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## Solitary Confinement: Social Death and its Afterlives

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# Solitary Confinement: Social Death and its Afterlives

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solitary confinement, social death, penal abolition, mental health

Solitary Confinement: Social Death and its Afterlives  
*Jen Rushforth*

*“To be socially dead is to be deprived of the network of social relations, particularly kinship relations, that would otherwise support, protect, and give meaning to one’s precarious life as an individual. It is to be violently and permanently separated from one’s kin, blocked from forming any meaningful relationship, not only to others in the present but also to the heritage of the past and the legacy of the future beyond one’s own finite, individuated being.”*

*-Lisa Guenther, Solitary Confinement: Social Death and its Afterlives, 2013, xxi*

Lisa Guenther’s *Solitary Confinement*, aptly subtitled “Social Death and its Afterlives,” does an exceptional job of exploring the detrimental physical and mental health aspects of solitary confinement. While she mainly set out to catalog the historical, philosophical, and existential underpinnings of the solitary confinement system within the carceral state, the thread of psychological distress and nefarious, government-run behavioral modification programs runs deep, stretching back to the beginnings of the organization of the penitentiary in the United States.

Guenther (2013) notes in her introduction that “deprived of meaningful human interaction, otherwise healthy prisoners become unhinged. They see things that do not exist. They do not see things that do” (p. xi). This brief statement indicates simply

that even the objectively sanest of individuals can go insane in solitary confinement. As early as research done in the 1830s at Eastern State Penitentiary, one of the oldest penitentiaries in the country, hallucinations and dementia were described in prisoners subjected to solitary confinement. Since then, consistent symptoms have arisen in studies of prisoners in prolonged isolation: anxiety, confusion, depression, fatigue, hallucinations, headaches, paranoia, and uncontrollable trembling. As solitary confinement had its start at the beginnings of the penitentiary system in the United States, the religious ideals of penance and reform, as well as the biosocial medical ideas of criminality during the late 18<sup>th</sup> and early 19<sup>th</sup> century shaped the design and implementation of solitary confinement. In fact, at one point, solitary confinement was hailed as an alternative to capital punishment—based on the grounds that the anxiety caused by prolonged solitude was worse than certain death. Benjamin Rush, who, as well as being a physician and psychiatrist, was a signatory to the Declaration of Independence, lauded solitary confinement as a way of increasing the suffering of criminals, and used the same types of treatments on his own patients. Would that we leave this purposeful induction of anxiety and distress to our predecessors, but Guenther traces a similar malicious intent over the course of the next two centuries.

Perhaps most notable is her discussion on the Cold War experiments in behavior modification and sensory deprivation. Derived from both Chinese tactics used during and directly after the Korean War, and KGB tactics during the Cold War, the CIA took on the task of attempting to incorporate Chinese brainwashing tactics into their interrogation techniques. CIA interrogation techniques are famous—or perhaps infamous—for their physical coercion and their implementation in military

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instillations throughout the world (Hajjar, 2009). This, of course, is most clearly seen with the tactics used at US Naval Station, Guantánamo Bay, Cuba. These tactics, Guenther shows, were developed and modified by the CIA from Chinese methods of stripping down the self in a targeted way. These tactics involved isolating prisoners of war for prolonged periods, while using aggressive interrogation techniques, then putting the contact-starved prisoner with other prisoners—who had already “converted” to Communism, and then spent their time with the unconverted prisoner using social and emotional pressure to try to convert him. Of course, the CIA, and later, other federal interrogators, were not trying to convert soldiers to fight for the US, in the strictest sense of the term; however, their techniques of attempting to get their prisoners to turn on their homeland—often to give up intelligence information—can be psychologically, if not physically, brutal (Hajjar, 2009; Kaplan, 2005). In a CIA manual on the subject of sensory deprivation and solitary confinement, the effects of solitary confinement were listed as hallucinations, delusions, and as directly stated in the CIA manual, “an intense love of any other living thing” (CIA, in Guenther, 2013, p. 82). According to Maslow (1943), humans have a deep-seated need for love and social belonging, second only to safety and physiological needs. If sensory deprivation is to be considered a tactic of torture—and arguments in that vein have been made by numerous academics, legal scholars, activists, and the international community—then to operate a program where deprivation conditions engender a love of anything and everything, one is, in effect, using love as a device of torture. Psychological and emotional means of torture are often more damaging than physical torture—fractured bones heal more easily than fractured psyches.

