Mount Saint Mary College Journal of Psychology Research Proposals
http://brainwaves.msmc.edu

Influence of Solitary Confinement on Psychosis

Elizabeth H. Uhl
Mount Saint Mary College, Newburgh, New York

With one in every 100 adults in the United States behind bars, more than half of those inmates have a mental health problem (Pew Center on the States, 2008). Supermax prisons have grown in popularity over the years and typically house "the worst of the worst" (National Institute of Corrections, 1997).The purpose of supermax prison is to provide an environment of absolute control and to house inmates who are violent, assaultive, escape risks, or those who create issues within the general population (Riveland, 1999). Because of their violent and disruptive tendencies, mentally ill inmates are more likely to be housed in special housing units, or higher security level prisons such as supermax prisons (James & Glaze, 2006). Inmates who are confined for significant amounts of time with no human contact can develop "distorted personal boundaries", and it is this isolation that makes it difficult for inmates to interact normally on a social level when released (Rhodes, 2005). Limited research has been conducted on the long term effects of solitary confinement on prison inmates who have psychosis; this study intends to examine.

Pages: 6 – 10

In October 1829, Eastern State Penitentiary located in Philadelphia opened its doors for the first time and remained open until 1971 (Schmid, 2003). The prison was built for absolute solitary confinement and was based on Christian ideals (Johnson & Finkel, 1994). Inmates were housed in a solitary cell that had access to its own yard but was only used at separate times (Johnson & Finkel, 1994). Inmates only had furniture that was absolutely necessary such as a bed (Schmid, 2003). Each cell had its own sky light, known as "The eye of God", where light and air could enter the cell (Schmid, 2003). The most important aspect of the sky light was to remind prisoners that God was always watching them (Schmid, 2003). To achieve maximum isolation, pipes were built outside of the cells so inmates could not communicate with each other (Johnson & Finkel, 1994). Prison staff wore socks over their shoes to ensure no noise was heard by the inmates (Johnson & Finkel, 1994). The purpose of this complete isolation was to create a place of silence, solitude, and meditation (Johnson & Finkel, 1994). Eastern State Penitentiary soon became known as a world leader in solitary confinement and this method became known as the "Pennsylvania system" (Johnson, 1973). This new system, based on Christian ideals tried to "save lost human souls through individual and rational process of self-examination", instead of corporal punishment which was common at the time (Schmid, 2003). A critique of the "Pennsylvania system" was talk of inmate insanity (Barner, 1972). Dr. Franklin Bache was Eastern State Penitentiary's primary physician from 1829-1837 (Barner, 1972). A few cases of insanity were mentioned in his reports but they were only to deny any responsibility (Barner, 1972). If an inmate showed signs of "madness", according to Dr. Bache, he was likely that way before entering the prison (Barner, 1972). Although Eastern State Penitentiary closed in 1971, the use of solitary confinement is still a widely accepted method of punishment throughout the United States.

Elizabeth H. Uhl (*edel2533@my.msmc.edu*) is a senior at Mount Saint Mary College, majoring in psychology and is planning to pursue a law enforcement career after graduation.

The United States incarcerates more of its own citizens than any other country in the world (Pew Center on the States, 2008). The United States has one quarter of the world's prisoners and only 5% of the world's population (Rich, Wakeman, & Dickman, 2011). One in every 100 adults or more than 2.3 million people in the United States were incarcerated as of January 1, 2008 (Pew Center on the States, 2008). There are approximately 1,596,127 prisoners in state and federal prisons and 723,131 in Jails, with a total number of inmates in 2008, at 2,319,258 (Pew Center on the States, 2008). The number of citizens incarcerated is continuing to increase; by approximately 600% in the last 40 years (Pew Center on the States, 2008). Black and Hispanic men are more likely to be imprisoned than their white counterparts (Pew Center on the States, 2008). The incarceration rates among men according to The Pew Center on the States in 2008 are: 1 in 54 of all men aged 18 or older, 1 in 106 white men ages 18 or older, 1 in 36 Hispanic men ages 18 or older, 1 in 15 black men ages 18 or older, and 1 in 9 black men ages 20-34. For women, the incarceration rates based on age and race are: 1 in 265 women aged 35-39, 1 in 355 white women aged 35-39, 1 in 297 Hispanic women aged 35-39, and 1 in 100 black women aged 35-39 (The Pew Center on the States, 2008). With the United States incarceration rate increasing so too, are the number of mentally ill individuals within them.

