

# **The Effects of Solitary Confinement on the Mental Health of Prisoners**

A Research Paper submitted to the Department of Engineering and Society

Presented to the Faculty of the School of Engineering and Applied Science  
University of Virginia • Charlottesville, Virginia

In Partial Fulfillment of the Requirements for the Degree  
Bachelor of Science, School of Engineering

**Emma Wilt**

Spring, 2022

On my honor as a University Student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments

Advisor

Bryn E. Seabrook, Department of Engineering and Society

## **STS Research Paper**

### **Examining the Impact of Solitary Confinement on Inmate Health**

Mental health struggles are prominent among the prison population, as evidenced by the 20% of inmates suffering from diagnosed severe mental illness, and the 30 – 60% of inmates suffering from substance abuse addictions (Aufderheide, 2014). Solitary confinement is typically used in prisons as a disciplinary tool, where inmates are locked in a fully isolated cell for 22 to 24 hours per day (Shalev, 2008). While solitary confinement is still a federally supported form of punishment within the prison system, as its proponents promote its use in ‘managing’ individuals; there has been a shift in public image with an UN expert recently comparing the long-term use of solitary confinement to psychological torture (OHCHR, 2020). This form of punishment has been consistently linked to high suicide rates and lasting effects on inmates’ physical and psychological health, and the impact only increases for those with preexisting mental illness (Ewing, 2016). The Science, Technology, and Society (STS) framework of risk analysis, and more specifically a risk society, is applicable in relation to the risks posed towards inmates through the use of solitary confinement, and the risk-based reasoning behind the practice as a whole. Additionally, actor-network theory (ANT) will be utilized in the analysis of the underlying motivation for the use of solitary confinement as opposed to other disciplinary tactics and the networks surrounding these decisions. This research will investigate what the socio-technical factors are that impact the mental health of prisoners who are placed in solitary confinement.

### **Research Methods and Strategies**

This research investigates the socio-technical factors that impact the mental health of prisoners who are placed in solitary confinement. In order to complete a comprehensive investigation of the practice of solitary confinement and its impact on the mental health of inmates, a variety of methods are employed in terms of data collection and analysis. The research question is addressed through a thorough literature review. This literature review encompasses studies of the usage and effectiveness of solitary confinement, key stakeholders in the prison system and their influences, psychological and physical effects found in inmates subjected to solitary confinement, and the background and relevance of the chosen STS frameworks of risk analysis and actor-network theory. These studies are primarily focused on qualitative data, but some quantitative data is used as well to examine rates of severe effects, such as suicide, in relation to their non solitary confinement-based counterparts. In addition to scientific studies, first person narratives from those who experienced these conditions are used to enhance understanding of the topic and add or provide a personal view of its effects.

### **The Use of Solitary Confinement and Subsequent Effects**

Administrative segregation, referred to most commonly as solitary confinement, encompasses all forms of restrictive housing. When placed in solitary confinement, inmates are isolated for over 22 hours each day and have extremely limited, or in some cases nonexistent, contact with other individuals (Chadick et al, 2018). An estimated 80,000 to 100,000 inmates are currently placed in solitary confinement, a number which does not account for “local jails, juvenile facilities, or military and immigration centers” (Chadick et al, 2018). Approximately 30 to 50% of these inmates placed in isolation have at least one diagnosed mental illness (Halvorsen, 2017). The United States has not only the highest recorded percentage of incarcerated citizens, but also places inmates in long-term solitary confinement at a greater rate

than any other country (Ewing, 2016). While this form of incarceration is generally depicted as a method of severe punishment for “the worst of the worst,” in practice inmates are placed in solitary confinement for a variety of reasons including but not limited to visible indicators of psychosis, posing any threat of harm to themselves or other inmates, and behaviors subjectively defined as “disruptive” (Ewing, 2016). As a result of the wide variety of potential actions which can result in isolation and other relevant societal factors, solitary confinement typically targets vulnerable populations such as non-white individuals and the mentally ill at a disproportionate rate (Ewing, 2016).

