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The Psychological Impact of Long-Term Solitary Confinement
on Inmates in the United States
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PSYCHOLOGICAL IMPACT OF LONG-TERM SOLITARY CONFINEMENT

Psychological distress among inmates is prevalent in correctional facilities throughout the United States. Although, according to Haney (2003), severe isolation of incarcerated has been commonplace in prisons since their inception, the use of secure housing units (SHU) and the development of ‘supermax’ prisons are becoming increasingly utilized within the last several decades. Legislators have expressed the need to increase punitive measures against delinquents in response to the rising prison population (Arrigo and Bullock 2008). Thus harsher crime control policies, such as administrative and disciplinary segregation, have been established in order to limit the personal freedoms of prisoners (Arrigo and Bullock 2008). Within these institutions, inmates are increasingly subjected to solitary confinement, a method of incarceration characterized by “the confinement of a prisoner in isolation with limited chance for social interaction or environmental stimulus” (*The Psychology of Cruelty* 2015). Theories surrounding the use of solitary confinement emphasize its potential to deter future misconduct among inmates (Morris 2015); however, little attention has been given to the potential psychological effects of long-term segregation. In response, this paper seeks to examine the exacerbating and detrimental psychological effects experienced by inmates subjected to solitary confinement in the United States.

Historical Considerations

During the early 1800s, the Pennsylvania Model—which focused on the isolation of disruptive and dangerous inmates from the general prison population—was introduced in the United States (Arrigo and Bullock 2008). The model’s premise focused on the ostracism of inmates as being conducive for self-reflection of their misconduct. In other words, the goal of this method was to induce penitence among prisoners – hence the term penitentiary (Arrigo and Bullock 2008). Used for nearly a century, this method was subsequently discontinued in 1890 due to the adverse psychological effects experienced by those in extreme isolation (Hafemeister and George 2012). The failure of the Pennsylvania Model

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was acknowledged by the United States Supreme Court as being detrimental to the psychological well-being of inmates. Those who were subjected to the extreme isolation typical of this model became violently insane, suicidal, “were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community” (Arrigo and Bullock 2008).

Despite the lessons learned since the inception of the Pennsylvania Model, this unforgiving method of confinement has been readopted in an increasing number of current correctional institutions across the United States (Haney 2003). During the 1970s and 1980s, solitary confinement continued to expand across the United States with the development of supermax prisons (*The Psychology of Cruelty* 2015). These institutions were created specifically to house inmates in “perpetual conditions of solitary confinement” (*The Psychology of Cruelty* 2015). Originally, this technique was utilized to promote safety and separation of particularly dangerous inmates from the general prison population. But during the second half of the twentieth century supermax prisons became recognized as a method for holding inmates serving long-term prison sentences regardless of their perceived threat level (*The Psychology of Cruelty* 2015). Currently, several estimates would suggest, “about 25,000 inmates are currently incarcerated in supermax facilities, with another 55,000 in solitary confinement outside the supermax setting” (*The Psychology of Cruelty* 2015).

Conditions of Confinement

Supermax confinement differs from the traditional Pennsylvania Model in terms of “the intended duration of the confinement, the reasons for which it is imposed, and the technological sophistication with which it is achieved” (Haney 2003). According to Hafemeister and George (2012), “the norm is to impose, to the fullest extent possible, complete sensory deprivation and social isolation.” In order to achieve this, supermax prisoners are placed in units roughly 60 – 80 square feet, and are expected to reside there—

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under constant surveillance and monitoring—throughout the duration of their prison sentence (Haney 2003). While incarcerated, inmates are denied access to different congregate activities as well as any educational, therapeutic, and rehabilitative programs (Haney 2003). Inmates are released from their cells for one hour each day to be relocated to either a “caged-in or cement-walled area” for yard time (Haney 2003). Inmates receive only “a glimpse of overhead sky or whatever terrain can be seen through the tight security screens that surround their exercise pens” (Haney 2003). Even so, this slight change of scenery is welcomed by inmates considering their cells lack windows and are illuminated 24 hours per day with an artificial light source (Arrigo and Bullock 2008). Each time an inmate is to be escorted from their cell, they first must be restrained with handcuffs through the food slot on their cell door. Often times, prisoners are also placed into other forms of restraints in addition to handcuffs such as ankle chains, belly or waist chains, and may be secured to a leash that is held by the escorting officer (Haney 2003). Besides these brief interactions, inmates are rarely, if ever, in the presence of other human beings. All other forms of interaction, whether it be with officers, doctors, psychiatrists, or loved ones, are conducted through intercoms or video conferencing, thus removing face-to-face interaction altogether (Haney 2003). Those assigned to supermax units “can exist for many years separated from the natural world around them and [are] removed from the natural rhythms of social life” (Haney 2003).

Long-term exposure to severe isolation has the ability to inflict severe psychological distress among exposed incarcerates. According to Arrigo and Bullock (2008), “the rigid conditions of solitary confinement offer individuals no opportunity to engage in social reality testing.” In other words, human beings rely on social interaction in order to “test and validate their perceptions of the environment” (Arrigo and Bullock 2008). Since prisoners held in isolation are purposefully removed from all forms of social interaction, they are unable to ascertain the difference between the internal or external nature of their experiences.

