standards the effects of isolation are magnified.

Aside from the lack of a solid support system, the physical conditions these prisoners face also contribute to negative mental health. Before even being placed in solitary confinement, prisoners are tasked with several stressful procedures, including screening. The entire process is rather demanding and involves testing done in a small space. These physical conditions often can become the first triggers of mental deterioration, which is why when going through screening it is important to have professionals it is, "strongly recommended that either the health

staff, or prison staff with some training, should conduct a more detailed screening in the first few days" (Gatherer, Enggist, Moller, 91).

After finally being admitted into solitary confinement, sanitation becomes an issue. According to an article by Craig Haney, a social psychologist at the University of California, Santa Cruz, and author of a 2018 article on the subject in the *Annual Review of Criminology,* who touched on the mental effects of solitary confinement (Skibba), "A prisoner spends up to 23 hours a day inside a solitary confinement unit, where they engage in all the activities of life: They eat, sleep and defecate all in the same 60 to 80 square feet of their cell" (Haney). On top of those deficient living arrangements, access to basic necessities like deodorant, toothpaste, and shampoo are often limited. For women, these sanitation problems are even more severe as they have additional limited access to sanitary products in solitary confinement. When given these products to inmates, they tend to be poor quality and fail to provide adequate protection. Isolation, coupled with stressful procedures and sanitation issues, is definitely influential on one's mental health. These practices appear borderline inhumane.

So why does it seem that humanity is so often destroyed when prisoners become isolated? Humanity is something one cannot take lightly nor properly define without having an opinion. When asked to define what it means to be human, it is not likely that an individual would consider the value of the lives of people trapped in a prison cell. Life is typically considered to be freeing, full of opportunity, and holds infinite spirituality for people. Solitary confinement, on the other hand, is the complete opposite. It not only dehumanizes a person but eliminates one's humanistic qualities in ways that destroy a person long-term. Without interaction or communication with other humans, one is destined to live a "valueless" life that lacks the true meaning of being human and overall personal relationships, which in turn can lead to an increase

in rates of self-harm and suicide. Many prisoners "[experience] a range of what can be severe, negative psychological effects, including forms of depression and hopelessness. Sometimes they become so despondent they attempt to take their own life" (Haney).

Despite what seems like everlasting darkness surrounding the shadiness of solitary confinement practices, there appears to be a breakthrough of light. Within the last five years, there have been developments toward potential solutions, one example being the United Nations, which have promulgated some rules better known as, "[m]andela rules, which provide for the humane treatment of prisoners around the world" (Haney). These rules hold standards of how solitary confinement should be used, such as holding prisoners in that type of an environment for a maximum of only fifteen days.

While many states and countries continually use solitary confinement as a way of punishment, it is clear that society is thankfully becoming more understanding of the complications toward mental health. It is evident that the relationship between solitary confinement and mental health is indeed a negative one; there is much to be done to limit these effects and make prisons more humane. Optimistically, progress is being made within the ideals of solitary confinement.

Methods

Participants

We interviewed both male and female participants who have enough education to work in a field that provides a decent living. The participants were either family members or sources that we have known from other places such as school, family, and other relationships. The majority

of our participants were middle aged or a bit older, and had one of two experiences with mental health in prisons. Firstly, it was either by research and/or a slight outside view looking in. Secondly, they had direct, hands-on experience with inmates and their mental health.

Procedures

As researchers, we collected our samples by mostly recording notes on our computers and using phones to communicate with the interviewees. Not only was technology used, but a handful of interviews were performed in a face-to-face setting in order for the interviewee to feel a sense of comfort, relaxation, and minimal time consumption. Some interviews were impossible to perform in person due to out-of-state living circumstances, therefore technology was very beneficial in collecting data. This allowed interviewees to thoroughly review questions we created for the sample.

Results & Discussion

To further explore and determine the relationship between confinement and mental health, several interviews were conducted involving participants who have had first-hand experience in witnessing the contributions imprisonment and isolation had on individuals exposed to them. In particular, these participants stressed the flaws in the prison system and its attack on the dignity of individuals within it.