Solitary confinement almost entirely eradicates human contact for the inmate. In addition to the isolated design of the cells; communication with guards is electronic, food delivery is contactless, and visiting and telephone privileges are either extremely limited or nonexistent (Ewing, 2016). All forms of group activities such as exercise and religious services are banned; as well as therapeutic, educational, or substance abuse related programming (Arrigo et al, 2008). Beyond the issue of limited human contact, inmates are generally negatively affected by environmental factors, such as a lack of natural light leading to disorientation and the variability in length of placement in solitary confinement (Arrigo et al, 2018). The combination of the environment inmates are placed in and the contactless nature of solitary confinement are linked to increased harmful psychological and physical effects.

Prisoners who were placed in solitary confinement commonly report negative effects to their physical and mental health. In particular, suicide rates are drastically higher amongst inmates in long-term solitary confinement, as they represent only eight percent of the total prison population but make up approximately 50% of reported prison suicides (Ewing, 2016). Prisoners also report symptoms of mental illness including hallucinations and self-harm and deteriorating

physical health including severe weight loss and headaches (Halvorsen, 2017). The reported rates of mentally ill prisoners placed in solitary confinement vary, but are typically placed between 30 and 80 percent (Dellazizzo, 2020). Those with preexisting mental illness are not only incarcerated and placed in solitary confinement at higher rates than other individuals, but also tend to experience worse reactions to the environment due to factors such as difficulty implementing coping mechanisms, and are deemed as “less resilient” (Halvorsen, 2017).

Despite the well-documented effects of solitary confinement, it is still a commonly used form of punishment with 88% of states currently operating supermax facilities (Ewing, 2016). In 2009, when evaluating the continued use of Guantanamo Bay, then-President Barack Obama “lauded supermax facilities as ‘highly secure prisons that ensure the public safety’ by holding ‘all manner of dangerous and violent criminals’” (Ewing, 2016). The generally accepted public view of the use of solitary confinement is that it is reserved for extremely dangerous or violent criminals, and the perception of increasing crime has led to an increased fear of crime (Arrigo et al, 2018). However, as further research emerges on the topic, public opinion has shown some signs of shifting. Supreme Court Justice Anthony Kennedy “acknowledged that ‘near-total isolation exacts a terrible price’” in a ruling (Ewing, 2016). On a more extreme scale, the UN Special Rapporteur on torture publicly stated that the use and subsequent effects of solitary confinement is equivalent to a form of torture (OHCHR, 2020). There is a growing divide between those who support the use of solitary confinement for disciplinary reasons and those who oppose the use of solitary confinement due to the toll it takes on inmates.

### **The Relevance of Actor-Network Theory and Risk Analysis**

The field of science, technology, and society (STS) is the interdisciplinary study of science and technology in a society-based context. Administrative segregation is heavily tied in with STS when viewing solitary confinement as a technology. The structure and use of solitary confinement is largely related to a combination of historical practice, political influence, and public opinion. When evaluating the psychological and physical effects of solitary confinement, the STS frameworks of risk analysis and actor-network theory can be used. Risk is inherent in the prison system, as it is the underlying reasoning for the implementation of solitary confinement as well as a relevant concern when evaluating the continued use of solitary confinement based on its impact. Actor-network theory in this context allows for the exploration of the relevant human and non-human actors including politics, prison management, and the inmates themselves and their interconnected nature, to better understand how these networks influence the use of solitary confinement.

The STS framework of risk analysis will be used to investigate the factors affecting the mental health of individuals placed in solitary confinement. Risk is thoroughly intertwined with all aspects of solitary confinement, from the jail's structure itself to the effects seen in inmates. Ulrich Beck, a German sociologist, is considered the originator of the STS framework of risk, coining the terms "modern reflexivity" and "risk society" as descriptors and aspects of the concept (Beck & Ritter, 1992). Risk itself can be defined as a "systematic way of dealing with hazards and insecurities induced and introduced by modernization itself" (Beck & Ritter, 1992). Beck's perspective of a risk society maintains the idea that modernization of society leads to unique risks not previously addressed (Mythen, 2004). Common critiques of Beck's theory of risk analysis, largely attributed to Campbell and Currie, include the view that Beck's understanding of risk itself is inaccurate, as is his method of incorporating probability within risk