According to The Bureau of Justice Statistics (2005), more than half of all prison and jail inmates had a mental health problem (56% of state prisoners, 45% of federal prisoners, 64% of jail inmates). The study James and Glaze (2006) conducted was based on interviews of state and federal prisoners in 2004 and jail inmates in 2002. James and Glaze (2006) defined a mental health problem as a recent history or present symptoms of depression, mania, or a psychotic disorder, and symptoms had to have been present within the last 12 months. Symptoms in the study were based on the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, for major depression, mania, or psychotic disorder (James & Glaze, 2006). Approximately 43% of state prisoners reported symptoms of mania, 23% reported major depression, and 15% reported symptoms of a psychotic disorder (James & Glaze, 2006). Fifty-four percent of jail inmates reported symptoms of mania, 30% symptoms of major depression, and 24% reported symptoms of a psychotic disorder (James & Glaze, 2006). Female prisoners were found to have a significantly higher prevalence of a mental health problem than male prisoners (James & Glaze, 2006). Approximately 61% of females in federal prisons and 44% of males had some sort of mental health issue (James & Glaze, 2006). There is also a difference in mental health related to race (James & Glaze, 2006). According to survey results, 62% of white inmates, 55% of blacks, and 46% of Hispanics were found to have a mental health issue (James & Glaze, 2006). In jails, 55% of whites, 63% of blacks and 51% of Hispanics were found to have a mental health problem (James & Glaze, 2006). Younger inmates are more likely to suffer from a mental illness than their older counterparts (James & Glaze, 2006). Those with the highest rates of mental illness were aged 24 years or younger and those with the lowest rates were aged 55 years or older (James & Glaze, 2006). Sixty-three percent of state prisoners aged 24 years and younger had a mental health problem, with only 40% aged 55 years and older (James & Glaze, 2006). Seventy percent of jail inmates aged 24 years and older have a mental health problem and 52% of those aged 55 years or older (James & Glaze, 2006). The large prevalence of mentally ill inmates creates a challenge for correctional institutions to care for and treat these individuals.

This large prevalence of mental illness within jails and prisons is largely a product of the deinstitutionalization of the mentally ill that has occurred in the United States within the past 50 years (Rich et al., 2011). In 1955, state mental hospitals housed approximately 559,000 patients, with a total US population of 165 million. Today, the few remaining state hospitals house 72,000 patients with a total US population of about 250 million. This trend has shifted the burden of caring for the mentally ill to jails and prisons (Parker, 2009). The amount of inmates in jails and prisons with a mental illness has increased in the past 20 years (Parker, 2009). Rosner and Harmon (1995) investigated the prevalence of homelessness among mentally ill offenders that entered the criminal justice system. Psychiatric interviews were conducted and psychiatric records were analyzed (Rosner & Harmon, 1995). Rosner and Harmons (1995) results indicated a 40 times higher rate of homelessness among mentally ill offenders than the general population. Homeless offenders had a 35 times higher rate of criminal offenses, a 40 times higher rate of violent offenses, and a 27 times higher rate of nonviolent offenses than the general population (Rosner & Harmons, 1995). Rosner and Harmon's (1995) conclusions indicated that mentally ill offenders, especially those who are homeless, represented a large portion of those entering the criminal justice system. Prisons and jails were designed to confine and punish people, not treat mental illness, which leaves them ill-equipped to deal with this population (Rich et al., 2011).

