An Analysis of Past and Current Uses of Solitary Confinement and Recommendations for Best Practices Moving Forward

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Abstract

The policies guiding the use of solitary confinement in the United States correctional system are in need of research and revision. The purpose of this research is to develop a set of recommendations and best practices based on current programs and alternatives to the use of solitary confinement. The methods of this research include using secondary data from both qualitative and quantitative analysis of the effects of solitary confinement and exploring the historical effects on inmates in isolation dating back to “silent prisons” in the 1820’s (Steinbuch, 2014) to present day. The severity and existence of the effects of solitary confinement has come under contestation in recent years, though the bulk of qualitative research has found that solitary confinement has detrimental mental and physical effects on inmates that are subjected to isolation. The research conducted here has highlighted the need for reforms such as: more streamlined research, better access to prisons and prisoners, the need for independent oversight when evaluating inmates prior to, during, and after a stay in solitary confinement, as well the abolition of solitary confinement for subjects that have been diagnosed with a mental illness and time limits on those that are sentenced to solitary confinement.
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I. INTRODUCTION

A. Statement of the Problem

The use of solitary confinement in the US correctional system has a long and storied history and is a topic of much debate. The study and history of solitary confinement is important in order to see how and why the policies and guidelines for the use of the practice have changed over time. By looking at the motivations and important occurrences in history of solitary confinement, an updated series of guidelines and best practices can be developed to better ensure inmate and public safety. The controversy between qualitative and quantitative researchers is also studied and highlights the differences in research style, the outcomes published, and shows the importance of unified study with greater access and more streamlined research methods. The need for better research studies becomes even more prevalent as the special population of mentally ill inmates who may suffer greater negative impacts by being subjected to solitary confinement is explored.

With those research goals in mind, many researchers are of the opinion that the correctional system has not sufficiently adjusted its use of solitary confinement in the modern era (Grassian, 1983; Haney, 2018). Research finds that the consistency of negative psychological effects on inmates in some solitary confinement settings is extremely high (Haney, 2018) and there are estimates that say that as many as 80,000 to 100,000 inmates are currently in solitary confinement at any given time (Chadick et al., 2018, p. 102). The increase in populations in solitary confinement has outpaced the increase in the overall prison populations (Gibbons & Katzenbach, 2006). Prison staff are generally ill equipped to recognize and treat mental illness and require more training to be better prepared for their role in dealing with mental illness as it pertains to solitary confinement in the correctional system.
Correctional facilities are notoriously difficult to conduct research in for a bevy of reasons, not the least of which being the security threats that some inmates may pose to researchers. However, the controversy and disagreement in the correctional research field is a strong indicator that more access needs to be granted to the research community and funding made available for multi-level research projects to be able to reach a consensus on the definitive effects of solitary confinement on an inmate.

In addition to the potentially negative effects of solitary confinement is the lack of oversight, guidelines and training for correctional administration and staff. Both parties can be perceived to be ill equipped to deal with the potential psychological effects of solitary confinement and yet they are granted unprecedented discretion on how solitary confinement is used, and for how long. This is cause enough to reflect on current policies, study past practices and findings and develop new policies and strategies for the use and mitigation of solitary confinement in the US correctional system.

B. Purpose of the Research

The purpose of this research is to study policy and research findings and use those past and current policies to challenge the current usages of solitary confinement by exploring alternatives to it and developing recommendations for best practices when concerning the use of solitary confinement.

A 2014 study showed that it was estimated that between one fifth and two thirds of solitary confinement inmates suffered from some sort of mental illness (Steinbuch 2014). There is recent controversy in the research community about the severity of the effects of solitary
confinement, however the bulk of qualitative research suggests that time spent in isolation has a myriad of negative mental, physical and psychological effects on inmates.

There are numerous policies and programs that are in use across the country in states like NY, CO, MI, NM, TX, MS, and WI. With the help of this research it is possible to develop a set of best practices for the use of solitary confinement by using the programs and policies that have been shown to reduce the population of solitary confinement inmates while continuing to protect the inmates and staff from potential dangers.

It is important to remember what is at stake when concerning the mental health of prisoners. First, while inmates may receive a stigma for the crime that they have committed, they are paying the required penance for that wrongdoing. In doing so, they are constitutionally protected to be free from cruel and unusual punishment that would cause them undue harm. It is also important to remember that the majority of prisoners are eventually released from prison. Approximately 95% of all prisoners are released back into the community (James, 2015). This means that politicians, correctional administrators and staff and legislative bodies owe the general public a debt of ensuring that punitive sentences like solitary confinement do not put the public at risk unduly.

C. Methods of Approach

Data for this study has come primarily from secondary sources such as statistical studies, psychological studies that incorporate surveys, state and national statistics, textbooks and court cases. Primary research has come from historical and modern qualitative and quantitative studies, interviews, longitudinal studies and meta-analysis.
D. Assumptions

Assumptions dealing with this study have primarily to do with terminology. Solitary confinement is a term that is used interchangeably with other similar terms that may or may not mean the same thing. This also becomes a limitation when conducting secondary data research as those terms must be clearly defined before moving forward. For example the term administrative segregation can be used interchangeably with the term solitary confinement however, in some cases administrative segregation is not solitary. In some states, solitary confinement cells are “doubled” with more than one prisoner.

For the purpose of this study the following terms can be used interchangeably: solitary confinement, administrative segregation (ad seg), restrictive housing unit, special housing unit (SHU), and punitive segregation. All of these terms are defined by a single inmate being confined completely to a small cell for approximately 23 hours a day with the only exit from the cell being segregated exercise, hygiene, or medical needs. “Privileges” such as visitation and in cell entertainment vary greatly from facility to facility, but they are generally limited in comparison to those inmates in general population. General population in the context of this research will mean any inmate that is not in segregation of any sort. They will be “normal” prisoners with the same rights and freedom of movement within the facility as every other inmate that is not segregated in isolation.

E. Limitations

There are a few limitations when exploring this data. Limitations of this study include the difficulty of doing research in a prison. While the information that is used for the research for
this paper will be secondary, doing studies in a correctional facility can be difficult in a number of ways. Even getting access for researchers can be a challenge. This difficulty of access has been mentioned as a limitation in most all qualitative and quantitative research that has been referenced in this paper.

Mental illness in and of itself can be a limitation as well. There are so many different kinds of mental illnesses and current staff are not adequately trained to recognize all of them. This could skew statistics or leave information incomplete. There have been robust studies done on the incidence of mental illness with regard to solitary confinement, but the difficulties identifying and diagnosing those illness may leave some information incomplete.

Prison staff and administrators themselves can also be a limiting factor in researching in a prison. Prisons are given a large amount of leeway to design policies and procedures for the everyday running of a correctional facility. This becomes particularly evident when exploring state run facilities. As long as they are in compliance with the law and do not directly breach the US Constitution, correctional facilities are left to run as the administrators and staff see fit. This leads to drastically different policies from facility to facility even within a given state. An infraction that might illicit a minor sanction by one facility may illicit an indeterminate amount of time spent in solitary confinement in another.

II. LITERATURE REVIEW

A. A History of Solitary Confinement

Solitary confinement has long been used as a tool in the US correctional system to rehabilitate, control, protect and punish inmate populations since the early 1890’s. While it is
impossible to pinpoint the first time that isolation was used in a correctional environment, the experiment of “silent prisons” began with the Eastern State Penitentiary in Pennsylvania in 1820 (Steinbuch, 2014, p. 501). Prior to this experiment, the penal system used corporal punishment to reprimand prisoners. The “age of enlightenment” saw corrections turn away from the use of corporal punishment and begin experimenting with isolation (Cockrell, 2013, p. 213).