analysis methods (Aven, 2012). The concept of risk analysis, and more specifically the issues with the use of reflexive modernization, have been applied to the issue of pesticides (Beck & Ritter, 1992). When negative health effects were reported by the farmers working in the fields, the governing body relied on preexisting scientific evidence to dismiss the complaints (Beck & Ritter, 1992). In reality, the scientific studies which negated reports of harm did not take into account the aspect of risk, leading to a relevant debate surrounding scientific objectivity (Beck & Ritter, 1992). When evaluating the use, effectiveness, and results of solitary confinement this framework can be used to better understand the motivations based in risk management, as well as the potential risks posed through the utilization of solitary confinement.

Actor-network theory (ANT), introduced by Bruno Latour, highlights the role technology plays in societal development and allows for a clearer understanding of the relationships influencing a given societal construct (Matthewman, 2011). ANT addresses flaws found by critics of the Societal Construction of Technology (SCOT) framework, specifically the idea that technology cannot have agency, by assuming that all entities can be actors if they have any effect (Matthewman, 2011). Critiques of ANT are generally based on the endless nature of relationships seen in ANT, and the actors which are left outside of these defined networks (Matthewman, 2011). More specifically, Susan Leigh Star has voiced the opinion that ANT leaves out “the marginalized and the oppressed”, despite these actors still being affected by the actors and networks in question (Matthewman, 2011). The ANT framework has previously been studied in relation to solitary confinement, by evaluating the actors involved and how they influence the network of isolation within these systems (Evenson, 2004). To expand upon this pre-existing analysis, research will be done to further investigate the role of ANT in relation to the mental health of the inmates placed in solitary confinement.

## **Analysis of Stakeholders and the Systems in Place**

The prison system is a multifaceted network which directly impacts millions of Americans each year. Individuals are placed in solitary confinement throughout the country, for displaying signs that make others deem them as a threat to themselves or others. The extreme negative psychological and physical health impacts of this restrictive form of punishment are an increasingly relevant concern. Ultimately, the socio-technical factors which influence the use of solitary confinement, and therefore the mental health of inmates placed in it, are centered around the systems which encourage high rates of incarceration and reinforce the concept that solitary is the only way to effectively mitigate risk. These factors are divided into two primary topics: the most influential stakeholders including those within the prison system and those who have external influence, and the societal viewpoint and understanding, or lack thereof, of mental health. In regards to these stakeholder groups, this research explores the financial and personal motivations causing some to prioritize their goals over potential impacts on inmates, and others to fight against the systems which cause these impacts. Tied into this is the societal viewpoint of prisoners and mental health as a whole. The mental health of inmates in solitary confinement is a direct result of the institution as a whole and its prevalence in prisons, and so the socio-technical factors which impact them are the same that impact the continued use of solitary and the lack of acknowledgement of its harmful effects.

The use of solitary confinement is a lengthy and ongoing debate, but public opinion has shifted on the topic as the effects of solitary confinement are further investigated and discussed. There is still an understanding that the role solitary confinement plays in risk reduction is at times valuable, but those who advocate for further reform or abolishment of solitary confinement are voicing a growing concern that the potential benefits do not outweigh the extreme cost to the



prisoners themselves, particularly in terms of their long term physical and psychological health. The growing influence of this viewpoint is better understood on a larger, political scale through further discussion and legislation addressing the key reasons against its use. The Istanbul Statement on the Use and Effects of Solitary Confinement was submitted to the U.N. General Assembly in 2008, developed by a variety of experts outlining the multitude of harms and drawing the conclusion that solitary confinement should generally be abandoned as a practice, and if still utilized then done so only in extraordinary circumstances (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020). Since the release of the Istanbul Statement, solitary confinement reform has become a much larger topic, specifically within the United States, suggesting changes such as maximum durations, prohibited use for some groups of individuals based on factors like age or mental health, and a significant decrease in use overall (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020).

