Perceptions of Solitary Confinement

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Abstract

During the past forty years, the United States criminal justice system has been marked by a "tough on crime" response to criminal activity. This strictly punitive approach has led to an increasing number of individuals being held in solitary confinement under the label of "the worst of the worst". It has also led to the creation of super maximum security units, which house only individuals in solitary confinement. The isolation imposed by solitary confinement has been found to cause psychological harm, and for some it has caused severe and/or permanent damage. The effects of this harm are such that some individuals are unable to return to general prison population, to their own communities, or to be around others in any way. This paper critically reviews the literature on the relationship between solitary confinement and psychological harm. The paper utilizes questionnaires to assess the impact of solitary confinement from the perception of three individuals who served time in isolation while incarcerated.These stories serve to illuminate some of the issues at work here.

Introduction

During the past forty years, the criminal justice system in the United States has been led by a "tough on crime" approach. This approach has led not only to a significant increase in the number of individuals who are incarcerated but also to an increase in the number of individuals being held in solitary confinement. Currently, there are approximately 2.4 million individuals incarcerated in our jails and prisons, 93% of whom are male (Minneapolis, 2014). Of every hundred thousand individuals, 11% are White, 27% are Latino and 62% are Black (Prison Policy Initiative, 2010). Those incarcerated are largely in their 20's and early 30's (Tsai &Scommenga, 2012). Further, 70% of those incarcerated in state prisons do not have a high school diploma or GED (Tsai &Scommenga, 2012). . This is especially true for young black males, of whom 37% do not have a high school education. For young white males, 12% do not have a high school education (Tsai &Scommenga, 2012). These numbers remains an approximation largely because they don't account for the number of individuals who rotate in and out of jails and prisons on a daily basis.

The "tough on crime" approach of the criminal justice system also led to the creation of Super Maximum Security Units, prisons that house only individuals being held in solitary confinement. The use of solitary confinement and administrative segregation has become increasingly controversial with many researchers identifying psychological damage in individuals who were held in confinement. Some argue that the use of solitary confinement is a violation of the cruel and unusual punishment clause of the 8th Amendment, while others insist that solitary confinement protects the general prison population from exposure to the "worst of the worst". The number of individuals held in solitary confinement has been incredibly difficult to determine, as these numbers are often not captured or revealed to the general public, and definitions of solitary confinement or segregation may vary by state.

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That said, it has been estimated that 80,000 individuals are held in solitary confinement or segregated housing at any given time, the majority of whom are severely mentally ill (Love, 2013). It is equally difficult to ascertain the demographics of those housed in solitary confinement or super maximum security units without any kind of reliable data gathering system in place.

Attitudes toward Crime

The prison system itself is greatly influenced by public sentiment and political persuasion, especially when it comes to determining the best and most effective ways to deal with crime in our society. At various turns in American history the criminal justice system has followed a rehabilitative approach to dealing with incarcerated individuals. This approach included educational, vocational, and therapeutic programs offered in prisons with the goal of rehabilitating offenders so that they would be equipped to avoid further criminal activity upon release from prison. At other times, a more punitive stance has been taken to deal with criminal activity. During the 1970's the prison population in the United States quintupled in size after enjoying a fifty year period of stability from 1925-1975 (Haney, 2003). The increase in size was not matched with an increase in resources and thus prisons began to experience an overcrowding predicament. At the same time that this overcrowding crisis was going on, the United States officially moved away from a rehabilitative approach to a punitive one, abandoning programming that was meant to educate and rehabilitate individuals. This change in approach was owed to the rise in crime and the idea that the longstanding rehabilitation approach had not been able to curb this increase. Indeed, many policy makers adopted Robert Martinson's "nothing works" sentiment, which seemed to be confirmed by an ongoing rise in the number of those incarcerated. Robert Martinson's famous "Nothing Works" essay on incarceration asserted that rehabilitation did nothing to curb recidivism rates and that the only way to stop crime was to take a wholly punitive approach (Cullen &Gendreau, 2000). This essay was widely regarded as truth, especially given the public concern over larger prison populations, thus finalizing the shift from rehabilitation to a tough on crime approach (Cullen &Gendreau, 2000). Martinson later recanted his original assertions, but the system had already changed and he was largely ignored.

