



Our Title: Recommended Changes for Supermax Prisons

Author's Title: The Psychological Effects of Solitary Confinement on Prisoners in Supermax Units: Reviewing What We Know and Recommending What Should Change

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Year of Publication: 2007

Design Issue:

Purpose: This referenced position paper recommends changes to secure housing units (SHUs, also known as supermaximum “supermax” custody units) and treatment of prisoners based on a literature review (including case law) that examined the psychological and physical effects of solitary confinement on prisoners, especially those with mental illness.

Rationale:

- The use of solitary confinement in SHUs has increased in popularity as the public's fear about violent criminals has grown and become more politicized with mandates for stricter sentencing (via three-strike rulings). Solitary confinement is also being evaluated as a violation of civil rights (Eighth Amendment, cruel and unusual punishment).
- Those with mental illness are housed in SHUs at a higher proportion (50%) than those in the general prison population (5%) (Human Rights Watch, 1997).
- Placement in solitary confinement is correlated with developing mental illness or inciting a return of pre-existing mental illness (clinical depression, psychosis, suicidal behavior, self-mutilation, and post-traumatic stress disorder), being non-white, and having pre-existing mental illness. For women, placement in solitary confinement presents additional risks related to personal safety, as most prison staff is male.
- Long-term isolation has been found to negatively impact prisoners' mental health; there is more study needed to measure the consequences of short-term isolation.

Design Criteria:

The author identified the following design criteria:

- Provide adequate ventilation, access to natural light and prisoner-controlled artificial light, and a cell door that is not solid steel to reduce the sense of isolation in solitary confinement cells.
- Consider how to provide access to personal belongings, including reading materials.
- Provide space for exercise and access to recreational equipment.

InformeDesign identified the following design criteria:

- Consider cleanability when specifying building materials for use in the cells.
- Consider storage options for personal belongings and reading materials kept in the cell.
- Consider how to support congregant activities such as educational programming, dining, exercise, or religious services for prisoners in the SHU.



Key Concepts:

- Solitary confinement, whether long- or short-term can be for administrative or punitive purposes and occurs in units commonly referred to as secure, supermax, or control.
- Solitary confinement has been used for purposes of punishment, rehabilitation, cost savings, or security.
- Non-white prisoners (male and female) are more likely to be placed in solitary confinement than white prisoners due to a perception of a greater threat.
- Duration of time and conditions (i.e., sensory deprivation relative to cell size, color, and access to light) in solitary confinement have been found to be the greatest contributors to psychological damage to prisoners in SHUs along with lethargy (that causes a loss of motivation) and a growing inability to understand reality from fantasy due to sensory-deprivation (knowing the time of day). A need to test reality combined with anger and frustration often results in acting out.
- Ultimately, prisoners use the prison system to provide the behavioral control (not themselves), which has negative consequences when they are released into the general prison population and/or out into society.
- Prisoners in SHUs are likely to experience a high incidence of violence, shackling (restrained) when near others, accompaniment to showers and the toilet by/with guards (typically male guards, even in female prisons), and being controlled by beating with a baton, shocked with a Taser, or shot with rubber bullets.
- In the United States beginning in the 1880s, the Pennsylvania system of imprisonment was based on the concept of isolation (to be penitent), whereas the Auburn (NY) system was based on the concept of silent, congregant labor. The penitentiary, based on the Pennsylvania system was suspended in the late 19th-century due to the negative effects it had on the prisoners' mental and physical well-being.
- Beginning with the opening of the U.S. Penitentiary in Marion, Illinois (1963) and to the present day, supermaximum prisons have evolved as the dominant model, with isolation and sensory-deprivation as their primary features. Solitary confinement was originally used as a threat to motivate prisoners to behave, but overtime has become the norm for prisoner housing in SHUs.
- In 2004, there were approximately 25,000 prisoners held in SHUs in 44 states' facilities; some states have more than one SHU facility. Conditions are characterized as including cells of 6 x 8 feet (typically), solid steel doors (no view out), no control over artificial light (on 24-hours/day), and many without access to daylight. Prisoners are in their cells 22-23 hours per day, showers or exercise are limited to a few hours per week, no contact visits (sometimes via a monitor), no socialization (dining, religious services, exercise), and no access to therapeutic programs or exercise equipment, for months or years.
- Many prisons have a shortage of mental health staff and services, which negatively impacts the number of prisoners who are not screened for pre-existing mental illness; and are more likely to experience psychological problems once in solitary confinement. Overall, mental health screening, evaluation, treatment, and monitoring of conditions are



substandard in prison.

- Recommendations (5) for SHU reform include, 1) excluding mentally ill prisoners from SHUs via screening, monitoring, and vacating if after housing in a SHU, but placement in a facility that can prove treatment; 2) strictly prohibiting abusive treatment of prisoners by staff and mitigating that possibility through staff supervision and their training in conflict resolution; 3) providing humane, physical conditions; 4) allowing prisoners opportunities for normal social interaction during congregant activities such as dining or exercise and visits by family and others to support mental health; and 5) limiting the duration of solitary confinement and avoid “unlimited” terms of solitary confinement.

Research Method:

- A literature review was conducted to examine conditions in supermaximum, SHU units in context with a review of case law.
- Mental health/illness of solitary confinement prisoners was explored relative to race, gender, and class as well as the likelihood of a prisoner being classified for the SHU, in context with prison staff perceptions and behaviors as well as that of the prisoners.
- Recommendations (5) for reforming SHUs were discussed in terms of anticipated outcomes.

Limitations of the Study:

The author identified the following limitations:

- Solitary confinement studies commonly rely on case study data, testimonials (courtroom), availability heuristics, and anecdotal reporting; therefore, additional research in the form of quasi-experimental study designs are needed.
- Also, pathological behaviors of prisoners witnessed in solitary confinement could have been present before they entered the prison or solitary confinement, pointing to the possibility of their mental health as a personality trait rather than the result of confinement.
- Research design is complicated by the population being studied and therefore results could be faulty.

Commentary: Literature reviewed is from as early as the 1970s. Authors note that future research should focus on identifying reasonable and humane alternatives to solitary confinement for the management of.



Adapted From:

- **Author:** Bruce A. Arrigo and Jennifer Leslie Bullock, Department of Criminal Justice, The University of North Carolina, Charlotte.
- **Title:** The Psychological Effects of Solitary Confinement on Prisoners in Supermax Units: Reviewing What We Know and Recommending What Should Change
- **Publisher:** Sage
- **Publication:** International Journal of Offender Therapy and Comparative Criminology
- **Publication Type:** Refereed Journal
- **Date of Publication:** November 2007
- **ISSN:** 0306-624X (print); 1552-6933 (online)
- **Volume:** 52
- **Issue:** 6
- **Pages:** 622-640
- **DOI:** 10.1177/0306624X07309720

Summary Credits: Caren Martin and Denise Guerin
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Full article available at: <http://ijo.sagepub.com/content/52/6/622.abstract>