Proponents of its use in the prison system typically base their reasoning on the potential for risk reduction, although the underlying beliefs and motivations have shifted over time. In the eighteenth century, solitary confinement was recognized as a useful tool to aid prisoners in “contemplat[ing] their sins”, as the view was that by enacting total control over the individual, they would be “isolated from negative influences” (Gordon, 2013, p. 499). Society at the time felt that a prisoner had a better chance of successful rehabilitation if they effectively created a significant change in “the offender’s psyche”, as opposed to only enforcing “mere hard labor” as punishment (Gordon, 2013, p. 499). However, by 1833 both public and judicial opinion began to change, with reports of solitary confinement proving fatal and upset regarding the general cruelty of the practice (Gordon, 2013). As a result, the use of solitary confinement was significantly

limited, restricted to be “inflicted as a short-term punishment in response to misbehavior” (Gordon, 2013, p. 500). In the 1980s, the United States experienced a surge in the number of individuals that needed to be incarcerated and an associated increase in violence within those institutions, causing those involved in the management of prisons to reintroduce the practice with the motivation being “gain[ing] total control” over inmates (Gordon, 2013, p. 500). Following this, supermax prisons -- institutions where all inmates are continuously held in solitary confinement -- were rapidly developed and by 1999 more than 30 states were actively operating at least one facility for this purpose (Riveland, 1999). Today, modern prisons no longer use solitary confinement as a form of rehabilitation for the prisoner, but rather support it as a means of gaining power and control. The shift in motivation is in line with the “general evolution of the American prison’s mission ... from rehabilitation to ‘command and control’” (Gordon, 2013, p. 501). Many supporters do recognize the harm caused, but still justify the continued use as they feel the inhumane treatment is somehow deserved (Gordon, 2013). Generally, those who support this practice typically encourage its use based on the possible benefits for the prisons, the largest one being a reduction in prison violence (Gordon, 2013). The current statistics and studies do not solidly support the idea that solitary confinement has a substantial effect on those rates, finding minimal effect on violence between prisoners and a mixed view regarding violence between prisoners and their prison guards (Gordon, 2013).

The effectiveness of solitary confinement has recently come into question. Reports suggest that, if anything, the use of solitary actually increases the amount of prison violence occurring, particularly between inmates and staff (Gordon, 2013). With the reduction or reformation of solitary confinement in many areas across the United States, the concerns of the dissenters surrounded the idea that by reducing or eliminating the practice entirely, any positive

aspects and results would also be eliminated. Despite this concern, states and facilities that have restructured their solitary confinement programs on a variety of factors have determined that “there is no evidence” that prison violence and other concerns motivating the use of the practice were worsening in comparison to prior, stricter forms of solitary confinement (Gordon, 2013, p. 515-516). There is growing evidence that these changes could actually be creating a positive change. In states like Colorado and Mississippi where the number of prisoners in solitary confinement has been reduced, there are trends of decreasing prison violence and a significant reduction in disciplinary infractions for those who suffer from mental illness (Gordon, 2013). Recently, a criminology professor investigated the impact of short-term solitary confinement on violent inmates and determined that exposure to solitary did not influence the “probability, timing, or development [of] future misconduct” (Morris, 2016). Due to this lack of evidence regarding one of the primary arguments in favor of solitary confinement, the true effectiveness of the punishment needs to be reassessed.

It is challenging to determine exact impacts on recidivism rates due to a lack of public data on the matter within some states, but it has been investigated further (Gordon, 2013). Key factors in reducing recidivism rates include “education and work programming, ...family ties..., and assistance transitioning into society post-release” and it has been found that overall, those who can access and participate in transition-based programs have lower chances of recidivism (Gordon, 2013, p. 517). When placed in solitary confinement, prisoners are denied access not only to communication, but to religious services and all forms of programming including therapeutic or substance abuse related assistance and programs focusing on the post-release transition (Arrigo et al, 2008). The lack of communication and engagement subsequently increases the effects on the mental health of some prisoners who may heavily rely on those