This new approach focused solely on punishment and left prisoners without any constructive activities and only idle time (Haney, 2003). The combination of overcrowding and the lack of recreational activities led to an increase in prisoner infractions. Within the prisons themselves, prisoners who caused disruptions in the general community faced more stringent reproach by the staff with the intent to not only deter those individuals from creating further disruptions but also as a means to intimidate and deter other prisoners from behaving similarly. Super maximum security units came about during this problematic atmosphere within the prison system and during the highly political atmosphere outside of it that was demanding a tough on crime approach. They did not grow in response to a "new breed" of criminals nor as an answer to a liberally rehabilitative approach, but instead out of the growing prison populations and tensions within the system. Since overcrowding did not cease to occur in the 1980's or the 1990's, these problems within the prison system only grew worse and seemed to reaffirm the need for a stringent approach to dealing with crime (Gwande, 2009).

Background

Solitary confinement refers to the placement of incarcerated individuals in isolation, in private cells away from general population. The use of solitary confinement in prisons has been around since prisons themselves came into existence (Arrigo & Bullock, 2007). The current debate over the use of solitary confinement is primarily centered on the psychological effects of isolating individuals in the prison system. This is not the first time this concern has arisen. During the 1800's, two different prison systems came about in response to crime. The first, the Auburn system or the "congregate system" was created in New York in 1819 (Arrigo & Bullock, 2007). Inmates in the Auburn system spent their days working and eating side by side, performing hard labor but all of this was done in total silence. The Pennsylvania system, on the other hand, kept prisoners in isolation from both the population at large and from one another for the duration of their sentences. The idea behind this system was that time in isolation would be time spent reflecting and repenting (Arrigo & Bullock, 2007). While the Auburn system had some success, prisoners in the Pennsylvania system began to experience extreme psychological and physical problems as a result of their total isolation. In response to the almost universal development of psychological and physical problems from being isolated the Pennsylvania system was eventually abolished, as solitary confinement was widely understood to be a form of torture. The U.S. Supreme Court acknowledged that the solitary confinement of prisoners had led to a number of extremely negative responses.

In In Re Medley, the Supreme Court stated that keeping James Medley who had been convicted of murdering Ellen Medley and was sentenced to death, in solitary confinement was not necessary and it pointed to the fact that solitary confinement had been abolished forty years prior to the case. The Supreme Court asserted that Mr. Medley sentencing to solitary confinement on top of the death penalty violated the Constitution (In Re Medley, 1890). They further stated that, "a considerable number of prisoners fell, after even a short confinement, into a semi fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; other still, committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community. It became evident that some changes must be made in the system" (In Re Medley, 1890, p.134). Some prisoners had become "violently insane", some were suicidal and others appeared to be so apathetic and lethargic that they were difficult to arouse (Arrigo & Bullock, 2007).

Super Maximum Security Units

The ultimate impression of segregated units come in the form of Super Maximum Security Units. Super Maximum Security Units are prisons whose entire population is in segregated units. In these prisons there is no general population as it were, but instead every individual incarcerated there is in a solitary unit for the duration of their sentence. Super Maximum Security Units first came about in 1963 when Alcatraz federal prison closed down and was replaced with the opening of United States Penitentiary in Marion, Illinois (USP Marion) (Arrigo & Bullock, 2007). Alcatraz federal prison was said to utilize a "concentration model", which means that unruly and problematic inmates were housed in specific units within the prison (Pizarro &Stenius, 2004). Both Alcatraz and USP Marion took federal prisoners that were considered to be the most problematic in other federal penitentiaries, as well as gangsters and other notorious crime figures in society. Since USP Marion had not been finished by the time that Alcatraz closed down, inmates from Alcatraz had to be dispersed to different federal prisons. It was noted at the time that dispersing "the worst of the worst" actually improved behaviors since these individuals were not around one another to encourage one another to act out (Pizarro &Stenius, 2004).

