Solitary Confinement Resources

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ABSTRACT: Solitary confinement is the most severe form of isolation found within the United States. The conditions are so poor that the prisoners suffer horribly in terms of mental health, and their rates of recidivism correspondingly increase. The goal of this research was to determine helpful psychological resources to implement into solitary confinement units to keep prisoners mentally healthy, thus preventing them from reoffending. A survey was distributed to individuals previously in solitary confinement, asking them about their experiences and desired resources. The most desired resources were human interaction, mental health resources, and more time out of cell. These resources should be implemented into all states that continue to use the system of solitary confinement.

KEYWORDS: Behavioral and Social Sciences; Sociology and Social Psychology; Psychology; Prison; Mental Health; Solitary Confinement; Prison Reform.

■ Introduction

Solitary confinement has previously been referred to as “a concentration of some of the most important negative effects of the entire prison complex.”¹ Solitary confinement is a form of severe imprisonment in which prisoners are completely isolated from human contact, the outside world, or any form of social interaction. While, according to the National Criminal Justice Service, one of the main goals of prisons is to offer a place of growth and hopeful rehabilitation, solitary confinement accomplishes the complete opposite.² Prisoners in solitary confinement have been proven to experience serious negative psychological effects that deteriorate their mental health and make it increasingly difficult to successfully reenter society.³ They lack access to sufficient mental health resources, leading to severe negative psychological effects, and steadily increasing their rates of recidivism.⁴ It is essential to research possible remedies to include in solitary confinement units, since many states are determined to continue this controversial system of incarceration. This would then allow isolated prisoners to stay mentally healthy and successfully reenter society as contributing members. This poses the question, what resources would be the most beneficial to implement into solitary confinement units, from the prisoner point of view, to prevent the development of mental health disorders among isolated prisoners?

Conditions:

Prisoners in solitary confinement are isolated an average of 23 hours a day in windowless cells that range from 60 to 80 square feet in dimension. This small space is responsible for housing the prisoner's bed, toilet, sink, and any other limited possessions they may own.³ The Liman Program at Yale Law School, joined with the Association of State Correctional Administrators (ASCA), collected information on solitary confinement units by asking the directors of state and federal corrections systems to state their policies about administrative segregation. This was defined as removing a prisoner from the general population to solitary confinement for thirty days

or more. The survey was created with the goal of discovering more about the solitary confinement experience. They formed a survey of more than 130 questions and responses were sourced from 46 jurisdictions. The survey revealed that prisoners spent 23 hours in their cells on weekdays and 48 hours straight on weekends. Opportunities for social contact were strictly limited, and time out-of-cell ranged from 3 to 7 hours a week in many jurisdictions. While some prisons have more opportunities than others, there are no regulations set in place to ensure that all prisoners in solitary confinement have access to proper psychological resources and social interaction.⁴

Psychological Effects of Isolation:

Isolation from human contact deteriorates mental health in any circumstance, and the harsh conditions of solitary confinement escalate these effects. Researcher Phillip Zimbardo simulated the conditions of prison, and certain forms of solitary confinement, in his experiment titled the “Stanford Prison Experiment,” in which psychologically healthy college students were placed in a prison environment, either being guards or prisoners. The “prisoners” in the experiment rapidly deteriorated into emotional breakdowns which was quite revealing, as this involved solitary confinement on a very small and much less severe level. It is essential to note that none of the prisoners in this experiment had any preexisting mental health conditions. Zimbardo's research indicates that socially isolated prisoners in solitary confinement experience “significantly increased negative attitudes and affect, irritability, anger, aggression [...] chronic insomnia, free floating anxiety, fear of impending emotional breakdowns, a loss of control, and panic attacks; [...] discomfort around other people, engage in self-imposed forms of social withdrawal, and suffer from extreme paranoia [...] hypersensitivity to external stimuli (such as noise, light, smells), [...] cognitive dysfunction [...] a sense of hopelessness and deep depression are widespread [...] and symptoms of psychosis, including visual and auditory hallucinations.”³ While the Stanford Prison experiment was not entirely focused on solitary confinement, Keramet Reiter and