Importing this technique of sensory deprivation, at least in the sense that prisoners in supermax facilities would be isolated for 23 hours a day, every day, puts a strain on prisoners' psychological well-being. As mass incarceration boomed, solitary confinement, in its latest incarnation, such as Pelican Bay or federal supermax facilities, was used more frequently. These specialized solitary prison units have created a number of psychological issues. Guards working within these units often are not prepared to deal with the psychological problems that can be caused, or exacerbated, by prolonged solitude (Haney, 2008). Nor are they prepared or trained to deal with psychologically disturbed inmates, and as such, out of necessity, they often take to ignoring all but the most symptomatic prisoners, seeing them not as prisoners in need of medical intervention, but as purposeful rule breakers (Haney, 2008).

No discussion on the mental health effects of solitary confinement would be complete without discussing what Stuart Grassian has termed "SHU syndrome." SHU syndrome is a group of six symptoms produced by long-term solitary confinement. These symptoms are: hyperresponsiveness to external stimuli; hallucinations, illusions, and perceptual distortions; panic attacks; difficulty thinking, concentrating, and with memory; intrusive, obsessive thoughts; and paranoia (Grassian, as cited in Guenther, 2013). Any one of these symptoms would be burdensome for a prisoner to have to deal with in a prison setting, but the culmination of all six, most likely interacting with each other and magnifying their intensity, is tantamount to having been tortured into mental illness from which one may never recover. Within the book, Guenther quotes excerpts of letters from prisoners, two of which best show the detriment caused by SHU syndrome. One prisoner stated, "I

can't concentrate, can't read...sometimes can't grasp words in my mind that I know...memory is going" (quoted in Grassian, as cited in Guenther, 2013, p. 243). Another prisoner said "did [the guards] say that? ... I tried to check it out with [a prisoner in the adjoining cell]; sometimes he hears something and I don't. I know one of us is crazy, but which one? Am I losing my mind?" (quoted in Grassian, as cited in Guenther, 2013, p. 243). The second prisoner has reached a point in his confinement where he can no longer trust his own hearing, or his own sanity.

"The social death of prisoners in solitary confinement does not affect just the individual or the family or the local community; it affects all of us..." (Guenther, 2013, p. 253). Guenther begins her conclusion with this statement, calling on readers' empathy, compassion, and sense of peace and justice with our fellow human beings to organize against the living death that is solitary confinement. It is in this that she echoes the prison writing of Marilyn Buck who said: "We are you" (Buck, as quoted in Rodriguez, as cited in Guenther, 2013, p. 255). We are the prisoners, and the prisoners are us. But for a slight change in circumstances, anyone could be in prison, subjected to the harsh, torturous conditions therein. Their social death is our social death, as it takes them away from our lives and from society. For them, for us, and for everyone, we must resist. Guenther closes her book echoing Angela Davis' sentiments by reminding us that, in essence, no one is free unless everyone is free—we each have claims on each other's existence as members of society, and our freedom depends on each other's freedom. She ends by posing the question, "who might we become together if we joined in solidarity to create new afterlives to social deaths?" (Guenther, 2013, p. 256). This is not just strictly

a rhetorical exercise; this is her call to action to end, not just solitary confinement, but prisons.

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*Jen Rushforth graduated with her bachelor's degree in Justice Studies from San Jose State University in 2011. She is currently working on her master's degree in Justice Studies and expects to graduate in spring 2018. Her research interests include comparative jurisprudence, historical legal issues, social control, mental health in prisons, and penal abolition. She is currently writing her thesis, which is titled "Vengeance is Ours," Said the Allies: Critically Examining the Nuremberg Trials Using the International Criminal Court's Procedures. She is a member of the American Society of Criminology, the Western Society of Criminology, and the Law and Society Association. After finishing her master's degree, Jen plans to pursue a doctoral degree, with the intention of teaching. When not on campus, Jen can be found at home in Oakland under the watchful eyes of her two cats, Tuffguy and Oliver.*