In the early 1970's federal prisons experienced a rise in violent behavior toward corrections personnel and other inmates, which prompted these prisons to begin sending their troubled inmates to USP Marion which had by then been completed (Pizarro &Stenius, 2004). In 1972, the "H Unit" was built at USP Marion, which was designed to house the most disruptive inmates separately from the rest of the population. Individuals housed in the "H Unit" were to be kept there temporarily until they had reformed and could rejoin the general population (Pizarro &Stenius, 2004). Despite the creation of this "H Unit" and the dispersing of individuals to varying federal prisons, violence within the prison system continued to escalate. Indeed, by the mid-1970's there was a 45% increase of inmate assault incidents on prison staff. In light of this ongoing violence, USP Marion became the first super maximum security prison providing housing to inmates in long term segregation (Pizarro &Stenius, 2004). Inmates at USP Marion were comprised of those individuals who were in possession of weapons or drugs, were highly disruptive to the general population of their prison, and/or those who had attempted escape or had successfully escaped (Pizarro &Stenius, 2004). During the early 1980's violence at USP Marion continued to rise despite the high level of security at the prison. When two prison guards were murdered in 1983, USP Marion went into permanent and complete lockdown (Arrigo & Bullock, 2007). The warden publicly claimed that lockdown had reduced the incidence of violence and thus, USP Marion became a model for other super maximum security units. Over time USP Marion grew to use solitary confinement with greater frequency and for longer periods of time (Arrigo & Bullock, 2007). In fact, a number of prisoners remained in isolation for years.

In 2004, 44 states had super maximum security units, and housed approximately 25,000 individuals (Mears, 2008). Individuals who are placed in solitary confinement or in super maximum security prisons are viewed by the public as being "the worst of the worst", those individuals for whom there is no possibility of reform (Arrigo & Bullock, 2007). The idea that only the worst offenders are placed in these units allows for society to lend support to their placement and to unilaterally ignore and dismiss the needs for reform. Descriptions that have been provided of life inside solitary confinement and super maximum have done almost nothing to sway the public in favor of reforming this system.

The public remains in favor of a tough on crime approach, and in "putting away" those individuals who are considered the worst offenders. In fact, those that are placed in these units are often not the worst offenders. Indeed, individuals who are associated with gangs, who have nonviolent infractions, who have had even a single fight in prison, and those that assist others in protesting unfair prison conditions have all been placed in solitary confinement (Arrigo & Bullock, 2007). Solitary confinement has also been used as a method of silencing inmates who have been sexually harassed or abused by guards. Many of the individuals in solitary confinement are mentally ill, and are simply unable to follow the rules of the prison as a result of their illness. .

There are some reported variations in the make-up of the super maximum units and super maximum security prisons in the United States, with some being considered better than others in terms of cleanliness and care of inmates. However, in all of these units individuals are kept in cells that are approximately 6x8 feet, where they are confined for 23 hours of the day (Arrigo & Bullock, 2007). One of the benefits of this confinement for prison staff is that they can almost eliminate the threat of inmates becoming politicized and organizing themselves in any manner against the prison (Vogel, 2003). Indeed, inmates have almost no contact with other inmates, and even the correctional staff usually interacts with them only through steel doors. Psychiatric treatment, if there is any, is administered through steel doors as well, in a matter that allows other inmates to listen in on private therapeutic interactions (Grassian, 1993). In the few hours per week that inmates are allowed out of their cells to shower and engage in isolated exercise, they are usually shackled and handcuffed before they are even allowed out of their cells and they are heavily guarded as they move through the prison. In addition, inmates are subdued with excessive force by correctional officers in response to even the most minor infractions (Arrigo & Bullock, 2007). Therefore, what little interaction with prison staff that may come about - the only interaction with other human beings for months or years at a time - is often violent and extremely negative, and is thus met with fear and/or great trepidation.