Joseph Ventura from the University of California came together to specify and measure the prevalence of psychological distress among incarcerated people solely in solitary confinement. Information was collected for this study from in-depth interviews, Brief Psychiatric Rating Scale (BPRS) assessments, reviews of medical disciplinary files for selected individuals in solitary confinement, and 1-year follow-up interviews with certain participants. The interviews included 96 questions that related to the incarcerated people's psychological health. The results of the study revealed 22% of participants attempted suicide, 18% documented other self-harm, 80% documented feelings of extreme isolation, 16% mentioned extreme anxiety, 25% felt loss of identity, and over 50% documented some other form of psychological distress.¹ This research, however, did not obtain information from the prisoners regarding resources to implement into solitary confinement units.

It is also important to note that individuals in solitary confinement are not necessarily the most dangerous in the prison complex. Some are placed in solitary if they are deemed dangerous from previous crimes, however, many are placed in solitary confinement for nonviolent offenses, suspected gang activity, immigration issues, or for their "own protection" if they are homosexual, transgender, or have been raped by other prisoners. Additionally, oftentimes prisoners are placed in solitary for breaking rules in general population prison, not regarding the degree of crime they committed.⁵ Thus, the prisoners suffering the horrible psychological impacts of solitary confinement are typically no more "deserving" of their punishments than those in general population prison.

Self-Harm:

The negative mental health effects of solitary confinement can often lead to self-harm. Fatos Kaba, Andrea Lewis, and Sarah Glowa-Kollisch, researched the prevalence of self-harm within solitary confinement. To obtain their results, the researchers analyzed data from medical records on 244,699 incarcerations in the New York City jail system from January 1, 2010, through January 31, 2013. Examples of self-harm include "ingestion of a potentially poisonous substance or object leading to a metabolic disturbance, hanging with evidence of trauma from ligature, wound requiring sutures after laceration near critical vasculature, or death." The results of the study showed that out of 1303 incarcerations "there were 2182 acts of self-harm; in 89 incarcerations there were 103 acts of potentially fatal self-harm." The results showed that inmates assigned to solitary were 2.1 times as likely to commit acts of self-harm. These acts of self-violence are exceedingly dangerous, as prisoners who break property while trying to harm themselves are typically punished and forced to endure more time in solitary confinement, thus damaging their mental health further.⁶ Self-harm is one of the most indicative signs of poor mental health, highlighting the incredible psychological disturbances of those in solitary confinement.

Psychological Resources and Recidivism:

Prisoners in solitary confinement lack the psychological resources necessary to prevent psychological damage, and receive treatment as little as every ninety days, or never at

all. Oftentimes psychological behavior (self-harm, etc.) is regarded as behavioral issues, not psychological, and therefore not treated effectively. If their actions were approached as a psychological issue, not a behavioral one, interventions would be justified. On the rare occasion that prisoners are admitted for psychiatric help, they are returned to confinement shortly after, and this process becomes a "revolving door cycle." While resources vary between prisons, most prisoners in solitary confinement have no access to therapies, stimulating activities, or any human contact. Many prisoners who leave solitary confinement reoffend when they return home because they have suffered such psychological traumas and lack the necessary social skills to create relationships and succeed in the real world.⁷ It has been proven that "many prisoners are significantly handicapped when they attempt to make their eventual transition from prison back into the free world."³ A study of recidivism in Connecticut revealed that within three years of release from incarceration, 92 percent of prisoners kept in solitary confinement reoffended (about 30 percent higher than the regular prison population).⁸ Furthermore, the type of resources needed in the prison complex is rarely studied from the prisoners' point of view. While some prisons have better solitary confinement units than others, there are no regulations set in place to protect the mental health of the prisoners. If prisons do not implement psychological resources into their solitary confinement units, they are contributing to a serious issue within the country and ultimately harming potential successful futures of the incarcerated. Additionally, if the system of solitary confinement is not reformed, the goals of the prison complex, offering rehabilitation to create positive change, will never be fully accomplished.

