

# **Prison's Prison: Solitary Confinement and its Impacts on the Health of Black Men**

By: Amelie Novio

## **Abstract**

While many people are aware and understand the judicial process and how the justice system works, much is still unknown about the treatment of inmates after they are sent to prison. There is even less knowledge of what happens in solitary confinement and how vulnerable the inmates living in these conditions are. This paper explores the conditions and environment that are found within solitary confinement and its impact on the mental and physical health of inmates—specifically young Black men. Various organizations are making efforts to prevent and ban this punishment through the use of incentive-based programs, medical treatment, and staff training.

## **Introduction**

Solitary confinement, also known as “prison’s prison” (Barak-Glantz, 1983), is one of the most controversial punishments administered by the justice system. Prisoners who attain this punishment are often assumed to have participated in misconduct such as violent acts, possession of contraband, and disobeying order. Inmates may also end up in solitary confinement as a means of “protection” for children who have been incarcerated or if they are more vulnerable to violence from other inmates such as, mentally ill, gay or transgender, and Muslim inmates. (Solitary Watch, 2018). Although many actions have been taken by organizations to counter this, such as Solitary Watch, a group that investigates and relays information about solitary confinement to the public, and the Crime and Justice Institute, an institute that focuses on researching and improving the criminal and juvenile justice system and public safety, it is still an active practice in almost all the states in the US. There are even entire prisons that exist with the main purpose of placing violent inmates in extreme isolation for years and even decades (ACLU, 2014). Many people are aware of the injustices when it comes to

incarceration or imprisonment, especially those faced by young Black males—but little is discussed about the extreme conditions they face inside the prison walls.

### **Research Question**

How does treatment in solitary confinement impact Black men in prison?

### **Thesis Statement**

Black men are overrepresented in the prison population and are disproportionately given solitary confinement as a punishment. This means that Black men are subjected to the most severe mental and physical health issues in prison.

### **Literature Review**

The use of the term solitary confinement refers to the isolation of prisoners from the general prison population in a single cell for often around 22 hours a day and can be there for 15 days or longer (Resnik et al., 2018). Terms that are similar or related to solitary confinement include Intensive Management Units (IMU), restrictive housing, and Special Housing Units (SHU). These are all forms of segregation in prison. Segregation, in the context of this paper, is the separation of inmates from the general prison population. It is used in a carceral sense, meaning it is related to prison and incarceration. There are different types of segregation such as disciplinary segregation, which is segregation as punishment for misconduct or rule violations (Labrecque, 2016).

Black men are overrepresented in the prison population and are disproportionately given solitary confinement as a punishment. They are also more exposed to the isolated environment that leads to severe mental and physical health issues (Strong et al., 2020). Black men are subjected to worse mental health outcomes and a lower life expectancy compared to their White counterparts, which puts black inmates at a greater risk of worse physical and mental health conditions. While most of the literature analyzed argues that Black inmates are more likely to be placed in solitary confinement, Cochran and colleagues (2017) choose to focus on gender and

age disparities. Studies point to leniency for female inmates and suggest that views of males may be perceived to be dangerous or threatening and thus warrant harsher sanctions (Steffensmeier et al., 1998). This research points to the importance of looking at the intersection of race, gender, and age and the factors that they play in harsher sanctions.

### **Methods**

For this paper, I gathered secondary research from national scholarly sources. Organizations like Solitary Watch were referenced, that provide information about solitary confinement to the public and make an effort to stop the use of solitary confinement as a punishment. Other information about the regulation and banning of solitary confinement has been referenced by the United Nations. I also accumulated information about restrictive housing and similar terms from the Crime and Justice Institute (CJI). Articles such as, "*Previously incarcerated individuals with psychotic symptoms are more likely to report a history of solitary confinement*" and "*The Psychological Effects of Solitary Confinement on Prisoners in Supermax Units*" have provided information on the mental health consequences that solitary confinement brings. The articles, "*Cardiovascular Health Burdens of Solitary Confinement*" and "*The body in isolation: The physical health impacts of incarceration in solitary confinement*" provided information on the physical health consequences that are caused by solitary confinement. This literature was then synthesized to shed light on the treatment of Black men in solitary confinement.