Conditions

Inmates in solitary confinement or in super maximum security units generally are not permitted to participate in recreational activities, including therapeutic and psycho-educational groups (Arrigo & Bullock, 2007). They are not permitted to work or advance their education, and their days are filled with nothing but idle time. Depending on the prison, inmates may be allowed to have visitors, but this is infrequent and the visits are usually conducted using closed-circuit televisions. In some prisons, some of the inmates are permitted to have such personal items in their cells as books, black and white televisions, and radios. In others, they are not permitted to have any items other than a bible. Some require that inmates earn the right to have personal items with a period of good behavior (Gawande, 2009). Many of the cells in these units do not have windows, leaving inmates without much exposure to natural light (Arrigo & Bullock, 2007). Instead, these inmates have only the artificial light in their cells, of which they have no control in determining how bright or dark it will be. All of this lends itself to a lack of orientation to time, an inability to determine if it is day or night. Assignment to solitary confinement or super maximum units can be indefinite with inmates spending endless months or even years isolated in their cells (Arrigo & Bullock, 2007). Inmates themselves often do not know how long they will be isolated from general population. Some spend only a few weeks or months in isolation, while others spend years living this way. There is also an overall lack of medical care and psychiatric treatment despite the well documented emotional toll of living in almost total isolation.

Duration of solitary confinement

While the literature on solitary confinement has almost unanimously pointed to the potential for psychologically damaging effects on individuals who are in solitary confinement for long periods of time, it has not always been as conclusive about short term solitary confinement. Indeed, much of the literature has pointed to the fact that long term solitary confinement can and usually does have severely negative psychological consequences while some of the literature has argued that short term solitary confinement may not be as damaging. While the literature on solitary confinement acknowledges that inmates experience at least somewhat of a decline after a short term stay in solitary confinement, although exactly how long a "short term" stay would be is not clear (Arrigo & Bullock, 2007). According to Stuart Grassian (1993), inmates who have been held in solitary confinement for as little as a week have experienced severe psychological reactions. In a class action lawsuit against Massachusetts Correctional Institute in Walpole, psychiatric evaluations on fourteen inmates in solitary confinement with an average of just two months in isolation revealed numerous psychiatric issues that were dubbed SHU syndrome, or segregated housing unit syndrome (Arrigo & Bullock, 2007).

These psychiatric issues included many of the symptoms that have long been associated with isolation: impaired thinking and memory, difficulty with concentration and impulse control, anxiety, depression, psychosis, and violent fantasies (Arrigo & Bullock, 2007). According to Terry Kupers (2008) "being held in isolated confinement for longer than 3 months causes lasting emotional damage if not full-blown psychosis and functional disability" (p.1006).

Psychiatric Response to Solitary Confinement

Stuart Grassian (1993) reports a number of common psychiatric responses to solitary confinement. These include a hyper-sensitivity to stimuli where inmates are no longer able to tolerate noises, as well as psychotic symptoms including hallucinations and perceptual distortions. Many inmates also experience panic attacks, impairments in thinking and concentration, memory loss, paranoia, aggressive ruminations, and poor impulse control (Grassian, 1993). It seems that a select few of these individuals are able to survive in solitary confinement by conducting some version of "mental gymnastics"; these individuals are able to occupy their minds in such a way that they are able to avoid the mental illness that befalls so many other inmates (Eisenman, 2009). Indeed, many prisoners of war describe how they busied their minds by recreating movie dialogue or books in order to avoid losing touch with reality from being isolated (Gawande, 2009).

Without any consistent social contact to rely on, individuals are not able to do reality testing. In addition to a lack of orientation to time, these individuals are not able to distinguish between reality and delusion; there is no one to verify the validity of experiences. Individuals who remain in solitary confinement tend to become increasingly withdrawn, almost fearful of being around other individuals (Arrigo & Bullock, 2007). While the goal of isolation is purportedly to improve an individual's ability to abide by rules and function appropriately amongst others in prison or upon release, solitary confinement seems to have the opposite effect. Inmates in isolation also become, with time, increasingly reliant on prison officials and the prison structure itself. This almost total reliance makes it that much more difficult for these inmates to function in general population once the terms of their isolation ends.