■ Methods

The decided method for this study was a survey, which would be distributed to individuals who were previously incarcerated. A survey was the most logical method to use for this research, as it allowed for the collection of information from a wide range of individuals in various states. The larger sample size provided more reliable data and made the recognition of trends clear. Additionally, this was the easiest way to hear first-hand experiences from the prisoners and the resources they wanted to implement. The survey was also kept anonymous, which prompted the participants to answer the questions more honestly and produced stronger data. The survey consisted of fourteen questions designed to confirm the negative psychological health effects of those isolated in prison and identify helpful resources to implement into solitary confinement units.

A portion of this survey was aimed at investigating the effects and conditions of isolation, similar to the ASCA-Liman 2014 National Survey of Administrative Segregation in Prison. Instead of using in-depth interviews, the Liman Program at Yale Law School and the ASCA created a survey to gather information from the largest array of state and correctional institutions in the most efficient and effective manner.⁴ The survey used in this study was not completed on such a large scale, due to time and logistical constraints, but the design and reason for choosing this method was very

similar to that of the ASCA-Liman National Survey. This study's survey had a different number and format of questions, as the goal was to determine possible resources and not discover psychological issues. In addition, it was not possible to work with current inmates, due to age related requirements and the lengthy process of approval.

To ensure "that appropriate steps [were] taken to protect the rights and welfare of humans participating as subjects in the research," the survey was reviewed and approved by Hendrick Hudson school district's Institutional Review Board.⁹ In order to access a study group of individuals who were previously incarcerated the following programs were contacted: a prison reentry program that assists individuals to reintegrate back into their communities in Nevada, a transitional housing reentry center in Alabama, and a transitional housing center for ex-offenders in Alabama. The names of these centers were left out of this paper for confidentiality concerns. These rehabilitation centers all work to help those with criminal records lead successful lives, thus providing them with easy access to individuals who were previously incarcerated. The survey was emailed to the rehabilitation center directors, reviewed, and approved by their administrations, printed for the participants to fill out, and the results were scanned and returned via email. To participate in the survey, participants had to be over the age of eighteen and had to have experienced some form of incarceration in their lifetime.

The beginning of the survey prompted three formality and ethicality questions to make sure that the participant was of age (18 years or older), aware that their anonymous responses were being used for research purposes, and that aspects of mental health would be mentioned in the survey. The suicide hotline was provided to ensure that the participants would have access to mental health resources if necessary. The fourth question confirmed that the participant did experience some form of incarceration. The fifth question asked if the participant ever experienced some form of solitary confinement, however this form of isolation was not required to complete the survey. Only the responses that marked that they experienced some form of solitary confinement would be analyzed later in the research. It was expected that many of the participants would have experienced some form of solitary confinement during their time of incarceration, as previously noted research indicates this is a common occurrence for those who have been incarcerated.³

The next section of the survey asked about mental health symptoms that are known to result from isolation and are indicative of negative mental health. Included effects were those accumulated from various studies about the impact of solitary confinement, specifically that of Keramet Reiter and Joseph Ventura, with the Department of Criminology, Law, and Society and the School of Law from the University of California.¹ The symptoms that were chosen to investigate were insomnia, depression, anxiety, anger, and self-harm.

When the participants were asked if they experienced any of these effects, diagnosing terms were not blatantly stated, as participants might have been wary to admit they experienced mental health issues, or unaware of what these mental health issues entailed. Instead of the term insomnia, the phrase

"feelings of sadness, emptiness, or lack of energy" was used, and instead of anxiety, the phrase "feelings of worry, panic, or stress" was used. The questions were formatted to ask if the participants experienced any of these symptoms after returning home from their time of incarceration.

Each survey question had five answer choices: "almost never," "sometimes," "about half the time," "most of the time," and "almost always." Each of the answer options correlated to a number that was later used for the analyzation process.