### **Limitations**

Limitations are met in this research when searching for exact numbers on the population in solitary confinement. Many prisons have not shared their population total and variances of the number of inmates in solitary confinement exist between states. More empirical research is needed on the treatment of Black men in prison. Additionally, there are very few studies that

have factored in race and punishment for prison misconduct and therefore there are inconsistencies regarding the findings.

## **Findings**

### **Environment in Isolation**

The inmates who end up in isolation usually remain in their single cell for 22-23 hours a day with little to no human contact, and the remaining hours are spent exercising, showering, and doing recreational activities. Recreation in many segregation units takes place in a small, fenced-in area that is exposed to the weather. They are almost always alone at any time of the day and the only other people they can see are the correctional officers that escort them to showers or recreational areas. During extreme weather conditions, prisoners must choose between going into these areas or remaining in their cells, thereby taking no out-of-cell exercise for the day (Browne et al., 2011). According to Solitary Watch (2015), solitary confinement cells generally measure from 6 x 9 to 8 x 10 feet, comparable to a small laundry room. It would be difficult to fit a queen bed in these quarters. Some of the cells have bars, but some have solid metal doors with small slots to keep minimal contact with corrections staff. Some inmates are not allowed to do work or have any entertainment to pass time. These living conditions are big factors when it comes to the mental and physical health of the inmates.

### **Racial Bias**

Among the few studies that have factored in race and punishment for prison misconduct, inconsistencies exist regarding their findings. Previous research has focused on how stereotyping and implicit biases in court can influence sanctioning decisions, which suggests racial and ethnic minorities are more likely to be seen as threatening and are given harsher sentences (Cochran et al., 2017). Other researchers have not been able to connect specific rule violations with the punishment type prescribed for the specific violation in prison. Although this data does not yet exist, there is evidence of racial bias in our criminal justice system. Studies

have found that Black men are more likely to be stopped by the police, detained pretrial, charged with more serious crimes, and sentenced more harshly than White people (Hinton, 2018).

### **Mental Health Consequences**

One of the biggest arguments against solitary confinement is the torment it causes to an inmate's mental health. It is no surprise the socially isolated environment can be the cause of a surplus of mental health issues including a decline in brain activity, severe bouts of depression, anxiety, paranoia, psychosis, and other mental strains (Ewing). Since inmates in isolation have limited amounts of time to exercise and move freely, this likely inhibits the release of neurotransmitters like dopamine, serotonin, and endorphins that produce positive feelings and ease stress. Haney (2006) points out that the total isolation of social interaction prevents inmates from perceiving reality. He also notes that as a result of this, they are "highly malleable, unnaturally sensitive, and vulnerable to the influence of those who control the environment around them" (Haney, 1993).

These mental illnesses don't just last while an inmate is in prison. According to a study by Ryan (2020), previously incarcerated individuals who endorsed a schizophrenia diagnosis or past 12-month psychotic symptoms were significantly more likely to report a history of solitary confinement while incarcerated. These mental illnesses may often lead to physical bodily damage. Several sources mention the increased likeliness of suicide and self-harm among inmates in who are in isolation, as well as with inmates who have been released from confinement or prison overall.

This is a concern for the Black prison population, as Black and other racial minorities outside of prison show worse mental health outcomes compared to White counterparts (Strong et al., 2020). Since they are already likely to have mental health issues outside of prison, Black inmates are more vulnerable to the mental detriments of long-term isolation.

### **Physical Health Consequences**

The majority of past research on solitary confinement is focused on the negative mental health outcomes that arise from it. Though it is well-known that solitary confinement can cause many mental health issues to arise, people are unaware of the toll it has on physical health. Whether an inmate has a physical injury or a mental illness, it is extremely difficult to get access to medical treatment, especially while segregated. According to Strong and colleagues (2020), the process of getting medical attention is lengthy, complicated, and includes a four-dollar fine if it is not an emergency. This has prevented inmates from attempting to seek treatment.