In 1820 the Eastern Penitentiary in Pennsylvania experimented with the use of solitary confinement for their prisoners based off of the Quaker belief that inmates that were silent, had only a bible for stimulation and were completely isolated would use that time for introspection and repentance (Steinbuch, 2014 p. 503). Unfortunately for prison administrators and inmates alike, this was not the case. Many of the prisoners went insane or developed mental illnesses. Those who faired isolation better, were still traumatized and there were substantial doubts cast as to whether these inmates would ever be able to be productive in society once they were released (Bruce, 1928).

The idea and potential of silent prisons attracted prominent scholarly figures of the time. Some of the greatest 19th century minds wanted the publicized revelation that were the silent prisons of the United States where it was reported that isolation was the key to rehabilitating criminals to be true. Two of these great minds included lauded author Charles Dickens and political theorist Alexis de Tocqueville. Both men traveled to the US and witnessed the treatment of prisoners in solitary confinement. Shortly after, both men also revised their initial thoughts on the promise of solitary confinement. Of solitary confinement, Tocqueville is quoted as saying “This absolute solitude, if nothing interrupts it, is beyond the strength of man; it destroys the criminal without intermission and without pity; it does not reform, it kills.”
(Smucker et al., 1981). Dickens had similar thoughts calling solitary confinement “a secret punishment which slumbering humanity is not roused up to stay” (Dickens, 2009).

The views of silent prisons and isolation stopped being just philosophical in nature. Many medical and sociological professionals of the day also condemned the use of solitary confinement and complete isolations as detrimental to the physical and mental health of inmates. This was so prevalent that physicians coined the terms “prison psychosis” or “solitary confinement psychosis” (Nitsche & Willmanns, 1912). Francis Gray who wrote “Prison discipline in America” in the mid-19th century after he observed more than 4000 inmates that had been housed in silent prisons said of the silent prisons “[T]he system of constant separation . . . even when administered with the utmost humanity produces so many cases of insanity and of death as to indicate most clearly, that its general tendency is to enfeeble the body and the mind” (Gray, 1848 p181).

There were also beginning to be reports of African Americans being over represented in solitary confinement environments and accusations that African Americans had twice the mortality rate of other prisoners in the same conditions. (Cloud et al., 2015; Motiuk & Blanchette, 2001).

As the physical and mental evidence and psychological and ethical backlash mounted, the practice of silent prisons and solitary confinement began to wane. There are numerous reasons for this, not the least of which is cost. Housing an inmate in solitary confinement is expensive. There are many different estimates, but the most prominent is that housing a prisoner in solitary confinement is approximately two to three times more expensive than housing a prisoner in the general populations. (James & Vanko, 2021, p. 6). This price gap gets even larger when
considering the use of purpose built supermax prisons which are correctional facilities that exclusively use restrictive housing.

The other reasons had to do with the backlash mentioned previously. Even the Supreme Court of the United States was appalled by the conditions that prisoners were subjected to while in solitary confinement, so much so that in 1890 that Medley, Petitioner, 134 U.S. 160 (1890) set the precedence for moving away from the use of solitary confinement as the practice of isolating prisoners had not had the rehabilitative effect that was desired. In fact, much the opposite occurred. Prisoners had preexisting mental conditions exacerbated, developed mental illnesses outright, suffered from physical ailments and insanity and were more prone to recidivism if they were released (Cloud et al., 2015).

Following the general discovery that the use of solitary confinement for the purposes of rehabilitation wasn’t as fruitful as originally hoped for, the practice was reduced greatly. It’s important to note that the use of solitary confinement wasn’t completely discontinued. It was still used for the purpose of separating problem inmates or those that were mentally ill, but the experiments on rehabilitation were reduced greatly.

This period was relatively short lived though as in 1934 the infamous Alcatraz Prison opened up on an island in the San Francisco bay in California. Alcatraz was much like any maximum security federal penitentiary at the time other than the fact that it was located on an island. It was repurposed from a military fort built in 1910 and could house about 300 prisoners at any given time. What set Alcatraz apart was what was known as “D-block”. D-block was a hall of permanent solitary confinement cells. Inmates were locked down for 23 hours a day, had extremely limited human contact and were only let out of their cells for occasional showers and solitary exercise in specialized cages.
There was an additional cell that set Alcatraz apart from the rest of D-block. It was a single cell that became to be referred to as “the hole” by inmates. The hole was yet another specialized cell that was small with bare cement walls, no bed, no light, and no toilet to speak of. Prisoners that were sent to the hole were stripped naked and would have to relieve themselves in the only feature of the room, which was a hole in the floor. Inmates would spend a few days in the hole with no light or clothes and only the very basic necessities for survival. While inmates would only spent a few days in this specialized cell, they could and did spend years in D-block solitary confinement (Shalev, 2013).

Alcatraz closed in 1963. Public opinion was that the infamous escape attempt by Frank Morris and John and Clarence Anglin in 1962 caused the doors to close. The official reason for closing blamed the cost of running Alcatraz and the logistics surrounding it for it being shuttered. To that point, in 1963 USP Marion opened in Williamson county Illinois. USO Marion was the replacement for Alcatraz and was capable of housing about 500 prisoners at any given time. Marion was a maximum security prison and focused on solitary confinement and group programs, though there was a general population and facilities for inmates to be out of their cells. This would all change in 1983.

On October 22\textsuperscript{nd} 1983, corrections officers Merle Clutts and Robert Hoffman were murdered in separate but very similar incidences on the same day by members of a well-known prison gang known as the Aryan Brotherhood. These killings were premeditated and resulted in the prison being locked down. This lockdown then became permanent and lasted a further 23 years. Inmates were not allowed out of their cell except to shower and exercise, of which both activities were done alone apart from the escorting correctional officers (Richards, 2015). The permanent lockdown at USP Marion can be seen as the birth of the “supermax” prison model.
Supermax prisons are facilities built for the singular purpose of housing all prisoners in solitary confinement. Inmates are confined to cells for 23 hours a day and contact with other inmates, guards and the outside world all but comes to a complete halt. The Marion experiment was considered a success by those in the correctional field and the supermax boom begins in earnest.

1989 heralds the opening of Pelican Bay. Pelican Bay is located in California and is the first purpose built supermax facility in the United States. Once again, permanent lockdowns are enforced, inmates have little to no human contact and are restricted to cells for 23 hours a day. In 1994 the Department of Justice conducts a study on the number of supermax style facilities operating in the US and it finds that there are 30 states using such facilities. 11 years later Daniel Mears, an associate professor at Florida State University conducts a similar study and finds that in 2005 more than 40 states now have supermax facilities (Steinbuch, 2014, p. 530).

Finally, in 1994 ADX Florence is opened in Florence Colorado and is called “The Alcatraz of the Rockies”. It is the first and only federal supermax prison ever build. ADX Florence is famous for its security and is considered one of if not the most secure prison on Earth. This is so prevalent that whereas other prisons have allowed camera crews, and documentarians into other facilities, there is almost no camera footage of the inside of ADX Florence and the only interviews conducted seem to be with former employees of the facility (Shalev, 2017).