The socially isolating conditions within the prison system can make mental illness symptoms worse, especially when confined in solitary confinement (Rich et al., 2011). Mentally ill inmates pose a challenge to correctional staff because of their disruptive behavior and violence (James & Glaze, 2006). There behaviors usually result in disciplinary action, such as solitary confinement (James & Glaze, 2006). State prison inmates with a mental illness are 58% more likely to be written up for breaking the rules than 43% of inmates without (James & Glaze, 2006). Mentally ill inmates in state prisons are also 24% more likely to be charged with an assault than 14% without mental illness (James & Glaze, 2006). Prisoners with a mental health problem are also more violent than a non-mentally ill inmate (James & Glaze, 2006). Forty-nine percent of state prisoners had a violent offence for their most serious crime including, 20% property offense, 19% drug offense, 14% robbery, 13% drug trafficking, and 12% homicide (James & Glaze, 2006). Because of their violent and disruptive tendencies, mentally ill inmates are more likely to be housed in special housing units, or higher security level prisons such as supermax prisons (James & Glaze, 2006).

The popularity of supermax prisons have increased within the past twenty years (Mears, 2006). A supermax prison is defined as

> a stand-alone unit or part of another facility and is designed for violent or disruptive inmates. It typically involves up to 23-hour-per-day, single-cell confinement for an indefinite period of time. Inmates in supermax housing have minimal contact with staff and other inmates. (Mears, 2006, p. 4)

Thirty-four states reported to the National Institute of Corrections in 1996 that they had a supermax prison. In 2004, 44 states had supermax prisons housing approximately 25,000 inmates (Mears, 2005). The use of supermax prisons varies depending on the state (Mears, 2005). For example, in 1998, Pennsylvania had less than 1% of inmates in a supermax prison while Mississippi had about 12% (Mears, 2006). Supermax prisons have many synonymous term including: special housing unit, maxi-maxi, maximum control facility, secured housing unit, intensive management unit, and administrative maximum penitentiary (Riveland, 1999). Supermax prisons house "the worst of the worst" (National Institute of Corrections, 1997). The purpose is to provide an environment of absolute control and to house inmates who are violent, assaultive, escape risks, or those who create issues within the general population (Riveland, 1999). There is limited research on the long term effects of solitary confinement on mental health. Most research conducted, consists of short term effects of solitary confinement or case studies of those in supermax prison.

Todd Tarselli, an inmate at a Pennsylvania supermax prison, sent his drawings depicting solitary confinement to Bonnie Kerness, at The American Friends Service Committee (Rhodes, 2005). This is how Rhodes first saw Todd's drawings and contacted the inmate in using his drawings for his research. Todd's first drawing displayed "breaking", what prisoners call someone losing their mind under the conditions of deprivation and confinement (Rhodes, 2005). Inmates confined in supermax prisons often report anxiety, rage, dissociation, and psychosis (Rhodes, 2005). In Rhodes book, Total Confinement: Madness and Reason in the Maximum, he quotes an inmate's account of what solitary confinement had done to his mental health.

> Sometimes I see things that is on the wall…sometimes I hear voices…there is nobody to talk to…and vent my frustration and, as a result, sometimes I am violent. Pound on the walls. Yell and scream. I wanted to die and I wanted some help. (Rhodes, 2004, p. 1693)

Rhodes and colleagues (2005) found 20% to 25% of inmates in supermax facilities showed signs of a mental illness. Super maximum prisons do not negatively affect just mentally ill inmates, but could potentially "break" an otherwise mentally healthy inmate (Rhodes, 2005). Rhodes claims that inmates who are confined for significant amounts of time with no human contact can develop "distorted personal boundaries", and it is this isolation that makes it difficult for inmates to interact normally on a social level when released (Rhodes, 2005). The rage an inmate experiences could be a direct result of extreme isolation, dependency, and impersonal management (Rhodes, 2005). With such a high concentration of mentally ill inmates in prisons and jails more research must be conducted to learn the full extent supermax prisons have on the psyche of the prisoner. Higher rates of mentally ill individuals end up in prisons because of their violent tendencies, lack of psychiatric care, and rule infractions within the correctional facilities. Prisons were designed not only to confine and punish but to rehabilitate people to become productive members of society. Prisons and jails today have become a revolving door, where inmates do their time and are back within the system within months or even weeks. The lack of care and

resources that inmates in supermax prisons endure can create an individual that cannot function within society. Greater care must be given to those already mentally ill because of the suffering they endure from various mental illnesses whether it is mania, major depression or psychotic disorder. The isolation of supermax prison not only breaks the mind of an inmate without a mental illness, but will worsen the minds of those who truly need assistance. I hypothesize that psychotic inmates will experience greater psychotic symptoms due to their long term stay in supermax prison.