The last section of the survey was aimed at addressing the gap in current research, investigating resources to implement into solitary confinement units. The next question differed from the previous questions, as it was open response and not multiple choice. This question stated that if the participant experienced any or all of the symptoms previously mentioned in the survey, what activities or coping mechanisms did they complete to improve their mental state and alleviate those negative feelings. Inmates in solitary confinement currently lack the psychological resources necessary to stay mentally healthy, and this section of the survey would help to generate possible solutions to that detrimental issue, thus accomplishing the goal of this research study. The next question asked if any of those resources were available to the prisoners during their time incarcerated. This section was created to identify what resources were available to prisoners both in solitary confinement and the general population. The following question asked what resources were not available to them, but that they felt would be helpful. This section will be used to identify resources that should be implemented into prisons that currently are not. The final question outlined the goals of this research to the participants and provided them with space to include anything else they would like to add.

Limitations and Restrictions:

The methods used for this study did have certain limitations, as it was very difficult to obtain a large sample size for this study. Many rehabilitation centers were closed because of COVID-19, did not have the resources or time to print and distribute the survey, or simply did not want to participate. These restrictions made it difficult to access a large sample size. Additionally, the variations of regional policies in different parts of the country may have impacted the experiences of certain prisoners, thus limiting the data, as it was only collected from two states.

Results and Discussion

The survey results were analyzed from the three rehabilitation centers: 26% of the results were from the first center in Nevada, 22% were from the second center in Alabama, and 35% were from the third center in Alabama. Participants' responses were only analyzed if they marked that they experienced some form of social isolation during their time incarcerated. In total, there were 48 responses analyzed.

Quantitative Data:

For the first section of the survey, consisting of the multiple-choice questions, the average of the severity scores was calculated for each mental health symptom. The response of "Almost Never" correlated to a one, "Sometimes" correlated to a two, "Half the Time" correlated to a three, "Most of the

Time” correlated to a four, and “Almost Always” correlated to a five. The average of the severity scores for insomnia was 3.48, depression was 3.35, anger was 3.19, anxiety was 3.42, and self-harm was 2.54. The specific numbers and percentages can be found in Table 1 below. The standard deviation (σ) is also provided, which is the range to indicate the degree of variability in responses.

Table 1: Self-reported severity of mental health problems in survey responses.

Severity	1 “Almost Never”	2 “Sometimes”	3 “Half the Time”	4 “Most of the Time”	5 “Almost Always”	Average of Scores
Insomnia	5 people (10%)	11 people (23%)	3 people (6%)	14 people (29%)	15 people (31%)	3.48
Depression	6 people (13%)	13 people (27%)	3 people (6%)	10 people (21%)	16 people (33%)	3.35
Anger	4 people (8%)	14 people (29%)	9 people (19%)	11 people (23%)	10 people (21%)	3.19
Anxiety	3 people (6%)	10 people (21%)	6 person (13%)	17 people (35%)	11 people (23%)	3.42
Self-Harm	22 people (46%)	1 person (2%)	9 people (19%)	9 people (19%)	7 people (15%)	2.54

Qualitative Data: Section 1:

The next section of the survey included the written response questions, which were analyzed as a whole. Included resources were pulled from Question 11, which asked about activities or coping mechanisms that were helpful in alleviating mental health symptoms outside of the prison complex, but only included if Question 12. Question 12 asked if these resources were available to them in solitary confinement, which confirmed that this resource was not available to the prisoner during their time in solitary confinement. Not a single resource mentioned in Question 11 was said to be available in solitary confinement in Question 12. All resources from Question 13 were analyzed, as this question specifically asked for resources that would have been helpful but were not offered during their time of incarceration. The ten most reoccurring responses served as the basis of comparison and were marked for prevalence. These responses included human interaction, counseling and mental health resources, time out of cell, access to a phone, access to television, access to workout equipment, religious materials, access to books, increased medical attention, and some form of education. “Human interaction” included responses that mentioned “seeing family,” “seeing friends,” “getting hugs,” or simply “seeing other inmates.” “Counseling and mental health” included responses that specifically asked for mental health resources, someone to talk to about their feelings, or certain therapies. “Time out of cell” included responses that mentioned spending time in another room or spending more time outdoors. The rest of the included responses were more materialistic desires than experiential, and typically did not vary in response.