ADX Florence houses some of the most dangerous federal prisoners and is also home to domestic terrorists who are housed in a separate block. Cells in Florence are almost completely self-sufficient and allow for contact with other people to be even more closely regulated. There are showers that run on a timer in inmate’s cells, natural light comes in the form of a single opaque window that prevents inmates from telling where they are in the prison facility. Food is brought to the cell and passed through a secure door. The only time prisoners are let out of their
cells is to go to a recreation yard or cage, both of which are again covered to prevent prisoners from knowing their location in reference to the rest of the facility. The only other exception to cell confinement is for medical reasons or release (US Department of Justice, 2017). While the conditions at ADX Florence are a bit more restrictive than many other prisons with solitary confinement units, the basics are generally the same. 23 hours are spent inside a cell with little to no human contact and extremely limited time outside of the cell reserved usually only for exercise and hygiene.

Exploring the history of solitary confinement is important so that a timeline of policies and best practices can be explored. Through questioning these past practices, the motivations behind the use of solitary confinement start to become clearer. Based on this historical data, solitary confinement saw a reduction based off of the mental and physical effects of the original silent prisons. These opinions were shared by scholars and medical professionals alike. The opening of Alcatraz and later Pelican Bay heralded the resurgence of solitary confinement and the tragic murders at USP Marion marked the beginnings of the “supermax boom” and the building of purpose built solitary confinement prisons. With any subjects as controversial as solitary confinement and supermax prisons, there are bound to be legal challenges. In the case of solitary confinement these challenges most often come in the form of constitutional challenges of the 8th or 14th amendment.

B. Legal Issues of Solitary Confinement

The ethical and physical ramifications have long been contested by prison officials and human rights advocates, but the constitutionality has also been challenged, many times by the
inmates themselves. The most popular constitutional challenge involves the 8th amendment. This is because the 8th amendment states that “Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.” Based on the ethical questions of the use of solitary confinement, it would seem to be a direct violation of the 8th amendment. That, however, has not been the case. Inmates and advocates using the 8th amendment to challenge the use of solitary confinement have been met with incredibly limited success (Cockrell, 2013, p. 215).

The limited success in using the 8th amendment to challenge solitary confinement comes from a few different reasons. First the Supreme Court of the United States has been reticent to infringe upon state’s rights to deal with their prisoners the way they see fit (Cockrell, 2013, p. 214). Even as far back as 1890 when Justice Samuel Freeman Miller observed inmates in solitary confinement and said of them: “A considerable number of the prisoners (held in solitary confinement) 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; others 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.” Even this statement didn’t illicit reform of solitary confinement on a federal level, instead continuing to rely on the states unenvious position of housing criminals while ensuring their safety (Cockrell, 2013, p. 217).

Another example of this type of reaction by the Court is the case of Madrid v Gomez which involved Pelican Bay prison in California. Madrid v Gomez deals with some major challenges to the 8th amendment’s admonishment of cruel and usual punishment. The main complaint in this case were excessive force, inadequate health care, inadequate mental health
care, inhumane conditions of the Security Housing Unit (SHU, housing issues resulting in danger to inmates, failure to segregate prisoners properly while in SHU, and lack of inmate access to courts.

The reason an 8th amendment claims alleging cruel and unusual punishment are often unsuccessful is because the plaintiffs’ claims must meet two requirements. First, the alleged deprivation must be serious. A prison official’s act or failure to act must result in the denial of a basic human need. These needs are often categorized as; food, clothing, access to medical care and the denial of that need may cause physical harm. If a plaintiff is making a claim where no physical harm is present, they must be able to prove that they are housed in a situation or environment under conditions that may put them at risk of serious physical harm.

The second requirement is derived from the principle that only unnecessary and wanton infliction of pain invokes the 8th amendment. A prison official must be aware and of an indifferent state of mind ("Madrid v. Gomez, 889 F. Supp. 1146 (Cal. 1995)," 1995)

This case went into extensive testimony of both inmates and prison officials as well as expert testimony on both sides. The Court also toured Pelican Bay for two days, prior to the hearing. In the end the court found that there was a disturbing pattern of excessive force that was occurring in the prison, particularly in its early years of operation and that this pattern was for the purpose of causing harm and that the defendants were aware of the harm being caused and were deliberately indifferent thus violating the 8th amendment.

The Court also found that the severe lack of mental care, understaffing, and lack of training were also in line with breaching the 8th amendment. However, when it came to conditions in the SHU, the Court did not completely side with the plaintiffs. While it was
acknowledged that this restrictive housing unit that included solitary confinement units were likely causing mental harm to inmates it was concluded that “Conditions in the SHU may well hover on the edge of what is humanly tolerable for those with normal resilience, particularly when endured for extended periods of time. They do not, however, violate exacting Eighth Amendment standards, except for the specific population subgroups identified in this opinion” ("Madrid v. Gomez, 889 F. Supp. 1146 (Cal. 1995)," 1995). One of these subgroups were those that had already been diagnosed with serious mental health issues.

The effect of this case was that while a federal court blatantly acknowledged that a restrictive housing unit like Pelican Bay’s SHU program was causing mental harm to at least some inmates, that the conditions of prolonged confinement to restrictive housing did not violate the 8th amendment except where the seriously mentally ill were concerned ("Madrid v. Gomez, 889 F. Supp. 1146 (Cal. 1995)," 1995).

Another case important to the constitutionality of the use of solitary confinement is Farmer v Brennan. It is not the exact use of solitary confinement that makes this case important, but rather the precedence its case sets in what is a violation of the 8th amendment.

Farmer is a transsexual who was born male but presents as female. While incarcerated Farmer was kept separate from the general population because of both misconduct and the inherent risk that Farmer faced as a transsexual. Farmer was then transferred to a higher security penitentiary where she was placed with a cellmate in general population where she was beaten and raped. Farmer sought damages and to be precluded from serving time in a penitentiary because of the inherent increased risk of the higher security facility. The US Supreme court held that the inaction of prison officials to recognize the increased risk of sexual assault that Farmer
faced based on his appearance was enough to constitute “deliberate indifference” based on the 8th amendment requirement.

The opinion of Farmer v Brennan remarked; “we hold that a prison official may be held liable for acting with deliberate indifference to a substantial risk of serious harm only if he is aware of that risk and disregards it by failing to take reasonable measures to abate it.” It was clear to the court the Farmer faced greater risk in the conditions of the prison than someone who was not presenting female characteristics. Thus the requirement of deliberate indifference was satisfied according to the 8th amendment.

Another more recent case deals with the first federal circuit court of appeals to hold that the indefinite housing of inmates on death row in solitary confinement violates the 8th amendment (Marshall, 2020, p. 67). While this case is a bit of a bright spot in the legal effort to mitigate and possibly discontinue the use of solitary confinement, there are some cautions that should be addressed with this decision.

The biggest takeaway from this case is that the defendants in the case did not argue that holding death row inmates in solitary confinement constituted a legitimate penological interest. Corrections administrators are given a large amount of deference when carrying out their duties. This is because of the specialized expertise that these personnel have along with complex safety issues that they face on a daily basis. This deference and the complexities of the duties gives them the ability to infringe on an inmates constitutional rights so long as those infringements are “reasonably related to a legitimate penological issue” (Marshall, 2020, p. 72).

Critics of the case and even the court itself, noted that this was odd as it could be argued that death row inmates may be more likely to commit more crime as they have less to lose, or
that they may be more likely to attempt to escape. Either of these scenarios, properly articulated, could have been an argument for a legitimate penological interest, and other conditions cases asserting 8th amendment violations have used this very argument and every conditions case to make it to the US Supreme Court has included an argument for the use of solitary confinement as a legitimate penological condition (Marshall, 2020, p. 74). As this is the case, it is very unlikely that other defendants would not include an analysis of legitimate penological interest in their defense.