programs. Between inaccessible “rehabilitative programming” and the severe psychological impacts solitary confinement imposes, it can be even harder for a released inmate to reintegrate into their community and society as a whole, and in turn “increase the likelihood of recidivism” (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020, p. 343). There are a variety of theories and explanations as to the increased recidivism rates amongst inmates who were placed in solitary confinement, beyond the significant lack of access. These include the “rage hypothesis” which suggests inmates are so angry after release that they wish to somehow get revenge, and the idea that the lack of human contact experienced may affect a prisoner’s view of moral codes and comfortability reintegrating into a community (Gordon, 2013, p. 520). Recidivism rates are an important statistic to consider when evaluating the effectiveness of practices in prisons, and it’s become increasingly clear that a lack of access to care results in poor outcomes, highlighting the need to balance safety concerns with future impacts.

There are many stakeholders that are involved in the criminal justice system, and more specifically prisons themselves, however the primary groups involved can be classified into external and internal: the public and the government, and the prison management and prisoners, respectively. On the surface, the influence of the public does not appear to be all too powerful in affecting real change themselves, rather doing so through other stakeholders such as their elected officials. However, there is an active interest and effort directed towards prison related matters, particularly those regarding prison reform and solitary confinement, from both the press and society as a whole. One of the most significant ways the public influences the use of solitary confinement in prisons and jails in the modern era is by influencing public opinion with methods such as large-scale social justice movements, in this case those focused on the treatment of

prisoners and conditions of isolation within correctional facilities. There are many of these social justice movements in existence, but one of the clearest and most impactful examples is Critical Resistance (CR) (“Overview: Critical Resistance to the Prison-Industrial Complex.” 2000). CR primarily began operations around 1998, forming a national movement to confront the prison-industrial complex and successfully adding “the term ‘prison-industrial complex’ on a national agenda for change” (“Overview: Critical Resistance to the Prison-Industrial Complex.” 2000, p. 2). The movement has a large number of goals and objectives, including the “politics of prison and crime,” the interconnected issues of immigration and militarization of the borders, and public safety; which focus on gaining public support and hopefully change primarily through methods of organizing (“Overview: Critical Resistance to the Prison-Industrial Complex.” 2000, p. 2). A slightly more extreme example of associated social justice movements is prison abolition, the reasoning of which is heavily based in the structural inequities only worsened through the prison system and its components (Renzulli, 2022). The concepts behind this movement have long existed, but with societal advancement and evolving opinions has gained further momentum and shifted focus to human rights in relation to imprisonment, with substantial attention paid to solitary confinement specifically (Renzulli, 2022). The prison abolition movement highlights that those who are a part of discriminated groups have disproportionate rates of interaction with the criminal justice system and therefore incarceration, while ultimately “reinforcing and perpetuating socioeconomic injustices” (Renzulli, 2022, p. 114). Beyond the aspects focused on the more societal and humanity-based opinions such as safety (whether that of the staff or the prisoners) and reform in general, a large motivation for public involvement in the prison system is financial in nature. Jails and prisons cost United States citizens millions of dollars a year, particularly in areas with high prison populations,

leading taxpayers to have a vested interest in the effectiveness of these correctional institutions (Russo, 2020). The motivations and beliefs of these individuals will vary, but overall, there is a consistent demand for these complex organizations to better leverage data and the subsequent analysis to improve the prison system, and make it more financially efficient (Russo, 2020).

One of the most influential stakeholders in the prison system is the United States government, and more specifically elected officials, due to their overarching control of legislation and interpretation of the law in regards to both state and federal prisons, depending on the level of government in question. More recent legislation within the United States has begun to address some of the concerns surrounding the harmful effects of solitary confinement. California in particular has settled multiple lawsuits regarding long term use, resulting in a statewide reduction of the percentage of prisoners still confined in solitary to below four percent, as well as reforms in relation to prisoners with mental illness. (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020). The US supreme court has still never officially ruled in the modern era that the practice is unconstitutional, so it remains commonplace in the majority of prisons and jails across the country (Gordon, 2013). However, in the last few decades there have been statements from some federal judges within the United States, including opinions that it would be unconstitutional to place those with preexisting mental illness into solitary confinement. (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020). Some progress towards reforming this system has been made, in part due to the recent statements from associations of healthcare professionals across the world, culminating in the development of the United Nations Standard Minimum Rules for the Treatment of Prisoners (also known as the “Nelson Mandela Rules”) (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020).