“Human interaction” was mentioned by 63% of participants, “counseling and mental health resources” by 56%, “time out of cell” by 44%, “access to a phone” by 31%, “access to television” by 19%, “access to workout equipment” by 10%, “religious materials” by 10%, “access to books” by 8%, “increased medical attention” by 6%, and “some form of education” by 6%. The results of this section of the survey are displayed visually in Graph 1 below.

Figure 1: Desired resources of former inmates as determined by related survey questions.

Qualitative Data: Section 2

The last section of the survey included a space for participants to include a personal story or any additional information they felt would enhance this research. The responses varied, but most built upon desired resources in isolation and others detailing memorable experiences. Several of the responses were quite emotional, their tone revealing the desperation for reform in solitary confinement units. Three example responses have been provided below.

Example Response #1

During isolation in prison wish I could have more access to the phone and a counselor to express my feelings w hardships while being in isolation.

Example Response #2

Family sessions and learning to stay calm when dealing with the open world. It's a huge adjustment when you haven't lived in a free world around people in a long time.

“family sessions and learning to stay calm when dealing with the open world. It’s a huge adjustment when you haven’t lived in a free world around people in a long time.”

Example Response #3

BOOKS, lots of books
more exercise time
Better medical attention.
I was stabbed in my leg during a fight. I was put in segregation (isolation lockdown) without any medical help. I almost lost my leg.

“Books, lots of books. More exercise time. Better medical attention. I was stabbed in my leg during a fight. I was put in segregation (isolation lockdown) without any medical help. I almost lost my leg.”

■ Analysis & Discussion

The averages of the severity scores from the multiple-choice section confirm the prevalence of negative mental health among those who left solitary confinement. Each average hovered around the three-value range, corresponding to the response of “Half the Time.” To put these values into perspective, 26% of Americans experience some form of mental health disorder, while 100% of the participants in this study claimed they experienced one or more of the symptoms listed, thus indicating they were suffering from certain mental health

disorders.¹⁰ This is incredibly concerning and highlights a major flaw within the solitary confinement system, as individuals who leave prison should be working to better themselves and their communities, not being subject to further psychological injury. However, the results of this section of the survey are not unique to the field of research, as negative psychological effects resulting from solitary confinement have been proven through previous research referenced throughout this study.

A new understanding of the matter comes when considering the solution to this issue, a notion addressed by the qualitative portion of the survey. The three most popular responses were “human interaction” (63%), “mental health resources” (56%), and “time out of cell” (44%). “Access to a phone” (31%) was just below these resources but can realistically be considered as an aspect of “human interaction.” Resources that could more easily be implemented into solitary confinement units, such as TV (19%), religious materials (10%), and books (8%) fell staggeringly behind the popular resources, indicating that the solutions to solitary confinement cannot possibly be a “quick and easy fix.” However, this research in combination with previous research, such as that from Keramet Reiter and Joseph Ventura, illustrates the urgency for reform in solitary confinement units.¹ Action must be taken immediately.

Professional Opinion:

As one of the participants stated in the survey, “It’s a huge adjustment when you haven’t lived in a free world around people in a long time” (Example Response #2). The lack of human interaction in solitary confinement makes it extremely difficult for prisoners to reenter society. IA criminal justice lawyer based in New Mexico (name withheld due to confidentiality concerns) was contacted to obtain his opinion on the issue of solitary confinement and certain experiences of his clients. He mentioned that many of his clients coming from solitary confinement struggle readjusting to real life, causing many of them to reoffend. He also acknowledged that several of his clients in general population prison had experienced trouble with authority by breaking certain rules but were almost always better behaved after receiving psychological counseling or treatment, highlighting the power of mental health resources. The lawyer expressed his discontent for the system of solitary confinement and the dire need for research in the field regarding solutions and reform.¹¹ A pseudonym was used in place of the lawyer’s real name for confidentiality concerns.