It would seem that between Porter v Clarke being a bit of an outlier and perceived hostility of the new Supreme Court when concerning prison conditions cases as well as death row cases, that the abolishment or reformation of solitary confinement is not on the horizon. It is true that other courts are unlikely to adopt Porter v Clarke as a precedence to be followed given the absent argument of legitimate penological interests however, there is some hope of positive advocacy with regard to this case. The medical and psychological research and evidence along with cases like Porter v Clarke seem to be having an unforeseen effect on policy concerning solitary confinement. For instance, six months after the Porter decision, the department of corrections in Pennsylvania acknowledged the harm that is caused to inmates that are not on death row and thus they developed a general population for inmates on death row that gives them access to commissary purchases and educational programs (Marshall, 2020, p. 79).

While these cases are worth studying, it should be noted that once again, it is the physical harm that an inmate suffers that does more to satisfy the cruel and unusual requirement of making that action unconstitutional, or their confinement to solitary confinement while on death row. This is one of the main reasons that challenges to the 8th amendment are met with such limited success (Arrigo et al., 2011). Additionally, there is the vast amount of leeway that states
are generally given to run their prisons how they see fit (within the confines of the law) and the perceived hostility of the US Supreme court when concerning prison conditions cases it becomes clear that an 8th amendment challenge to solitary confinement is a difficult route to take, thought the arguments are not without merit.

C. The Purpose of Solitary Confinement

Since there are so many legal, ethical and even medical challenges to solitary confinement, it is natural to ask why the practice exists in the first place. The history of solitary confinement and isolation in corrections can be studied easily, but the question of “why” it exists is slightly more complex.

There are numerous arguments for the use of solitary confinement. The primary modern reasons are: protection, safety, and punishment. Some inmates may be in need of being protected from the general population of prisoners. This can be for a variety of reasons like the nature of the inmate’s offense. For instance, did they inform on another person? Were they involved in a sex crime? Or perhaps like in the Farmer v Brennan case mentioned earlier, the inmate may be transitioning genders. There also may be gang affiliation concerns. Any of these reason may lead corrections officials to isolate an inmate for their own safety so that they do not run afoul of the general population. Safety of the staff and other inmates must also be taken into account if the inmate in question is a particularly violent offender.

Finally we come to the most controversial reason for the use of solitary confinement and that is punishment. Solitary confinement is what is known as a sentence within a sentence. Offenders are not generally sentenced in court to solitary confinement in a court room, they are sentenced to solitary confinement once they arrive at a correctional facility. This may be for one
of the reasons mentioned before like inmate safety, gang affiliation or gender identification. However, there are ample opportunities for an inmate to end up in solitary confinement for infractions once they arrive at a facility. Getting sent to solitary confinement from general population could be a result of something as serious as a violent crime perpetrated by an inmate while incarcerated, punishment for minor rule violations i.e. the possession of banned items in a cell known as “contraband”, or erratic behavior due to mental illness or disability. This idea of solitary confinement used as punishment, particularly when it involves mental illness is where a large portion of what advocacy groups and researchers focus on when challenging the usage of solitary confinement.

D. Controversy of the Effects of Solitary Confinement

The effects of isolation in incarceration have been documented since the 1890’s when silent prisons started to appear. In fact one of the main reasons that the practice fell from heavy use was the documented negative effects the practice had on inmates. However, there have been more modern studies done after the resurgence of solitary confinement in the US and the results seem to be much more heavily debated.

It is estimated that anywhere from 80,000 to 100,000 inmates are in solitary confinement at any given time in the United States and that that number is likely a vast underestimate given that it does not include local facilities like jails or military correctional facilities (Chadick et al., 2018, p. 101). With that many inmates in solitary confinement, it goes to reason that there would be a lot of research done on the subject matter, and that is the case, though there seems to be a large discrepancy in the conclusions given by researchers.
Researchers like Craig Haney have stated that “research findings on the psychological effects of solitary confinement have been strikingly similar since the early nineteenth century.” (Haney, 2018, p. 47) and his work has advocated for the reduction of the use of solitary confinement for most inmates and the abolishment for inmates with mental illness and this assertion is based off of decades of empirical research.

Building off of these decades of research, Haney cites early studies that show the negative effects of solitary confinement. It is important to note here that virtually all of the studies that Haney references be they historical or modern, are qualitative in nature and go so far as to refute recent quantitative studies based on their methodology (p 47). Haney’s reasoning for this is that qualitative studies are more conducive to the correctional environment. Studies that are more based on a qualitative methodology are more difficult to defend because correctional facilities cannot be seen as a standard research environment (Liebling, 1999, p. 148). There are too many uncontrollable variables that severely limit the effectiveness of a quantitative study.

To illustrate this, the controversy of the “Colorado Study” must be explored. The Colorado Study is a study entitled: “One Year Longitudinal Study of the Psychological Effects of Administrative Segregation” and was conducted by numerous researchers and written by Maureen O’Keefe. The study attempted to quantitatively study the effects of administrative segregation in the state of Colorado’s state prison system. In doing so the researchers hypothesized that the instance of negative psychological effects would increase in administrative segregation, particularly over time (O’Keefe, 2007, p. 17)

What the results of the study found surprised everyone involved. The study was performed with 270 male inmates in administrative segregation. Paper and pencil tests were administered at 3 month intervals. It was expected that the psychological health of inmates
would decrease, however the results showed that there was little to no psychological effect on inmates when compared to inmates in the general population. In fact, researches suggested that the data actually showed minor improvement or stabilization in comparison. The general conclusion of the report was that at the very least, administrative segregation in its normal setting was not an indicator of decreased psychological or mental health in either the general population, inmate in segregation or the special population of those that were mentally ill already. In short, solitary confinement in this setting may not be as bad as researches had previously thought when concerning the mental deterioration of inmates (O’Keefe, 2017).

This study led to a massive series of rebuttal by advocates. Chief among them is Craig Haney though there are many others. Haney’s chief complaint about the Colorado study is that he asserts that the methodology is flawed so badly that there is little to nothing that can be used from the data that was obtained from it (Haney, 2018, p. 48). Foremost among the issues Haney has with the methodology is that all of the inmates that were studied were first placed in what is known as “punitive segregation”. This means that every inmate, including the control group that was in the general population of prisoners, were placed in what Heaney considers the most aggressive version of confinement in the Colorado state prison system.

Once an inmate commits a violation, they are placed in this punitive segregation until they have a hearing that will decide what sanctions they are going to receive. This hearing decides whether they will be released back into general population, or placed in administrative segregation. While in this punitive segregation, inmates are not allowed visitors, they spend 23 hours a day confined to a cell, they are not allowed correspondence, they are not allowed to participate in any work or educational programs and the time that they spend in punitive
segregation does not count against their time in segregation if sanctioned to administrative segregation later (p. 49)

This is not mentioned in the original report and Haney maintains that this omission makes the majority of the data collected skewed beyond usability. The fact that inmates were in a more harsh form of segregation could suggest that the subjects in either the treatment or control group would not have a usable baseline. Once released from punitive segregation, inmates may improve because sanctions against them are less strict in either general population or administrative segregation (p. 51). These and other methodological issues led Haney to state “The studies are fundamentally flawed, their results are not credible, and they should be disregarded” (p. 47)

The Colorado study is not the only quantitative study that challenges the assertion that the use of solitary confinement has far reaching negative effects. There are in fact, a number of studies done that purportedly show that segregation for any length of time does not have the detrimental psychological effects that have been previously stated. A longitudinal study published in 2018 reported that “While segregated inmates reported higher levels of distress (particularly on measures of anxiety and PTSD and issues sleeping) compared to the general population, at pose assessment, scores did not reach the clinical cut-off. Further, inmates generally did not deteriorate as time in restrictive housing increased” (Chadick et al., 2018, p. 104). A Canadian study in 2001 had similar findings. This study looked at inmates in segregation for up to 60 days across different demographics with different sentences. The results found that there was virtually no change in most of the categories and that over time, inmate’s psychological status actually improved (Zinger et al., 2001, p. 65).
Haney and other researchers who are advocates for the reform or abolition of solitary confinement have refuted these claims and have spoken directly against the methodology used in these studies. The most common complaint once again, is that the environment of a prison is so unconducive to most quantitative studies, that it makes them all but impossible to be accurate. Other complaints of the Colorado study were that there was only one field researcher, the selection process was described by O’Keefe as “haphazard” only requiring that inmates had received a write up that could land them in administrative segregation, that and the study was done over 10 of Colorado’s state prisons, and the majority were from Limon Correctional Facility because it was “close” (O’Keefe 2013, p. 66). This would have led to uncontrolled differences in both the treatment and control groups as each prison may be different in the way it handles administrative segregation (Haney 2018 p. 388).