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Prisoners held in long-term isolation also become increasingly “vulnerable to the influence of those who control the environment around them” (Haney 2003). In the early stages of confinement, inmates crave social interaction and long to be in the presence of others. But the continued absence of external stimuli and human interaction tends to make prisoners fearful of others as they have become conditioned to, and reliant upon, the prison structure “to limit and control” all forms of interaction (Arrigo and Bullock 2008). Consequently, these learned behaviors tend to put incarcerates at a disadvantage when returned to the general prison population or released into the community as they will continue to seek refuge in isolation or fantasy (Arrigo and Bullock 2008). These debilitating psychological outcomes need to be taken into consideration when an inmate is subjected to extreme isolation for extended periods of time.

Psychological Considerations

SHU syndrome has been conceived in order to describe a variety of commonly encountered psychopathological symptoms experienced by incarcerates in secure housing units, located within correctional facilities, as well as in supermax prisons. SHU syndrome is characterized by “perceptual changes; affective disturbance; difficulty with thinking, concentration and memory; disturbance of thought content; and problems with impulse control” (Arrigo and Bullock 2008). Incarcerates are also at risk for experiencing distortions of perception, hallucinations, generalized anxiety, as well as violent or destructive behavior including self-mutilation and suicidal ideation (*The Psychology of Cruelty* 2015). Research also suggests that repeated exposure to solitary confinement has the ability to create an exacerbating effect among inmates leading to increased levels of psychological distress that further hampers the possibility of rehabilitation (Morris 2015). In addition, those with pre-existing mental illness or psychiatric conditions, developmental delays, or similar vulnerabilities are more likely to be placed within a secure housing unit considering it is

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incredibly difficult for them to assimilate into the general prison population (Arrigo and Bullock 2008). As a result, the majority of those placed in solitary confinement are highly susceptible to the damaging effects of complete isolation (Cloud et al. 2015). Further, other symptoms related to extreme isolation have been documented including instances of potentially fatal self-harm involving the ingestion of poisonous substances and attempts of suicide by hanging or severe lacerations (Kaba et al. 2014).

Inmates often arrive in correctional facilities with pre-existing histories of mental illness and instances of self-harm. Subsequently, the different environmental and social stressors within a correctional setting has the ability to influence the severity of psychological distress experienced by incarcerated (Kaba et al. 2014). In addition, “given scarce resources, prisons in general offer inadequate medical and psychiatric care” which further limits the possibility of rehabilitation and successful integration into the general prison population or community at the conclusion of their sentence (Steinbuch 2014). There is a common held misconception that those who end up being housed within a supermax unit are especially dangerous and disruptive criminals, but this is not necessarily the case. Often times, the individuals who are placed in these facilities do not pose an immediate threat to others, but instead, they are considered to be particularly vulnerable or at-risk populations (Cloud et al. 2015). Overall, only a small percentage of those housed in supermax units are perceived to be dangerous.

The severity of inmates’ adverse experiences is largely dependent upon several factors. First, as previously mentioned, any pre-existing mental illness or vulnerability increases the likelihood of psychological distress (Arrigo and Bullock 2008). Second, the quality and intensity of available stimuli is crucial. This includes the amount and quality of the light within their cell, the size of the room, “the ability to perceive sounds in the surrounding environment,” as well as the color and overall appearance of their environment

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(Arrigo and Bullock 2008). The duration of isolation is important in determining an inmate's susceptibility to developing severe mental health symptoms. Research suggests that long-term solitary confinement is largely detrimental while short-term confinement is less harmful to the well-being of incarcerated (Arrigo and Bullock 2008). Lastly, an inmate's understanding of the reason for isolation significantly impacts their experience. Those who view solitary confinement as being punitive are susceptible to adverse psychological effects (Arrigo and Bullock 2008). On the other hand, those who have a positive view of solitary confinement and have pleasant interactions with correctional staff are less likely to encounter psychological consequences (Arrigo and Bullock 2008). Overall, each inmate's experience is largely contingent upon the specific attitudes, environmental privileges, and positive human interaction made available.

Long-term solitary confinement of incarcerated is an increasingly prevalent method of punishment among correctional facilities across the United States. The emergence of supermax prisons and secure housing units are a direct result of the rising prison population, in addition to new attitudes focused on severe punishments of inmates as a way to combat recidivism and promote deterrence. Even so, research suggests that long-term solitary confinement is more likely to inflict severe psychological deterioration among inmates than it is to have a non-exacerbating effect (Morris 2015). Moreover, the severity of the psychological disturbances inmates experience is greatly dependent on the presence of a pre-existing mental illness or vulnerability, the quality and intensity of available stimuli, the duration of isolation, and the attitudes to the purpose of their isolation (Arrigo and Bullock 2008). As suggested within the Pennsylvania Model, there is no dispute that this method of confinement can have psychologically devastating consequences for incarcerated (Hafemeister and George 2012). In order to ameliorate this issue, it would be beneficial to incorporate different forms of stimuli and social interaction among inmates with correctional

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staff. Further, in preparation for release from prison, allowing inmates to engage in educational and positive programming would aid in reducing the debilitating mental consequences and increase the likelihood of positive outcomes once reincorporated into the general population or community. Unfortunately, because solitary confinement primarily inflicts mental harm rather than immediate physical harm, courts have largely turned a blind eye to this issue (*The Psychology of Cruelty* 2015).

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