There is a surprising lack of communication between the government and prison administration, specifically correctional leaders, despite both being heavily involved in the development and management of the criminal justice system (Hickman, 2007). Typically, correctional leaders distance themselves from any associated politics, but in doing so “create a credibility deficiency” which passes that prospective influence to other stakeholders such as employee unions or the attorneys of inmates in the system (Hickman, 2007, p. 47). Beyond the hierarchy of prison management, prison staff also have a vested concern in this issue. Some researchers have begun to investigate the health and wellness of correctional officers themselves, who also experience effects from the environment found within isolation units (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020).

Correctional officers have reported a variety of detrimental health developments: a disproportionate rate of “stress-related maladies”, trauma rates nearly double what is observed amongst those who served in the military, and a significantly lower life expectancy (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020, p. 350). No direct link between the two has been officially drawn, but the prison systems within the United States that have begun to implement reforms regarding their solitary confinement practices have found significant improvement in staff morale and use of force (“Consensus Statement From the Santa Cruz Summit on Solitary Confinement and Health,” 2020). As a result, the health of the affected staff is also something to take into consideration when evaluating solitary confinement, and may influence how some correctional officers feel regarding the practice. When comparing reports of solitary confinement between prisoners and prison guards, there are a surprising number of similarities as far as their complaints or elements that cause them discomfort. For example, both groups when interviewed reported extreme irritation at noise levels, however in

contrast to the prisoners themselves the guards experience a significantly higher level of control of their situation due to their ability to leave the area on a break or when off work (Evensen, 2003). As is the case with most any stakeholder group, the feelings of those within prison management will vary from person to person, due to personal beliefs as well as the way in which they interact with the system based on what their role is -- a warden will likely view the intricacies of solitary confinement differently than a correctional officer working within the isolation unit itself. While the majority of individuals who could have true influence on the way solitary is used are those in administrative positions, it is still valuable to collectively look at all those involved and affected by the systems in place. The other internal stakeholders, inmates, are not typically thought of in this context but are some of the most relevant stakeholders when looking at the criminal justice system and the existing inequities. They generally lack the power to have any real influence on the system and are therefore the most disadvantaged stakeholder by far, but they are directly impacted by the outcome of any advancements or changes made.

When looking at the prison system as a whole, it becomes clear that there are many actors in play -- both human and non-human, and “micro and macro social” -- which contribute to emerging networks which ultimately can affect change on a large scale (Evensen, 2003, p. 17). Despite these actors having differing motivations and goals, they are heavily interconnected. A large number of these actors could be identified, but for the purposes of this research will focus primarily on prisoners, prison management/administration, the prison or jail itself, local and federal government officials, international organizations and politics, the media/press, public opinion/influence, researchers, the crimes being committed themselves, and most importantly solitary confinement. A commonly referenced term when analyzing systems in relation to Actor Network Theory (ANT) is the idea of translation where the “identity of actors, the possibility of



interaction and the margins of maneuver are negotiated and delimited”, and can be divided into four stages: problematization, interessement, enrolment, and mobilization (Callon, 1986, p. 202). This process begins with problematization, which in the context of solitary confinement can be viewed as the establishment of prisons and creation of prison administration which serve as an obligatory passage point (OPP) between the public and the network of criminal activity and prisoners. This transitions into interessement, which introduces convergence to the network through the establishment of the actors and their connection, including the government in terms of lawmaking and solitary confinement as a practice within prisons to lower risk. Continuing with these specific examples, the third moment of enrollment, which is the “defin[ition] and coordinat[ion] [of] the roles”, is seen as the government decides and enforces the laws which surround criminal activity and the standards prisons must follow in organization and treatment of inmates, and as solitary confinement is used as a method of punishment and control of inmate behavior (Callon, 1986, p. 206). Mobilization, which focuses on representation and avoiding betrayal by other actors, is clearly demonstrated in the prison system although the effectiveness and equality of this representation is debated. The inmates are generally spoken for by their lawyers and in some cases the public or media, and the interests of the prison and its administration are represented most clearly by political players; both of these group’s interests are also at times unintentionally represented by researchers, as more information comes to light regarding the effects, and effectiveness of, prisons and solitary confinement.