Based on these differing research opinions, it is clear that there is no consensus as to the methodology that should be used to perform studies on those that are in solitary confinement. Haney contends that there hasn’t been a study published that shows that the use of solitary confinement is not psychologically harmful to those inmates that are subjected to its treatment. However researchers like Robert Morris and Maureen O’Keefe maintain that even with the imperfect methodology, the studies and meta-analyses still hold valuable information that shows the resilience of inmates in solitary confinement and that the effects might not be as far reaching as previously thought.

While research results may be mixed, there is a fundamental paradigm that echoes back to the inception of the use of isolation as a correctional tool and that is that there are noticeable negative effects on the mental health of inmates that are isolated.
Like the afore mentioned quantitative studies that tend to support the idea that the negative effects of solitary confinement are not as drastic as we may have originally believed, the methodology of the qualitative studies that tend to show the decrease in mental faculties have also come under scrutiny. Once again the way in which studies have been conducted have been challenged. The issue with the qualitative studies has been the general lack of control groups, data collected from antidotal interviews, and small sample sizes (Kapoor M.D. & Trestman M.D. Ph.D., 2017, p. 203)

E. Negative Effects of Solitary Confinement

According to the National Institute of Justice “Restrictive Housing in the US”, “Research has consistently demonstrated that prisoners in restrictive housing settings have higher rates of diagnosed mental disorders, higher rates of psychiatric symptoms (as measured by symptom rating scales) and more severe psychiatric symptoms than inmates in the general population.” The question then is “how much more?” One of the many limitations of studying the psychological effects of solitary confinement comes from terminology and being able to define important terms that are used to study the effects of solitary confinement.

To illustrate this, there are no definite definitions for terms like: long term, short term, mental illness, serious mental illness, harm, benefit and even the term “solitary confinement” only has a very general definition that can change from correctional facility to correctional facility. The fact that these terms can have different definitions depending on who is conducting the study, can allow for the instance of bias to effect the collection of data and can limit the range and design of studies in general (Kapoor M.D. & Trestman M.D. Ph.D., 2017, p. 203).
Suicide has also been found to correlate with the placement of an inmate in solitary confinement (P. 215). Studies have shown that suicides happen disproportionately in restrictive housing units, particularly single cell solitary units (Way et al., 2007, p. 558). The danger of suicide is further exacerbated by subjects that already suffer from serious mental illness before they enter solitary confinement (Kapoor M.D. & Trestman M.D. Ph.D., 2017, p. 214). Even studies like the ones conducted by O’Keefe and her team showed that 7 percent of the treatment group with seriously mental illness showed signs of increased negative psychological symptoms including suicidal ideation (2011).

It has also been found that cognitive function and intelligence can be affected by being subjected to restrictive housing. One particular study, though small, found that inmates in solitary confinement have an IQ that is on average 8 points lower than the average general population inmate (Zinger et al., 2001). Another disturbing research result found that 30 percent of inmates in solitary confinement had traumatic brain injuries (Lovell, 2008). This raises other concerns associated with the inmate population in solitary confinement such as the over representation of those with mental illness, brain injury or disorders being housed in solitary confinement. Another question that could be asked is; did restrictive housing cause the traumatic brain injury? This becomes an exercise in asking “what came first, the chicken or the egg”? Did solitary confinement cause the brain injury, or did the brain injury cause the subject to be more likely to be put into solitary confinement? The research seems to support the latter theory (Lovell, 2008, Haney, 2018, Kapoor M.D. & Trestman M.D. Ph.D., 2017) siting the mental illness as a precursor to rule violations, concerning behavior, self-harm or insolence that would be more likely to result in time spent in solitary confinement.
Mental health organizations have been weighing in on this topic by publishing statements on the topic of placing prisoners in solitary confinement. These institutions include: American Academy of Child & Adolescent Psychiatry (AACAP), The American Psychiatric Association (APA), American Public Health Association (APHA), American College of Correctional Physicians and the National Commission on Correctional Health Care NCCHC). It is important to note that while they have all published statements regarding the institution of solitary confinement and have issued warnings to that effect, none of them has outright advocated for the complete abolishment of solitary confinement. The recommendations are more focused on the exclusion of certain vulnerable populations from solitary confinement such as adolescents and those suffering from mental illness, and limiting the time that inmates can spend in solitary confinement. (Kapoor M.D. & Trestman M.D. Ph.D., 2017 p. 218).

F. Reforms to Solitary Confinement

The debate continues as to whether or not the effects of solitary confinement are as damaging as some researchers say. As such, there have been legal challenges and reforms made to the practice using solitary confinement. These changes have occurred both as legal requirements and by states or facilities simply changing their policies. The practice of solitary confinement is generally regarded as an unpleasant correctional tool, due to its legal and ethical challenges. However, it is not prohibited unless it violates the previously mentioned parameters set forth by the US Constitution. Namely the 8th and 14th amendments.

Courts give a substantial amount of jurisdiction and discretion to prison officials to conduct prison business as they see fit within the confines of the law but that is not to say that reforms and policy changes have not been put into place.
The most notable reforms come in the form of exclusion or drastically limiting the use of solitary confinement for those who are already suffering from serious mental illness. For instance, the state of Wisconsin Department of Corrections was ordered not to place inmates that had already been identified as seriously mentally ill at the Boscobel supermax facility. They were also required to arrange for evaluation of prisoners by independent mental health professionals for inmates that had been hospitalized at any time at a psychiatric institution, had been put on suicide watch, and had been prescribed psychotropic medications ("Jones `EL v. Berge, 00-C-0421-C (W.D. Wis. Mar. 8, 2002). This exclusion of inmates from solitary confinement is the most common type of reform and goes back to Madrid v Gomez and Pelican Bay.

In 2010 the American Bar Association approved the “Standards for Criminal Justice on the Treatment of Prisoners”. This set of standards was a result of 5 years of development with input from prosecutors, judges, defense attorneys, corrections officials, civil liberties groups and law professors (American Civil Liberties Union, 2012). These standards provide guidelines for institutions or correctional authorities in reference to the reform of the use of solitary confinement.

