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GUEST COLUMN

Solitary confinement poses a danger to everyone

By Terry A. Kupers and David Moltz

The Maine Legislature is considering a bill to require constitutional safeguards when prisoners are relegated to solitary confinement — Maine's segregation unit certainly qualifies as solitary confinement — and to preclude solitary confinement for prisoners suffering from serious mental illness. It is groundbreaking legislation and goes a long way to correct a historic wrong turn in corrections.

Back in the 1980s, explosive growth of the prison population combined with the closure — deinstitutionalization — of public mental hospitals resulted in massive overcrowding in the prisons and a large proportion of prisoners suffering from serious mental illness. Prison rehabilitation programs had also been drastically cut back.

There was good research showing that crowding and idleness result in sharp rises in the rates of violence, psychiatric breakdown and suicide in prisons. But instead of alleviating the crowding, re-instituting rehabilitation and finding somewhere that individuals suffering from mental illness could receive needed treatment, authorities took a wrong turn and reacted to the rising violence by locking down prisoners they castigated as "the worst of the worst" in their solitary cells. Recent research suggests that this kind of isolation fails to reduce violence in the prisons. But there are some harmful effects.

In solitary confinement, the prisoner is isolated from others in a cell nearly 24 hours per day. In Maine, the cell doors are solid metal, so the prisoner has to shout merely to be heard by staff or residents of adjacent cells. The prisoner eats meals alone in his cell and remains almost entirely idle with no programs to permit him to increase socially desirable skills. This is not "the hole" of yesteryear. Lights are on around the clock and the doors open by remote control. The isolation and idleness are near total. Staff pass by the cells and slide food trays through slots in the door, but meaningful communication rarely occurs.

In the course of work as a forensic psychiatrist, one of us, Dr. Kupers, has interviewed many hundred prisoners around the country in this type of solitary confinement. It is stunning how pervasive a known set of serious symptoms in this population are, including massive free-floating anxiety, incessant cleaning or pacing in the cell, paranoid ideas, sleep disturbances, problems concentrating and remembering — many prisoners said they have given up reading altogether because they cannot remember what they read a few pages back — and mounting anger, along with fear the anger will get out of control and they will get into further trouble.

The isolation and idleness that cause psychiatric symptoms in relatively healthy prisoners cause psychotic breakdowns, severe affective disorders and suicide crises in prisoners with histories of serious mental illness.

Stunningly, one half of successful prison suicides today occur among the 3 percent to 10 percent of prisoners in solitary confinement at any time.

The historic wrong turn of '80s penology must be remedied with a reduction of prison crowding (sentencing reform is critical here), enhanced rehabilitation programs to help prisoners succeed at going straight after they are released and an end to long-term solitary confinement. But meanwhile, the pending legislation in Maine begins the process of ending inhumane and psychiatrically devastating prison conditions.

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