As mentioned earlier, suicide and self-harm are not uncommon among inmates placed in isolation. According to Kaba and colleagues (2014), suicide is a leading cause of death among the incarcerated; however, suicide and suicide attempt represent a small share of all acts of self-harm. Though some inmates enter correctional facilities with preexisting mental illnesses, the environment in these facilities could also be a factor.

Inmates placed in solitary confinement are at risk of developing cardiovascular disease and other related physical health issues. According to Williams and colleagues (2019), hypertension rates are significantly higher in solitary confinement compared to the general prison population. The hypertension rate among the population in solitary confinement is 47.51%, which is 31% higher compared to the rate of the general prison population of 16.53% (Williams et al., 2019).

The physical ailments are not limited to cardiovascular disease, nor are they limited to who is affected. Outside of prison, there is evidence that black and other racial minorities have lower life expectancies compared to white counterparts (Strong et al., 2020). Since African Americans and other minorities make up a significant amount of the prison population, this leaves them especially vulnerable to diseases and illnesses commonly found within prison. According to Strong and colleagues (2020), people in prison are at higher risk than the general population for substance use disorders, psychiatric disorders, victimization, and chronic infectious diseases such as HIV and hepatitis C.

## Conclusion

The carceral use of solitary confinement has a surplus of severe mental and physical health consequences. Since the prison population is composed of a considerable amount of young Black men they are disproportionately likely to end up in solitary confinement. The environment and conditions surrounding carceral segregation put them at a greater risk of experiencing various mental and physical illnesses and health concerns. When taking into account the racial biases, harsh environment and conditions, and health risks, it is clear that solitary confinement only exacerbates the issues Black males face in prison. Many organizations nationally, as well as those worldwide, have made strides to prevent and ban the use of solitary confinement and the use of segregation in prison. Some solutions include moving mentally ill inmates from prison and into treatment units, staff training of racial bias, and providing “step-down” programs, which are programs that help segregated inmates rejoin the general prison population. Other possible suggestions are pushing for more time out of their cells, and offering positive incentive programs rather than disciplinary punishments. Future research can open up new data and solutions that provide knowledge of what happens behind prison walls and put a halt to these inhumane punishments.

## References

- Arrigo, B. A., & Bullock, J. L. (2008). The Psychological Effects of Solitary Confinement on Prisoners in Supermax Units: Reviewing What We Know and Recommending What Should Change. *International Journal of Offender Therapy and Comparative Criminology*, 52.
- [https://journals.sagepub.com/doi/pdf/10.1177/0306624X07309720?casa\\_token=c\\_OlcTTRlg8AAAAA:3x4w6PhalS0xbOOgVxHljHSL7Yg\\_DyFtx4cB6M5sFJdX67ihis2ceMLpY9RUPtKZdtrhs7vnh5FX](https://journals.sagepub.com/doi/pdf/10.1177/0306624X07309720?casa_token=c_OlcTTRlg8AAAAA:3x4w6PhalS0xbOOgVxHljHSL7Yg_DyFtx4cB6M5sFJdX67ihis2ceMLpY9RUPtKZdtrhs7vnh5FX).
- Barak-Glantz, I. L. (1983). Who's in the "Hole"? *Criminal Justice Review*, 8(1), 29–37.
- <https://doi.org/10.1177/073401688300800104>
- Browne, A., Cambier, A., & Agha, S. (2011). Prisons within prisons: The use of segregation in the United States. *Federal Sentencing Reporter*, 24(1), 46-49.
- Cochran, J. C., Toman, E. L., Mears, D. P., & Bales, W. D. (2017). Solitary Confinement as Punishment: Examining In-Prison Sanctioning Disparities. *Justice Quarterly*, 35(3), 381–411. <https://doi.org/10.1080/07418825.2017.1308541>
- Elizabeth Hinton, LeShae Henderson, and Cindy Reed. *An Unjust Burden: The Disparate Treatment of Black Americans in the Criminal Justice System*. New York: Vera Institute of Justice, 2018.
- Ewing. (2016). In/visibility: Solitary Confinement, Race, and the Politics of Risk Management. *Transition*, (119), 109. <https://doi.org/10.2979/transition.119.1.13>
- Garcia, M., & Labrecque, R. M. (2016). In *Restrictive housing in the U.S.: issues, challenges, and future directions* (pp. 49–75). essay, National Institute of Justice.