Gawande (2009) points out that while individuals in solitary confinement are starved for physical contact, after some time in total isolation they become completely incapable of social interaction. Individuals are generally evaluated to see whether they are appropriate to reenter society or general population by whether they can withstand the conditions within solitary confinement (Haney, 2003). Those that are not able to handle these conditions and who deteriorate in some way are given more time in isolation.

Mental Illness

Kupers (2008) points to the mass incarceration of individuals with mental illness as a result of the mass deinstitutionalization that occurred. Indeed, with the closing of many of the psychiatric hospitals and the push for shorter stays in these hospitals, prisons have become de facto institutions. Half of all inmates in the United States have at least one mental health disorder such as bipolar disorder, schizophrenia, or depression (Baillargeon et al., 2009). The emphasis on longer sentences and more arrests, coupled with the closing of state hospitals and the changes in insurance coverage for mental-health treatment, has led to the increase of mental illness in prisons. In fact, there has been something of a "revolving door phenomenon" where individuals with mental disorders cycle between homelessness and prison (Baillargeon et al., 2009).

"If we attribute the massive explosion of people with mental illness behind bars to individuals' criminal inclinations, then the question we must address from a historical perspective is why we have so many disturbed criminals in our midst compared to the number in 1970, when the prison population was one tenth what it is today and the proportion with mental illness was smaller. But if we look at the successive social policy decisions and practices that led to the mass incarceration, or trans-institutionalization, of people suffering from serious mental illness, then we arrive at the ugly reality that our society has been "disappearing" psychiatrically disabled individuals into correctional facilities for decades" (Kupers, 2008, p.1006). Further, even if we consider those that are diagnosed as mentally ill, we must also consider those that have never been diagnosed or that have been misdiagnosed.

Research Question

This study is intended to identify and examine perceptions of solitary confinement from individuals who served time in forced isolation while incarcerated. The purpose of this study is to gain an understanding of the experience of solitary confinement from those who were confined to it while they were incarcerated.

Research Methodology

Individuals who participated in this study were all incarcerated previously and had served time in solitary confinement. None of the participants were incarcerated at the time of their participation in this study. Participation in this study is strictly voluntary and all participants remain anonymous. Participants were provided with a questionnaire that attempted to capture the experience of solitary confinement. Responses to this questionnaire were either handwritten or emailed.

The following questions were utilized in the questionnaire: How long were youincarcerated? What were you incarcerated for? How long were you held in solitary confinement while incarcerated? For what reason were you placed in solitary confinement? Prior to entering solitary confinement, were you told why you were being placed there and how long you would serve? What was your experience in solitary confinement? How did you spend your time on a day to day basis? Did you have access to natural light, books, television, radio? What stands out most in your mind from the experience? How, if at all, did the experience of being in solitary confinement change you? In your opinion does solitary confinement correct behaviors? Why or why not? In your opinion is their value to using solitary confinement in our criminal justice system? While in solitary did you experience any psychological issues? Did being in solitary confinement impact you when you were released from prison?

Results

Participant #1

The story of Participant #1 provides us with an extended example, or an illustration of what can happen to an individual during solitary confinement. At the age of fifteen Participant #1 was sent to a Juvenile Detention Facility for an armed robbery charge, but he was later found to be not guilty, and the case was dismissed. Soon after his release, in December of 1991, at the age of sixteen he shot and killed a fellow high school student allegedly during an argument. As a result, Participant #1 was convicted of manslaughter, and was sentenced to 15 years in prison (Keren, 2011). Participant #1 grew up in a community where there was a lot of drugs and violence, and this had a tremendous influence on his perspective and behavior as a teenager. According to social ecology theory, an individual's community can contribute to their engagement in criminal behavior (Best, 1998). In the case of Participant #1, this theory may support the idea that environment impacted him and contributed to his eventual incarceration. Participant #1 was moved several times while incarcerated. During several of his placements he got into fights with other inmates and was placed in solitary confinement. When Participant #1 was transferred to a prison in Ohio he reportedly was involved with the slaying of another inmate and was placed again in solitary confinement, this time on a more permanent basis. The Ohio prison had both a long term and a short term segregation unit for inmates in solitary confinement. While in short term segregation Participant #1 was not allowed any time outside or any recreation whatsoever, and he had only fifteen minutes once a month to use the phone. In long term segregation he was allowed to spend one hour three days a week in an outdoor cage. Inmates were escorted to showers in handcuffs and leg chains, and occasionally they were required to shower with their leg chains still on. At another super maximum prison, Participant #1 experienced a tremendous amount of racism from the staff who felt free to sling racial slurs at the inmates knowing that they had no way to stand up for themselves. Inmates were taken to the showers with belly chains and dog leashes attached to them as a way to further humiliate them. For Participant #1, this degradation only stood to fuel the anger he felt.