These guidelines are as follows: Provide a meaningful process of evaluation prior to an inmate being placed in segregation. In short, providing a closer look at the reasons an inmate is being sanctioned with a placement in segregation. This can provide meaningful analytics going forward. Placing a limit on the time an inmate spends in segregation. Many of the studies mentioned earlier show a psychological deterioration of an inmate over time in segregation. Placing a time limit on the use of segregation could limit the loss of hope that many inmates may experience if they are losing hope of ever being released into the general population.
Improving the access to programming and out-of-cell exercise. Some practices of solitary confinement can limit an inmate to extremely limited and isolated out-of-cell time. Sometimes 1 hour a day or less, and punitive segregation examples show limits or even complete absence of in-cell programing. Included with the access to in-cell programming and more out of cell supervised access comes the guideline of increasing stimuli while in the inmate’s cell. This can come in the form of a television, radio and access to phone calls. As mentioned punitive segregations can limit or completely exclude phone calls, letters, and in-cell stimuli altogether, leaving an inmate with nothing but walls and a ceiling to keep them occupied for 23 hours a day. Allowing inmates to gain privileges and lessen restrictions is also advised.

Allowing inmates to have properly nutritious meals and limit sensory deprivation like lack of light and sound. Many restrictive housing units use 24 hour a day lights that are never turned off, but others have limited light that may come through an opaque window. Creating an environment of complete isolation through prison design and soundproofing so that inmates have almost no audio stimuli has also been reported, particularly in supermax prisons.

Finally, careful monitoring of prisoners currently in solitary confinement is recommended so that signs of mental illness or psychological deterioration may be discovered and treated much earlier. Once again, these guidelines, like most others, urge the exclusion of those already suffering from mental illness from being placed in solitary confinement. While correctional staff may not be well trained to deal with mental illness and they have a duty to protect themselves, other inmates, and the ill inmates from themselves, it is important that those that are mentally ill be given the mental healthcare that they need by properly trained personal (American Civil Liberties Union, 2015).
Some other examples of states reforming policies on the use of solitary confinement include the state of Illinois closing their supermax prison in 2013. Tamms Correctional Facility was closed primarily due to cost. It was reported that the cost of housing an inmate at Tamms was $60,000 a year. This is 3 times the normal amount in the rest of the state (American Civil Liberties Union, 2015).

In a similar move the states of Mississippi, Michigan, Maine, New York and Colorado have all moved to dramatically decrease their segregated inmate populations. Maine decreased their solitary confinement population by 50 percent and has expanded programing and social stimulation for those that are in segregation. In one institution in Mississippi, the solitary confinement population was reduced to 150 inmates from 1,000. The cost savings of reducing the number of inmates in segregation has saved the state approximately 8 million dollars over the year and reduced violence levels by 70 percent (American Civil Liberties Union, 2015).

Colorado has reduced its segregation population as well leading to the closure of an administrative segregation facility that saved the state 13.6 million dollars over the 2013-14 fiscal year and helped reduce the number of solitary confinement inmates by more than 36 percent. Likewise Michigan has saved money by reducing its segregated population as well. It’s estimated that it costs twice as much in Michigan to house an inmate in segregation vs the general population. It’s also been discovered that this reduction in segregated inmates has produced better inmate outcomes at less expense. Meanwhile New Mexico and Texas have commissioned studies to find reform policies and reduce costs as well (American Civil Liberties Union, 2012).

New York has developed the “Clinical Alternative to Punitive Segregation” or “CAPS” program since the end of 2013. This program is focused primarily on inmates in punitive
segregation that have been diagnosed with a serious mental illness. This program acts as an intervention treatment for inmates with serious mental illness by providing them with therapeutic activities, access to councilors, group and individual therapy, and medication counselling (Glowa-Kollisch et al., 2016, p. 1).

The CAPS program does have some limitations. First, it is expensive. Each CAPS unit costs approximately 1.5 million dollars and can house 30 inmates. Another limitation of this particular program is that there have not been a large number of participants as of the time of this study. At the time of the article 195 inmates had gone through the program. Another issue is that only those that have been diagnosed with a serious mental illness have been accepted into the program, thus excluding those with a perceived lower level of mental illness to continue to be placed in restrictive housing (Glowa-Kollisch et al., 2016, p. 7)

The results of this program state that while it is a costly alternative to solitary confinement, it is also effective as instances of self-harm decreased in inmates that were participating in CAPS vs those that were in solitary confinement. It is also thought that the cost of programs like CAPS might be offset in the long run by reductions is hospitalizations, litigation and injuries. While this program seems to be a positive alternative to housing inmates with serious mental illnesses in solitary confinement, the recommendations include reducing the incarceration rate of those with mental illnesses overall (Glowa-Kollisch et al., 2016, p. 9)

In another more recent move, the state of New York will abolish the use of long term solitary confinement. Stays in solitary confinement in jails and in prisons in New York will be limited to a 15 day maximum and will completely exclude some special populations like minors and those with certain mental illnesses. This legislation was passed by New York governor Andrew Cuomo and will take effect beginning next March (Closson, 2021).
Prior to New York, the state of Colorado signed into law a similar restriction on long term solitary confinement, also limiting the stays to a maximum of 15 days. Executive director of Corrections for Colorado Mr. Rick Raemisch sites a number of reasons for limiting the use of solitary confinement to just 15 days. First, it meets the United Nations Nelson Mandela rules that state that keeping anyone in isolation for more than 15 days is considered torture (Raemisch, 2018). Another major concern is that according to Raemisch, 97 percent of people that go to prison are at some point released back into the public. The risk of solitary confinement creating a mental illness and then having issues upon release are best illustrated by the man that was the director of corrections prior to Raemisch, Tom Clements. He was killed by a man that had spent 7 years in solitary confinement with a diagnosed mental illness and had been released from isolation directly back into society (Raemisch, 2018). It is these lessons that Raemisch states that affected his decision to reform solitary confinement and to virtually eliminate long-term confinement.

These and other policy reforms have shown promise in their results. While they are not without their limitations, as more studies are done, it seems clear that these programs are creating an improved environment for inmates in solitary confinement. The ethical and legal challenges are such that it is the hope of advocates of reform that the trend of reformation continues to a point where the practice of punitive isolation is no longer used as a punitive correctional tool (Fettig & Schlanger, 2015).
III. THEORETICAL FRAMEWORK

A. Deterrence Theory

Deterrence theory operates under the premise that if a known or perceived sanction exists, it will make a person less likely to violate a rule or policy because they do not want to experience that sanction. For example, under the assumptions that deterrence theory works off of, the existence of prisons in and of themselves act as a deterrent to crime. A person might consider the consequence or punishment for participating in a given criminal activity, because the deterrence of going to prison exists. If there were no consequences or deterrents, people would be more likely to participate in criminal behavior (Lee, 2017, p. 2).

This theory can be applied to solitary confinement on a number of levels. First as has been mentioned, the existence of solitary confinement and the knowledge that it is an unpleasant punishment that is associated with a rule or policy violation may deter some inmates from committing those violations. There is also an element of Social Learning Theory that can be applied to deterrence as well. Social learning theory states that behavior can be learned by observation (Bandura & Walters, 1964). Generally inmates are sanctioned to solitary confinement in a public manner. This is purposeful, when inmates are led off to “the hole” or “lockup” this observed by all of the inmates in that given area. This can be equated to a death row inmate being lead along their last walk being the preverbal and literal “dead man walking”. Other inmates observe this occurrence and develop the idea that they don’t want that to happen to them, i.e. a “learned behavior”. In short, as humans if we witness someone else get in trouble, we want to avoid the action that got that person in trouble so that we don’t get in trouble.
Deterrence theory is a good example of how many facets of society operate. However, this theory falls down when looking at special populations. In the case of this study, special population could be inmates themselves, but if explored further, mentally ill inmates that are put into solitary confinement may not follow those same reasonable learned behaviors as everyone else. While it is important to note mental illness may not automatically cause an inmate to be subjected to solitary confinement, it is reasonable to think that a mental illness may affect an inmate’s decision making skills and concern for consequences thus making them more likely to violate a rule that would land them in a position to experience solitary confinement. With the instance of mental illness in prisons being what it is and the population of solitary confinement growing, it could be theorized that the correctional system in the US may be operating with the outdated idea that the very existence of solitary confinement is a deterrence to all inmates.