Solitary confinement is, at its core, a risk management tool meant to reduce potential risk for both prisoners and staff from those deemed as a threat to themselves or others. The idea of a risk society proposes that the modernization of society will introduce new risks to a system (Mythen, 2004). As this modernization occurs, changes in solitary confinement and its use are

made due to a societal shift towards improving the treatment of prisoners and ensuring human rights are upheld, which may ultimately lead to changes in respective risk levels. Specifically, the reduction or reform of its use reduces the significant potential harm faced by inmates and places them in a safer environment, but may in turn increase the risk of these inmates causing further harm to others or even themselves. There is a balance of risk between the major stakeholders that needs to be addressed, and is the cause of many disagreements surrounding the use of solitary confinement. Some level of harm is both prevented and caused by the practice, but the affected individuals have an unequal say in the matter as prisoners and even the public who fight for reform only have so much power over the systems in place.

This project is not without its limitations, which should be kept in mind when assessing the research and subsequent conclusions. Natural limitations will occur as a result of currently available information and research on relevant topics, as solitary confinement is widely practiced but in the scale of the entire prison system only impacts a small percentage of total inmates. While interest in the mental health related effects of solitary has increased, there is still a limited number of comprehensive studies performed thus far. Due to the expansive nature of correctional institutions and variances from state to state, as well as on a larger scale from country to country, this discussion is not exhaustive but rather focuses on the generalities of the systems in place. To expand upon this, it is important to acknowledge that every inmate's experience in solitary confinement will differ, as will the experiences and actions of prison administration and staff. As a result, this paper examines the relational elements and networks in question but ultimately prompts the need for more specified exploration into these issues.

In regards to the potential of future research on this subject, there are a variety of lines of questioning to explore that could prove invaluable in the advancement of knowledge on solitary

confinement and mental health. Ultimately, the impacts of solitary confinement on inmate health are a direct result of the way solitary confinement is currently implemented. Therefore, future research should further investigate the potential for reform, or even abolishment, of the practice. More comprehensive analysis of the surrounding networks would also be beneficial in understanding the motivations and goals of the involved actors, and how these are prioritized and eventually impact the use of solitary confinement. Using a different STS framework to analyze these issues could also be informative, and aid in looking at more nuances of the system not addressed by risk analysis or actor network theory.

## **Conclusion**

Inmates who are placed in solitary confinement experience severe detrimental effects to their physical and psychological health. These impacts can be attributed to the key factors influencing the use of solitary confinement, which are the stakeholders who advocate for either the use or reform of the practice depending on their involvement with the system and motivations and the general societal view of mental health and its intricacies. There is a significant lack of mental health resources available to those who are incarcerated, and even fewer for those in solitary confinement, even though those who have access to these resources are proven to be much more successful in community reintegration upon release (Nowotny et al, 2021). Solitary confinement is encouraged as a method of punishment with the goal of risk reduction, generally pushed for by portions of the government and those involved in prison management. However, extreme negative impacts have led to some stakeholders fighting for reform or abolishment of the system, most commonly through social justice-oriented movements and some political involvement. Many groups of stakeholders support solitary confinement without acknowledgement of, and an effort to fix, the resulting impact on inmate mental health.

This mindset, combined with a lack of full comprehension of the complicated matter which is mental health, a societal view of incarcerated individuals as being dangerous, and a prioritization of risk management without thorough analysis of subsequent harm being caused, can be defined as the primary socio-technical factors which perpetuate the use of solitary confinement and therefore its negative effects.