In one of the interviews, Dr. Craig Haney, one of the most revered social psychologists in studies related to prisons and their effects with mental health, touched on a majority of these subjects, especially highlighting the dehumanizing nature of such institutions and how prisoners are affected by these conditions. Haney said that while the extent to which prisoners are affected by their conditions psychologically and how quickly such changes can occur varies among

individuals, overall, “the more time spent in confinement, the more difficult it is to tolerate psychologically.” Negative mental health conditions such as depression, feelings of hopelessness, anxiety attacks, loss of touch with reality, diminishment of social skills, and suicidal behaviors are all very possible effects that arise in those held in isolation for extended periods of time.

The most stunning of all the valuable information that Haney delivered came as a story with one of his subjects in a past prison experiment. Haney said that one time, he received a call from a former prisoner’s wife who was hysterical while explaining that her husband, since being released from prison, would lock himself in the bathroom for a majority of the day and at times wouldn’t even sleep in the bed with her at night. When Haney asked the husband why he engaged in such behavior, he responded “I never told my wife this, but I’m not just locked in the bathroom, I sit in the bathtub. The coldness of it makes me feel like I’m back in my cell, and it’s the only place I feel comfortable. My wife wants me to sleep in the big bedroom we have, but I feel like I’m in the ocean. I can’t get used to it. It’s very disorienting, so I go in the bathroom to calm myself down.” This example just further demonstrates the dehumanizing effects of institutions on prisoners, not only while they are confined but also when they are attempting to reintegrate into society.

In one interview, an interviewee works within the California prison system. She works specifically with inmates who have mental illnesses and use the PIP, Psychiatric Inpatient Program. This helps prisons that give proper care to their patients and be able to rehabilitate them. She notes in our interview that the symptoms these patients show are ones that cause them to not properly function in society. Many prisoners could not plead guilty but had to plead insanity. When asked whether she thought prisoners were treated with respect she replied with:

“I absolutely think inmates and patients are treated respectfully. The overall intention throughout the prison is to minimize the use of force” this is simply from her experience within women’s institutions. We also discussed how overall healthy the prisons are; she discussed how the prisoners are given all the abilities to live a healthy life. Homemade alcohol, drugs that are smuggled in, and gangs within the prison walls can be hard for these women to live a healthy lifestyle. Other than what can be considered “self-sabotage,” these women have the access and ability to live an overall healthy life.

Living in these institutions can create dramatic changes to prisoners that can result in mental breakdowns and health issues. A court reporter who has been in the criminal justice system for over thirty years and has seen hundreds of thousands of prisoners coming in and out of the courthouse was interviewed to talk about her personal experiences with prisoners. When she was questioned about the prison environment, she said that all prisons follow a guideline. All prisoners get three meals a day and get to go exercise but what is interesting is that she thinks many of the mental health issues start in their cells. Exercise is one of the only times prisoners can leave their cell, but the majority of the day they are in their cell. She described these cells as being very tiny with no privacy. Many will have to share a cell with another prisoner but there are other times when it is just themselves alone. Being in a cell for 23 hours alone can cause prisoners to go insane, she says, “most of the time they are alone and can't talk to much besides their inmates.” She also mentions that prisoners having no privacy, she talks about how many prisoners always think they are being watched by somebody. They do not feel safe and rather have to be alert to make sure nothing happens to them. These are just many ways on how the environmental hazards play a part in prisoner’s mental health. The most fascinating part about the interview was when she described what she sees on the daily in the courthouse. She is in the

room taking notes while the judge is issuing a person's sentence. She gets to see the live reactions from these prisoners and sometimes will see the worst version of somebody. When being asked about if she notices prisoners come to the courthouse having some type of mental health, she replies, "Of course, but each prisoner is different. One time a prisoner can to the courthouse exploding by yelling and screaming at the judge and police officer. People in the room can feel how tense it is. They had to strap him down to a chair to control him." She later describes how there are prisoners that do the exact opposite as this prisoner did. "Others will walk in and not be responsive to anything. I seem like zombies and they have given up on life. They seem and act like they are dead inside."