The link between the perceived or actual punishment and the deterrence from participating in whatever activity will cause a person to receive those punishments is the key to deterrence. If that link does not exist for one reason or another, the deterrent doesn’t have the intended effect (Pogarsky et al., 2004, p. 344) thus using solitary confinement for those with a mental illness as a punishment may not be the most productive way to deter that special population from future violations.
B. Social Isolation theory

Human as a species fall into a category of social species that, like many other animals, forms organizations that reach outside of the individual. Humans create connections with other humans. In the case of humanity this theory can be best described as the frequency, quality, and number of a person’s social contacts as well as the longevity of an individual’s social contacts (Biordi & Nicholson, 2013).

Human as a species are social animals that require social interaction with other humans to survive and thrive. Without this interaction, there are negative psychological and even physical effects. This becomes even more prevalent with concerning those that suffer from a mental illness as they are already more likely to experience social isolation prior to prison sanctions like solitary confinement (Cacioppo et al., 2011, p. 19)

Longitudinal studies of isolation and cognitive behavior among humans showed an increased risk of diseases like Alzheimer’s as well as a general decrease in cognitive functioning (p. 19). Cacioppo et al. states: “Perceived social isolation, known more colloquially as loneliness, was characterized in early scientific investigations as “a chronic distress without redeeming features”. Recent research suggests that the social pain of loneliness evolved as a signal that one’s connections to others are weakening and to motivate the repair and maintenance of the connections to others that are needed for our health and well-being and for the survival of our genes. Physical pain is an aversive signal that evolved to motivate one to take action to minimize damage to one’s body. Feeling socially disconnected and isolated triggers social pain, an aversive signal that evolved to motivate one to take action that minimizes threats or damage to one’s social body”. The idea that loneliness or isolation can cause mental and physical illnesses in both humans and animals flies in the face of the contention that solitary confinement doesn’t
generally cause physical harm, so it does not violate the 8th amendment. Studies like the one displayed here, suggest that physical harm is experienced as a result of being isolated. Thus in some cases, this may qualify as a breach of the 8th amendment against cruel and unusual punishment. Recommendations and policy adaptations should take these theories into account and adjust accordingly.

IV. RECOMMENDATIONS

Solitary confinement, while contested by researchers, is often seen as a “means to an end” by many corrections officials. Not just as a punishment, but also as a way to separate problem inmates from the rest of the inmate population for the safety of all involved. This is an important lesson to remember when suggesting lowering the populations of solitary confinement. The reason an inmate is in solitary confinement is as important as the fact that they are there at all. It is a recommendation of this study that mentally ill patients be removed from solitary confinement and that other treatment means are made available through education and funding. That said, just because an inmate is mentally ill does not make their potential behavior less dangerous. Being assaulted by a mentally ill inmate poses no less threat than an inmate not suffering from a mental illness.

It is important to develop alternative programs to mitigate the use of solitary confinement versus simply releasing all inmates from solitary confinement back into the general population or general public. It is understandable for the safety of all involved to be at the forefront of the use of solitary confinement. These recommendations are simply designed, based on research and
results to give corrections officials a wider array of tools to use in their effort to house inmate populations in the most safe and effective ways.

One of the easiest ways to lower the population of inmates in solitary confinement is to not send them there in the first place. Solitary confinement may have its uses in a very truncated capacity. However, not sentencing inmates to solitary confinement for minor infractions could have large impacts on the size of the solitary confinement population. That is not to say that sanctions should not exist for those that break the rules or participate in criminal activities while incarcerated. However, the sanction of solitary confinement should be reserved for the safety of the inmates and staff vs a simple punitive action for contraband. There are other alternatives that can be explored in these cases that don’t cost the American tax payer money, or the inmate in question being psychologically harmed.

A. Training

Correctional officers, much like other professions in the criminal justice field, are expected to fulfill a number of duties that may be in addition to what a job description entails. For instance, when concerning the subject of solitary confinement it is not simply enough to be able to understand that a rule or policy violation has occurred and that the use of solitary confinement would be allowed as a punishment. It is also important for correctional staff to ensure that an inmate should be put into solitary confinement, that is, can they handle the stresses and rigors that come along with isolation?

It often gets lost that correctional officers are not simply enforcers, but also caretakers. This is especially true of inmates that are in solitary confinement as inmates are completely
dependent on correctional staff for almost one hundred percent of their day to day needs. This fact means that correctional officers and staff have an obligation to ensure the safety of prisoners. If an inmate is mentally ill for instance, it is important for a correctional officer or staff member to be able to identify that and treat the inmate accordingly.

As has been mentioned numerous times throughout this study, inmates with a diagnosed mental illness should be excluded from being subjected to solitary confinement and alternative treatment and sanctions should be sought out for this special population of inmates.

An example of the training that many correctional officers receive is the State of Wisconsin’s 200 hour “jail academy”. There are a few things to note about this training though. First, the jail academy is a requirement for the state of WI, but an officer may be working in a correctional facility under supervision for up to a year before they are required to have completed the training. Second, in this 200 hours of training, there is a section dedicated to crisis management and supervision of inmates with special needs. This training encompasses numerous different special needs and populations including the instance of mental illness. However, this is a 6 hour portion of the academy and is split up over 2 days. To put that in perspective, the academy requires 8 hours of training in fire prevention. It seems clear from this requirement that more training is necessary of officers from the onset, and that the training should be required at the start of employment.

Consultation with organizations like the National Alliance on Mental Illness (NAMI) and the completion of programs like “crisis Intervention Training” as well as yearly required updated training could go a long way in helping mitigate some of the issues that come with identifying and dealing with mental illness (“CIT resources," 2021). Reoccurring training for both correctional officers and administrators should be made a priority and more time should be
dedicated to the subject of solitary confinement and mental illness. This training can also be used to identify the inception of mental illness in inmates that are currently housed in solitary confinement.

Training like crisis intervention and the supervision of special needs inmates is incredibly important. However it is also important for correctional officers and administration to look to self-care as equally essential. It is true that the officer gets to leave the facility at the end of their given shift, but it is also important for the officer to be able to deal with the stress and rigors of this extremely sensitive career. Training a correctional officer in how to practice good self-care procedures could mean the difference between an officer noticing an issue with an inmate, or missing it and causing that inmate undue harm because of it (Beagley, 2021).

**B. Oversite**

It has been mentioned that correctional facilities are given a large amount of discretion on how they run the day to day activities of the individual institutions. This leads to many different policies and procedures regarding everything from meal times, to sentences in solitary confinement. This leeway is not likely to change. The individual challenges each facility faces make standardizing every procedure and policy almost impossible. What can change is the oversite that solitary confinement sentences have.

The requirements for sending an inmate to solitary confinement currently vary greatly. Some institutions require nothing more than an administrator’s sentence after a brief hearing while others require a committee decision. Based on the research of this study,
recommendations should include having more input on the sentencing from the psychiatric and healthcare community.

This oversite would serve numerous purposes. First, the facility would be able to run their facility and ensure the safety of its other inmate and staff if an inmate needed to be segregated for safety reasons. This recommendation follows with the current policy of individual facility discretion in sentencing. Added to that, would be the addition of representatives from the psychiatric and healthcare communities. These representatives should be appointed in an unbiased manner and not represent any of the individual facilities. In short, they should be independent of the corrections departments.