PROPOSED METHOD

Participants

I will recruit five prisoners from a federal high security prison and five prisoners from a federal supermax prison, both located in Fremont County, Colorado, prisons. Participants will include only males. Participants will be matched for characteristics including: criminal history, crime, length of previous stays in prison or jail, length of current sentence, seriousness of psychotic illness and symptoms, age, ethnicity, and socioeconomic status. Participants will be studied for their first five years within supermax and high security prison. No incentives will be given to participants.

Materials

Structured Clinical Interview for DSM-IV Axis I Disorders: Clinician Version (SCID-I: CV) assesses symptoms of DSM-IV criteria and helps to determine standardized accurate diagnosis for adult participants (First et al., 1996). The interview takes 45-90 minutes to complete and is divided into six modules (First et al., 1996). The SCID-I: CV screens for mood episodes, psychotic symptoms, psychotic disorders, mood disorders, substance use disorders, and anxiety (First et al., 1996).

Procedure

This will be a longitudinal study including supermax prison and maximum security inmates to determine if there is a relationship between long term solitary confinement in a supermax prison and greater psychotic symptoms. This study will be a between-subjects design and will consist of two levels. My independent variable will be solitary confinement and is defined as a supermax prison and maximum security prison. My dependent variable will be psychosis. Participants from supermax prison will be matched with participants from maximum security prison for characteristics such as; criminal history, crime, length of previous stays in prison or jail, seriousness of psychotic illness and symptoms, age, ethnicity, and socioeconomic status. Upon entrance into prison, participants in both the control and experimental groups will undergo a Structural Clinical Interview for DSM-IV Axis I Disorder: Clinician Version (SCID-I: CV) to test for the prevalence and severity of psychosis (First, Spitzer, Gibbon, & Williams, 1996). Mental health records will be collected and analyzed to help match participants on previous mental health diagnosis and severity. During their five year stay, participants will undergo monthly assessments to evaluate their psychotic symptoms and their progress will be recorded. After the five year stay participants will undergo a final Structured Clinical Interview for DSM-IV Axis I Disorders: Clinician Version (SCID-I: CV). Results will then be statistically analyzed to determine whether supermax prison inmates experienced greater psychotic symptoms than maximum security prison inmates during their five year stay.

CONCLUDING REMARKS

Significance

There is a large prevalence of mentally ill individuals incarcerated in prisons and jails. Those who are mentally ill are more likely to be sent to solitary confinement or higher security prisons because of rule violations and/or disruptive behaviors. Not much is known about the effects of supermax prisons on inmates with and without mental disorders. It is important to understand whether a widely used method of incarceration within the United States makes mental illness worse. By conducting this study, not only will inmates with mental illnesses get the treatment they need, but society will benefit because when it is time for these inmates to be reintegrated back into society, they will have been treated for the illness that could have potentially led to their incarceration

Limitations

Because this is a longitudinal study, there may be morbidity. Inmates in this study already have psychotic symptoms before the study began, therefore I cannot entirely conclude based on only five years that it wouldn't have gotten worse regardless. I am using only five years because with such a small sample size participants may drop out or be transferred to other correctional facilities

which would leave me with limited participants and could damage the reliability of my study. The use of the Structural Clinical Interview for DSM-IV Axis I Disorders: Clinician Version is a limitation because of the new release of the DSM-V. An updated version of the SCID-I: CV, based on the new DSM-V should be utilized when available to determine accurate diagnosis. There is a lack of environmental similarity between the control and experimental groups which is another limitation of this study. Ethical issues do not allow for random assignment of participants to either a maximum security prison or supermax prison. Matching participants on many factors helps to balance this limitation by making the participants in maximum security prison and supermax prison as similar as possible. The generalizability of this study is limited to Fremont County Colorado and therefore cannot be generalized to other prisons and jails.

REFERENCES

Barner, H. E. (1972). The story of punishment: A record of man's inhumanity to man. (2nd ed.). Montclair, NJ: Patterson Smith.

First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1996). Structured clinical interview for DSM-IV axis I disorders, clinician version (SCID-CV). Washington, D.C.: American Psychiatric Press, Inc.