After several more transfers while in solitary, he was placed in ADX super maximum prison in Colorado from 2000-2006, the same super maximum prison that houses the Unabomber as well as Zacarias Moussaoui (Pierre, 2008). He was told that he would be there for only three years, but he was actually held there for six years. It was in this prison that he saw the most gang activity and racial segregation, and he began to feel hatred toward others in a way that was the antithesis of how he himself was raised. In ADX inmates could get education programs on the television in their cells, and they were allowed fifteen minute phone calls once a month. Participant #1 reports that being in total isolation was very difficult and he tried to create a routine so that he could keep his sanity. He was allowed a television and a radio, but he didn't feel that either helped to improve his state of mind.

He states, "I used to find myself getting angry, depressed, stand-offish and I lost trust for people at times for no reason and I used to shut down and just be to myself. Being in solitary confinement for a long time really takes a toll on a person's mind, body and spirit and no matter what it will be with us for life. But we have to find ways to get better or at least strong enough to fight".

Participant #1 reports that he had seen men hang themselves, throw feces or smear it on their own bodies, and he had seen men lose their minds. It made him sad to see all that was around him, and it made it that much more important for him to stay sane. Participant #1 stated that every thirty days someone (presumably a mental health counselor) would walk by and ask "are you okay" to each inmate behind closed doors. He always answered "yes" even if he wasn't feeling okay, because saying no meant being vulnerable and perceived weakness can be a dangerous thing in prison. The only real attention inmates got was when an inmate tried to hurt themselves. Participant #1 mentioned that 2-3 people committed suicide in ADX while he was there but he didn't hear about it until he was released. It troubles him that the inmates weren't informed, and that these instances of suicide weren't enough to warrant a change in the way the prison was run. All totaled, he spent eleven of his fifteen years incarcerated in solitary confinement (Pierre, 2008).

While Participant #1 asserts that the experience of being in solitary confinement depended on the prison, he notes that being placed in solitary confinement early on set the tone for his time in prison. He reports feelings of anger and, at times, depression as well. Participant #1 mentioned experiencing anxiety and panic attacks while incarcerated in isolation, and after his release.

SHU syndrome refers to these various psychological issues that often come about after time spent in solitary confinement. Participation #1 states, "When I came home I was told that I have PTSD and PISD (POST INCARCERATION), and it hurts me because I can see some of this stuff in my everyday life, but I still try to do better no matter what and my anxiety was really bad for years and I didn't know what was going on. When I came home I used to eat my food in my room for years because I was so used to being in solitary confinement and I locked myself away from my family and friends and not even realizing it. It has been hard for me to be around a lot of people, I don't like the movies because its dark and people are moving behind me, when I go out to eat I need to have my back against the wall and it was so hard to trust people."

Participant #2

The perspective of Participant #2 offers a clear understanding of the factors that plague solitary confinement inmates during their incarceration as well as after their release. Participant #2 was initially convicted of felony gang assault. As a result of the aforementioned, he was sentenced to 10 years and six months in prison. He was assigned to Wallkill Correctional Facility in Wallkill, New York which is a medium security facility.On February of 2011, Participant #2 was placed in solitary confinement for 6 months due to his use of third party phone calls. Third part phone calls are phone calls where a call is made from one telephone but billed to a telephone number other than the called number. This practice is prohibited in correctional facilities. The infraction occurred 3 months prior to his conditional release date.