- Haney, C. (1993). "Infamous punishment": The psychological consequences of isolation. *National Prison Project Journal*, 8(2), 3-7, 21.
- Haney, C. (2003). Mental health issues in long-term solitary and "supermax" confinement. *Crime & Delinquency*, 49(2), 124-156.
- Hummer, R. A. (1995). BLACK-WHITE DIFFERENCES IN HEALTH AND MORTALITY: A Review And Conceptual Model. *The Sociological Quarterly*, 37(1), 105–125.  
<https://doi.org/10.1111/j.1533-8525.1995.tb01987.x>
- Kaba, F., M.A., Lewis, A., PhD., Glowa-Kollisch, S., Hadler, James, M.D., M.P.H., Lee, D., M.P.H., Alper, H., PhD., . . . Venters, Homer, M.D., M.S. (2014). Solitary confinement and risk of self-harm among jail inmates. *American Journal of Public Health*, 104(3), 442-447.
- Kane, M., Pierce, B., & Haynes, M. (n.d.). *Restrictive Housing FAQ - Community Resources for Justice*.  
[https://www.crj.org/assets/2017/07/26\\_Restrictive\\_Housing\\_Overview.pdf](https://www.crj.org/assets/2017/07/26_Restrictive_Housing_Overview.pdf).
- King, S. (2015). The Disobedient Prisoner: A Racial Comparison of the Level of Punishment Prescribed to Inmates for Rule Violations.  
<https://stars.library.ucf.edu/cgi/viewcontent.cgi?article=1685&context=etd>.
- Morris, R. G. (2015). Exploring the Effect of Exposure to Short-Term Solitary Confinement Among Violent Prison Inmates. *Journal of Quantitative Criminology*, 32(1), 1–22.  
<https://doi.org/10.1007/s10940-015-9250-0>
- Reiter, K., Ventura, J., Lovell, D., Augustine, D., Barragan, M., Blair, T., Chesnut, K., Dashtgard, P., Gonzalez, G., Pifer, N., & Strong, J. (2020). Psychological Distress

in Solitary Confinement: Symptoms, Severity, and Prevalence in the United States, 2017–2018. *American Journal of Public Health*, 110(S1).

<https://doi.org/10.2105/ajph.2019.305375>

Resnik, J., VanCleave, A., Bell, K., Harrington, A., Conyers, G., McCarthy, C., Tumas, J., & Wang, A. (2018). Reforming Restrictive Housing: The 2018 ASCA-Liman Nationwide Survey of Time-in-Cell. *SSRN Electronic Journal*.

<https://doi.org/10.2139/ssrn.3264350>

Rodriguez, S. (2015). *Solitary Confinement in the US: FAQ*. Solitary Watch.

<https://solitarywatch.org/about/>.

Ryan, A. T., & DeVylder, J. (2020). Previously incarcerated individuals with psychotic symptoms are more likely to report a history of solitary confinement. *Psychiatry Research*, 290, 113064. <https://doi.org/10.1016/j.psychres.2020.113064>

Strong, J. D., Blair, T. R., Pifer, N., Dashtgard, P., Chesnut, K., Barragan, M., Augustine, D., Tublitz, R., Gonzalez, G., & Reiter, K. (2020). The body in isolation: The physical health impacts of incarceration in solitary confinement.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0238510>.

*The Dangerous Overuse of Solitary Confinement in the United States*. American Civil Liberties Union. (2014, November 26). <https://www.aclu.org/report/dangerous-overuse-solitary-confinement-united-states>.

Williams, B. A., Li, A., Ahalt, C., Coxson, P., Khan, J. G., & Bibbins-Domingo, K. (2019). The Cardiovascular Health Burdens of Solitary Confinement.

<https://link.springer.com/content/pdf/10.1007/s11606-019-05103-6.pdf>.