Individual analysis of the inmate potentially entering solitary confinement should determine from and physical and mental health standpoint whether the inmate is capable of handling placement in solitary confinement. If they are capable, sentencing can continue from a corrections standpoint and if they are not, alternative sanctions or treatment should be sought which should include an official diagnosis of a physical or mental ailment that precludes them from being isolated.

Along with general oversite of determining the capability of an inmate to withstand isolation without undue harm, ongoing evaluations should occur as well. A psychiatrist may not always be available to identify issues in an inmate due to time constraints and staffing issues. This issue speaks to the importance of individual officer and administrator training. Continuous evaluations and checkups should be conducted with an inmate in segregation.

Oversite and continuous checkups will have another added benefit to the research community. If common definitions of mental illness and solitary confinement can be reached in
a given area, the data that is collected in references to these oversite committees and checkups could be invaluable to researches that are seeking to better serve the correctional community in developing and recommending best practices as corrections and our understand of it evolves.

C. Abolishment

Many researchers like Craig Haney have advocated for the complete abolishment of the use of solitary confinement citing the many perceived negative impacts of the practice of isolating prisoners. Abolishing solitary confinement immediately might not be a realistic goal but the reduction of the population and eliminating certain special populations from solitary confinement is not unreasonable and based on the trends of court decisions and facility policies this is the direction that the practice is heading already, though much more needs to be done to protect inmates from undue harm with respect to solitary confinement.

Inmates that are diagnosed with a mental illness should be excluded from being placed in solitary confinement due to its negative effects and exacerbation of the mental illness. Inmates facing a solitary confinement sentence should be thoroughly psychologically screened by a professional prior to, during, and after a term in solitary confinement. This practice would help in identifying an issue prior to a sentence and may also assist in answering the “which comes first” question with regards to the psychological effects of solitary confinement.
D. Sentence Limits

In many correctional facilities, there are no sentence limits for the use of solitary confinement. Some inmates are sentenced to a supermax facility that is a complete lockdown facility that have no hope of being reintroduced to a general population. In other facilities that have solitary confinement units or halls, there are also no term limits for time spent in solitary confinement. Many researchers think that these types of indeterminate sentences can cause negative effects on an inmate’s mental health as they lose hope and are effected by the isolation that they experience. This prolonged isolation has caused issues particularly over time (Haney, 2018).

The United Nations considers anything over 15 days in solitary confinement as defined by this study to be torture and has banned its use. Countries like Canada have set a 15 day limit on the use of solitary confinement in federal facilities in accordance with these findings (Harris, 2017) that phased out long term solitary confinement sentences. Some institutions in the United States have followed suit. Colorado has banned the use of solitary confinement for more than 15 days as well. These policy changes are steps in the direction of lowering the population of inmates in solitary confinement, but there is still much work to be done nationwide.

E. Funding Education and Research

The use of solitary confinement is a widely debated subject across the research community. What sometimes gets lost is the realization that it is the mental and physical health of a human being that is the subject of research. Access for oversite at correctional facilities is important to ensure that data is not skewed due to the prison environment. Funding for further
research is important because the majority of inmates that are in prison and thus are possibly subjected to solitary confinement will be released back into society at some point (Raemisch, 2018). It is detrimental to the public to release inmates back into society that might be suffering from a mental illness that was induced by solitary confinement. If that danger can be mitigated by finding an alternative to solitary confinement or eliminating it altogether when possible, the public is owed that safety measure by the correctional system.

F. Final Thoughts/Discussion

Once again, it is important to note that solitary confinement does serve a purpose. It can act as a very physical separation between an inmate in turmoil and the rest of the prison and staff population. This can be a time to “cool down” and be observed closely to ensure the inmate doesn’t do anything to harm themselves. Placing an inmate in isolation for long periods of time seems to serve no useful purpose based on the bulk of qualitative research results (Haney, 2018; Grassian, 2016; Grassian, 2011; Lovell, 2008). Even if there were absolutely no negative effects of housing an inmate in solitary confinement from a mental, physical or ethical point of view, there is still a huge cost associated with housing inmates in supermax type prisons or in solitary confinement in general. This alone should be reason enough to explore alternatives to isolation.

When the questions of legality and ethics are added to the debate about the use of solitary confinement the importance of reforming and updating the practice of solitary confinement becomes all that much more important, for both the human rights of the inmate, and the safety of the general public.
V. CONCLUSION

In summary, there are a number of things that could stand to be changed and revised when concerning policies that dictate the use of solitary confinement. The first of these is eliminating the use of solitary confinement for those inmates that have been diagnosed with a mental illness. It is clear from most of the research referenced in this study that a larger presence of the psychiatric and psychological research community needs to be present moving forward in evaluating inmates that are subjected to solitary confinement.

This increased presence demands larger funding across the board for corrections. The results of this research might be able to answer the question of what occurs to a person in solitary confinement in a more definitive way. Access to prisoners and correctional facilities is also incredibly important across the nation. The definition of solitary confinement differs slightly from facility to facility, and because of this it is important to gather much larger scale information from much larger populations. Quantitative analyses were all but completely disregarded by those researchers that had conducted qualitative studies because of the way that the data were collected and how. Those researchers who conducted the larger scale quantitative studies sited the qualitative studies as being too small to have much use on a greater scale. The environment of a correctional facility makes research very difficult, and that difficulty should be mitigated by whatever means are necessary to ensure that quality data can be gathered.

Finding cost effect alternative measures for special inmate populations such as those inmates suffering from mental illness is important because the purpose of serving out a prison sentence, even when considering corrections on a purely punitive model, is not to unduly harm the inmate. As the inmate population in solitary confinement continues to grow, it begs the
question as to whether the existence of solitary confinement as a punitive measure and thus a
deterrent, is working.

Solitary confinement exists to ensure the safety of other inmates and prison staff as well
as the inmate themselves in some cases. However, in many cases segregation is used as a
punitive measure. It is even called “punitive segregation” in some cases. The population growth
of solitary confinement speaks to both the change in policy and popularity for the use of solitary
confinement and the ineffectiveness of the existence of solitary confinement to act as a deterrent
to rule violations and criminal activity while incarcerated. With this in mind it would be
reasonable to suggest that the use of solitary confinement as a punitive action may not be the
most productive or cost effective way to deal with rule violations in prisons.

With costs of housing an inmate in solitary confinement being two to three times that of a
general population inmate, the concerns of inmate harm due to the environment of isolation and
the lack of efficacy in being a punitive deterrent the use of solitary confinement should be
mitigated to being used only when absolutely necessary for the safety of inmate and staff. There
is much more work that needs to be done in future to ensure the mental health and safety of
inmates who may spend time in solitary confinement. Effective and thorough research is the key
to being able to address current and future policies surrounding this subject. It is important to
remember the stakes of this research is not just the mental health or harm of inmates, but the
general publics as well. As inmates are released back into society, their behavior and mental
wellbeing are not just ethical and human rights concerns, but also safety concerns for the
American public as well as these inmates reintegrate.

The purpose of this study may have mainly underscored the responsibility of ensuring
humane treatment of inmates with regards to the practice of using solitary confinement while
housed in a correctional facility. However, while the bulk of the US correctional system’s duties lay in keeping the general public from harm by separating criminals from the general population while they serve out a predetermined sentence, the duty for public safety does not end there. It extends to the 95% of inmates that will rejoin the general public upon release. Where it is capable of doing so, it is the US correctional systems responsibility to at least ensure that inmates do not rejoin society in a more dangerous capacity than when they entered prison. The reformation of solitary confinement is paramount to that effort.

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