## Works Cited

- Arrigo, B. A., & Bullock, J. L. (2008). The Psychological Effects of Solitary Confinement on Prisoners in Supermax Units. *International Journal of Offender Therapy & Comparative Criminology*, 52(6), 622–640. <https://doi.org/10.1177/0306624X07309720>
- Aven, T. (2012, April 1). On the critique of Beck's view on risk and risk analysis. *Safety Science*, 50(4), 1043 - 1048.
- Beck, U., & Ritter, M. (1992). *Risk society: Towards a new modernity*. Sage Publications
- Callon, M. (1986). Some Elements of a Sociology of Translation: Domestication of the Scallops and the Fishermen of St Brieuc Bay. *The Sociological Review*, 32(1), 196-233.
- Chadick, C. D., Batastini, A. B., Levulis, S. J., & Morgan, R. D. (2018). The psychological impact of solitary: A longitudinal comparison of general population and long-term administratively segregated male inmates. *Legal & Criminological Psychology*, 23(2), 101–116. <https://doi.org/10.1111/lcrp.12125>
- Consensus Statement from the Santa Cruz Summit on Solitary Confinement and Health. (2020). *Northwestern University Law Review*, 115(1), 335-359.
- Dellazizzo, L., Luigi, M., Giguère, C., Goulet, M., & Dumais, A. (2020). Is mental illness associated with placement into solitary confinement in correctional settings? A systematic review and meta-analysis. *International Journal of Mental Health Nursing*, 29(4), 576–589. <https://doi.org/10.1111/inm.12733>
- Evensen, K. (2003). *The fight against isolation in the network of human and non-human actors*.

- Ewing, A. (2016). In/visibility: Solitary Confinement, Race, and the Politics of Risk Management. *Transition*, 119, 109–123. <https://doi.org/10.2979/transition.119.1.13>
- Gordon, S. E. (2013, Winter). Solitary Confinement, Public Safety, and Recidivism. *University of Michigan Journal of Law Reform*, 47(2), 495-528.
- Halvorsen, A. (2017). Solitary Confinement of Mentally Ill Prisoners: A National Overview & How the Ada Can Be Leveraged to Encourage Best Practices. *Southern California Interdisciplinary Law Journal*, 27(1), 205–229.
- Hickman, R. Q. (2007, February). Politics, Power, the Press and Prisons. *Corrections Today*, 69(1), 46-48.
- Labrecque, R. M. (2022, Jan). Security Threat Management in Prison: Revalidation and Revision of the Inmate Risk Assessment for Segregation Placement. *Prison Journal*, 102(1), 47-63.
- Matthewman, Steve. (2011). The Sociotechnical Construction of Society: Actor-Network Theory. 10.1007/978-0-230-34395-5\_7.
- “Mental Illness In America’s Jails and Prisons: Toward A Public Safety/Public Health Model,” Health Affairs Blog, April 1, 2014. DOI: 10.3177/hblog20140401.038180
- Morris, R. G. (2016). 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>

Mythen, G. (2004). *Ulrich beck : A critical introduction to the risk society*. Pluto Press.

Nowotny, J., Panuccio, E., Shlosberg, A., & Reyes, S. T. (2021). Survival, self-sufficiency, and repair: reentry strategies and resources for wrongfully convicted people. *Psychology, Crime & Law*, 1–24. <https://doi.org/10.1080/1068316x.2021.1962872>

Overview: Critical Resistance to the Prison-Industrial Complex. (2000). *Social Justice*, 27(3), 1-5.

Renzulli, I. (2022, Jan). Prison abolition: international human rights law perspectives. *International Journal of Human Rights.*, 26(1), 100-121.  
10.1080/13642987.2021.1895766

Riveland, C. (1999, January). *Supermax Prisons: Overview and General Considerations*. Prison Policy Initiative. [https://www.prisonpolicy.org/scans/NIC\\_014937.pdf](https://www.prisonpolicy.org/scans/NIC_014937.pdf)

Russo, J. (2020). The data-informed jail. *Corrections Today*, 82(6), 14-19.

Shalev, Sharon, *A Sourcebook on Solitary Confinement* (2008). Available at SSRN:  
<https://ssrn.com/abstract=2177495> or <http://dx.doi.org/10.2139/ssrn.2177495>

United States: Prolonged solitary confinement amounts to psychological torture, says UN expert.

OHCHR. (2020, February 28). Retrieved October 24, 2021, from <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25633>.