Since the environment is unhealthy for the inmates as human beings and produces stress that adds to their overall adjustment, making their mental health worse. In an interview the participant talked about how else their mental state is hurt. In this interview, their mental state is brought down, emotionally because the other prisoners and the guards mistreat them; "I feel very negatively towards the way prisoners are treated, they treat them very badly like they are not even people, at all". The participant later said that the prisons are "... very depressing and can sometimes lead to suicide and unsafe as well". He says this because they do not care and lack decency for them so they can save money. But there are easy ways to help by having workers that care and show respect. Because "the prisoners feel like they have nothing to live for" he suggests giving them something to look forward to. Like, giving them "something productive to do, helping the environment around them be safer... even though they did wrong... and having someone to talk to can help a lot more than you might think, especially, when there is no hope left within you."

The amount of irony within this topic of solitary confinement is crucial as we are being forced to stay within our homes during this COVID-19 quarantine. Another interviewee has worked in a prison setting for over two years as a part-time nurse, while frequently visiting between once or twice a week. She does not believe prisons treat their prisoners fairly or justly in the slightest and she became frustrated. Just as we discussed prior in this class, she stated, "If you look in the simplest terms at the famous Stanford prison experiment, there is something about placing two humans together, one in a uniform with power over another human." I was happy to be familiar with this experiment as she continued, "Unfortunately, I think these roles get into the heads of the guards and a very unfortunate cycle ensues where too frequently they lose the human identity of their inmates. I feel guards are not taught well how to enforce rules in a respectful manner so they feel they need to be disrespectful, mean, and inhumane in order to be respected. Think about it: one is immediately stripped of all of their rights, privacies and resources the second they walk through those doors." She was glad to admit that although she "plays a different role in the prisons," she has found that when she respects the inmates, she is "generally received with respect in return." From an outsider's point of view, this is very pleasing to hear. She made it apparent during the interview that not only does confinement hurt someone mentally, but also physically. "Overcrowding is what causes it to be unhealthy, because if anything breaks out whether it is a flu, cold, MRSA or something like COVID-19, it spreads like wildfire because of such close quarters." Her valid point regarding disease was followed up by space within cells, "spreading tasks and jobs throughout the inmates creates physically clean spaces, but that only goes so far with so many humans in such a small space." There needs to be more resources, preferably access to mental health ones, for inmates to turn to. People in the community should be more willing to help out financially and time-wise, as well. "Without

providers, less people are going to choose a challenging site of that at a prison. And beyond that in a field with little funding, it gives folks less incentive to want to go into that field to study and for work." This interview helped an understanding of what it means to work in a prison environment in regards to one's well-being. This can broaden one's perspective on how much emotionally rigorous work one in that career really has to undergo, while keeping in mind that inmates require special care. Sidenote, it is more respectful to refer to prisoners as "inmates," simply to show mutual respect between roles and to eliminate bias of social status.

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Appendix

Script:

Begin by introducing yourself, make sure they feel comfortable, ask closed, then open-ended questions, and follow by using a closing remark.

Introductory remarks:

Hi, I am _____. This interview is for a research class at St. Norbert College. Would you be willing to participate in our study? This will not be published; it is strictly for a college research project.

Order of questions:

1. How much experience have you had working with/in a prison and how long?
2. Do you think prisons treat their prisoners right (with respect, etc)?
3. Do you feel the prison environment is healthy? Why or why not?
4. How do you feel about the way prisons treat their prisoners?
5. What have you experienced with prisoners and their mental health?
6. Do you think prisons affect mental health on prisoners? If so, how?
7. How do you think prisons could help with the mental health of prisoners?

Closing Remarks:

Thank you for your time and willingness to participate in our study. We appreciate your honesty and help in our study so that we can best represent prisoner mental health in our project.