James, D. J., & Glaze, L. E. (2006, September). Mental health problems of prison and jail inmates. Retrieved from http://www.bjs.gov/content/pub/pdf/mhppji.pdf

Johnson, J. B. (1973). The human cage: A brief history of prison architecture. New York, NY: The American Foundation.

Johnson, N., & Finkel, K. (1994). Eastern state penitentiary: Crucible of good intentions. Philadelphia, PA: Philadelphia Museum of Art.

Lowell. D., Cloyes, K., Allen, D., & Rhodes, L. A. (2000). Who lives in super maximum custody? A Washington state study. Federal Probation, 64(2), 33-38.

Martell, D. A., Rosner, R., & Harmon, R. B. (1995). Base-rate estimates of criminal behavior by homeless mentally ill persons in New York City. Psychiatric services, 46, 596-601. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/7641002

Mears, D. P. (2005). A critical look at supermax prisons. Corrections Compendium, 30(5), 45-49. Retrieved from http://www.supermaxed.com/NewSupermaxMaterials/Mears-Critical%20Look.pdf

Mears, D. P. (2006, March). Evaluating the effectiveness of supermax prisons. Retrieved from http://www.urban.org/UploadedPDF/411326_supermax_prisons.pdf

National Institute of Corrections. (1997, March). Supermax housing: A survey of current practice. Retrieved from http://static.nicic.gov/Library/013722.pdf

Parker, G. F. (2009). Impact of a mental health training course for correctional officers on a special housing unit. Journal of Psychiatric Services, 60, 640-645. Retrieved from http://0-search.proquest.com.opac.acc.msmc.edu/docview/216092566?accountid=28089

Peck, G. T. (1988). What is quakerism. Wallington, PA: Pendle Hill Publications.

Prager, K., Makuc, D. M., & Feldman, J. J. (May, 1996) Health United States 1995: The annual national report on health. Hyattsville, Maryland: DHHS Pub.

Rich, J., Wakeman, S. E., & Dickman, S. L. (2011). Medicine and the epidemic of incarceration in the United States. The New England Journal of Medicine, 364(22), 2081-2083. Retrieved from http://0-search.proquest.com.opac.acc.msmc.edu/docview/869915634?accountid=28089.

Riveland, C. (1999). Prison management trends. Crime and Justice, 26, 163-203. Retrieved from http://www.jstor.org/discover/10.2307/1147686?uid=3739256&uid=2&uid=4&sid=2110265377275

Rhodes, L. A. (2004, February). Total confinement: Madness and reason in the maximum security prison. Berkeley, CA: University of California Press.

Rhodes, L. A. (2005). Pathological effects of the super maximum prison. American Journal of Public Health, 95 (10), 1692-1695. doi:10.2105/AJPH.2005.070045

Rosner, R., & Harmon, R. B. (1995). Base-rate estimates of criminal behavior by homeless mentally ill persona in New York City. Psychiatric Services, 45(6), 596-601. Retrieved from http://ps.psychiatryonline.org/article.aspx?articleID=78561.

Schmid, M. (2003). The eye of god religious beliefs and punishment in early nineteenth-century prison reform. Theology Today, 59(4), 546-558. Retrieved from http://0-search.proquest.com.opac.acc.msmc.edu/docview/208060700?accountid=28089

The Pew Center on the States. (2008). One in 100: Behind bars in America. Retrieved from http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/sentencing_and_corr ections/one_in_100.pdf

U. S. Department of Health and Human Services.(2006, October). National epidemiologic survey on alcohol and related conditions. Retrieved from http://pubs.niaaa.nih.gov/publications/AA70/AA70.pdf

U. S. Department of Health and Human Resources. (2010). National survey on drug use and health: Summary of national findings. Retrieved from http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf

ACKNOWLEDGEMENTS

I would like to thank Professor Yasmine Kalkstein for her guidance and support in writing this research article. I would also like to thank Chris Boydston and Terrence Maxwell for their help and guidance on creating my proposed method. I would like to thank the senior seminar fall class of 2013 for their help in editing this research article. I would also like to thank my husband, Michael Uhl, for his love and support throughout this process.