Participant #2's six months in solitary confinement was his first time experiencing any form of social separation while incarcerated. Participant #2 states the time in solitary confinement was "very scary, loud, and depressing…I was worried that I would not make it out alive". He remembers screaming, kicking the door, and yelling at other confined inmates. His actions were forms of aggressive behavior which has been argued to derive from the absence of human contact.   Deprived of normal human interaction, many segregated prisoners reportedly suffer from mental health problems including anxiety, panic, insomnia, paranoia, aggression and depression (Haney, 2003). Participant #2 also reported only receiving one hour of natural light per day which created feelings of sorrow.

Overall, Participant #2's experience while in solitary confinement made him more aggressive, angry, and scared. He states "the psychological effects of solitary confinement are many. They include stress, loss of sleep, and loss of ethics". He defined the lasting effects of solitary confinement on his psychological state as "mental misery…it left my mind scarred. The cell breaks down a human, and the outcome is always destructive".

Participant #3

Participant #3's experiences provide compelling insight into the conditions of solitary confinement, and the long term psychological effects it creates. Participant #3 was recently released from incarceration after serving a twenty eight year sentence for second degree murder. During this time, he was placed in solitary confinement on multiple occasions which totaled approximately four years. He was confined for one hundred and twenty days on at least 4 times, ninety days 5 different times, forty five days 4 on 4 separate instances, and thirty days on at least 10 different occasions. The reasons for his continued placement in solitary confinement were "the result of me being ruled guilty for disobeying a direct order, possession of contraband (excesses property and on two occasions marijuana), and out of place charges". Participant #3's continued failure to conform to the rules of the facility supports previous literature which contends the use of solitary confinement does not control or rehabilitate negative behaviors.

Participant #3 described the scarcity of things such as reading materials which can be used to assist in addressing the presence of an abundance of idle time. He reported the highlight of the day was waiting for toiletries, mail and meals. Natural light in the cell was limited and in some cells may be nonexistent. He stated "solitary makes one mad and angry towards everyone... in my opinion solitary confinement does not change or deter an individual's behavior".

When the topic of solitary confinement is debated, the focus is often on the treatment of the inmate during the time of social separation. The long term effects many times are not a focal point of discussion. However, Participant #3 discussed the long term effects of being placed in solitary confinement has on him and how it can be debilitating and paralyzing once an inmate is released back into society. He says as a result of solitary confinement he is "reluctant to lock and/or secure bathroom doors…has an uncontrolled instinct to search out daylight in rooms where there is very little day light".

Discussion

Solitary confinement refers to the confinement of a prisoner alone in a cell for all, or nearly all, of the day with minimal environmental stimulation and minimal opportunity for social interaction (Grassian, 2006). For many inmates assigned to this form of incarceration, the time spent in social separation varies from weeks to years. Much of the literature suggests that prolonged periods with very limited human contact and communication makes inmates aggressive, angry, and is not conducive to rehabilitation. However, many supporters for the use of solitary confinement believe it acts as a deterrent for negative behavior in secure facilities. The premise behind their argument is supported by the contentions of Cesare Beccaria and the classical school of criminology which argues the threat of punishment is the only way to control antisocial behavior. It is believed behavior that goes against the norms will be deterred if punishment is swift, severe, and certain. However, the participants of this study support research that suggests severe restriction of environmental and social stimulation has a profoundly deleterious effect on mental functioning (Graddian, 2006).

The accounts of the participants of this research are consistent. Each describes aggression, and feelings of anger due to prolonged periods of solitary confinement. Long lasting affects which can be mentally paralyzing, debilitating, and other daily challenges that are not easily corrected plagues solitary confinement inmates long after their release. The aforementioned is also not conducive to a successful reentry into society after the completion of their sentence. The eight amendment to the United States Constitution states "excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted". Understanding the severe affects solitary confinement has on inmates' mental health during the time of their social separation, as well as long after, it can be argued that the practice of using solitary confinement in prisons as a deterrent is a direct violation of the rights of convicted offenders.

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