Implications:

Action for reform in solitary confinement units should be based on the three most prevalent responses from the survey: human interaction, mental health resources, and time out of cell. These resources make the most sense to implement, as they were the most desired by individuals who actually spent time in solitary confinement, thus having the best understanding of the topic. In terms of human interaction, prisoners should be provided with the same visitation opportunities as those in general population prison. Familial visits would help prisoners maintain a sense of reality and memories that keep them psychologically grounded. A Vera Institute study of general population prison corroborated with the findings of this research and found that “Incarcerated men and women who

maintain contact with supportive family members are more likely to succeed after their release.”¹² Previous research has proven that those in solitary confinement are not the most dangerous criminals in the system, thus providing no reasoning to isolate them from family interaction. Humans are social creatures and stripping them of this basic necessity is setting them up for failure. Individuals must be accustomed to social interaction to succeed in society outside of incarceration, thus limiting the rates of recidivism. The overwhelming amount of survey responses that mentioned some form of human interaction in their solution section highlights the detriments of isolation and the difference that human connection can make when considering mental health.

In terms of mental health resources, prisoners in solitary confinement should all be provided with accessible counseling and therapies. Their inability to access these resources increases their vulnerability to mental health disorders and ability to cope with their situations. Those unable to access psychological treatment will inevitably suffer in terms of mental health, making it more difficult for them to reenter society and increasing the rates of recidivism. Previous research within general population prisoners directly supports this research and has established that “cognitive treatment programs delivered with professional standards can reduce recidivism by 25 to 35 percent.”¹³ If these same programs were implemented into solitary confinement units --the prisoners that need it most-- the results would be immeasurable.

Logistics:

The three most popular responses from the survey would be very logistically possible to implement into solitary confinement units. More time spent outside would be relatively low cost and would improve the mental health of solitary inmates tremendously. Allowing familial visits would also be a cost-efficient solution, as this simple human interaction could serve as psychological treatment. Maintaining supportive family relationships is also a powerful tool for reentry success. Implementing mental health resources and counseling into solitary confinement units would be a financial concern for prisons, but the investment seems worth improving the mental health of prisoners and decreasing the rates of recidivism outside of the prison complex. These improvements are justified as a proactive investment in the prevention of future crimes and additional incarcerations.

Limitations:

While the results of this study were clearly conclusive, the sample size was not representative of the entire population. The responses were only collected from three centers in two different states, which leaves the experiences of a majority of the country unexplored. Additionally, the states in which the data was collected tend to be more conservatively leaning, so their prison policies may differ from other, more liberal, states. Getting information from states in the Northeast, for example, has the potential to include the policies of left leaning states, which may differ from those in the South. This research should be repeated with a larger and more inclusive sample size, making sure to include states from areas like the Northeast.

Importance:

In an ideal world, the system of solitary confinement would not exist in the United States, but the issue is a bit more complex than this absolute solution. A small number of states are slowly working towards the goal of abolishing solitary confinement, and some, like New York, have fortunately achieved this objective. However, a majority of states are hesitant to abolish the system, as they believe that it serves a substantial purpose; whether to limit violence in general population prisons, prevent gang activity, or “protect” certain vulnerable prisoners. New York, a liberal state, was able to achieve such reform, but more conservative states will face increased difficulty passing this legislation. For the time being, regardless of what the future holds, it appears that the system of solitary confinement is engrained in most state legislatures for years to come. The current system clearly cannot continue without reform. The solution, supported by this research, would be to implement certain essential resources into solitary confinement units, almost creating a general population prison on a smaller and more restricted scale. These policies should be implemented within all states that continue to use the system of solitary confinement.

This study was unique in that the responses for prison resources came directly from the opinions and firsthand experiences of individuals who were previously incarcerated. The first section of the survey confirmed that a majority of the participants did experience negative psychological effects, making their experiences and suggested resources extremely valuable for research. By allowing familial visits, providing mental health counseling, and implementing increased time spent outside for prisoners in solitary confinement, the rates of mental health disorders for these inmates would decrease, thus allowing them to more easily integrate into society and lowering their rates of recidivism. Making these changes would create a safer country and ensure that those released from solitary confinement would contribute to society in a positive manner, a reality more in line with the goals of the prison complex.

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