

# **“There’s Still a Part of Me That Wants That Abyss”: The Pervasiveness of Secure Housing Unit Postrelease Syndrome in Survivors of Solitary Confinement**

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*Presented to*

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## **INTRODUCTION**

Despite the extensive literature that outlines its harmful effects, solitary confinement continues to be an accepted form of incarceration and punishment in the US prison system. In fact, there are at this moment at least 80,000 people in solitary confinement in US prisons alone – that number does not account for jails, immigration detention centers, and other law enforcement holding spaces. It has many names – solitary, segregation, restricted housing, Secure Housing Unit (SHU) to name a few – but they all mean the same thing. Twenty-three hours a day or more inside of a cell barely the size of a college dorm room<sup>1</sup>. No guarantee of a window or bars to look through. Almost no human interaction.

In the last few years, there has been more conversation in the public and political spheres about the harmful effects and abysmal conditions of solitary confinement, in part due to popular memoirs like Bryan Stevenson’s *Just Mercy* and Albert Woodfox’s *Solitary*. However, much contemporary discussion has overlooked a crucial question: what happens when someone in solitary confinement comes home? Every day, prisoners are being released from the isolated world of solitary back into a fast-paced and crowded society. For many, the process of reentry is a struggle. While they readjust to everyday realities of family dynamics, job searching, and economic challenges, they are living with trauma from years of abuse while locked up, on top of any preexisting mental health conditions. Over the last year, survivors I have met through my work at non-profit law clinic and my studies of incarceration and abolition at the University of

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<sup>1</sup> The average dorm is 12x19 feet (Lauren Rees, “Dorm life: Living in 114 square feet,” *The Register-Mail*, July 4 2010, <https://www.galesburg.com/article/20100724/NEWS/307249975>), while the average solitary cell is 6x9 feet (German Lopez, “You could fit 19 solitary cells into a typical 1-bedroom apartment,” *Vox*, June 11 2015, <https://www.vox.com/2015/6/11/8765977/solitary-confinement-cells-small>).

Chicago have shared some of this struggle with me. Several told me they feel that their mental health is getting worse as time goes by, not better. They thought by now they would feel more comfortable around people and experience fewer suicidal thoughts, but that has not been the case. Their sentiments are supported by stories like that of Kalief Browder, who was placed in solitary confinement for two years when he was just seventeen, for a crime he didn't commit. He made several suicide attempts while inside, and after his release his mental health continued to deteriorate. Two years after he came home from prison – and at the time he was receiving good grades at his community college, brought a successful lawsuit against New York City for his arrest and experiences in prison, and was interviewed by Jay-Z – Browder died by suicide.<sup>2</sup>

Why do survivors, like Browder, continue to decline years after being released? It seems logical that one's quality of life and mental health would improve after leaving solitary, after leaving prison. So why do some people get worse? Their experiences post-release do not seem to simply be explained as post-traumatic stress disorder due to incarceration, as they differed from the narratives of those who were released after long-term sentences in the general prison population. I wanted to understand why and how outcomes for those released after solitary confinement were different. My research led me to firsthand accounts of survivors of solitary, as well as those who are still locked up in isolation. In studying their experiences, I have looked for common patterns, shared habits, and universal conditions of confinement to understand what happens to survivors in solitary and why its aftereffects are so pervasive.

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<sup>2</sup> Jennifer Gonnerman, "Kalief Browder Learned How to Commit Suicide On Rikers," *The New Yorker*, June 2 2016. <https://www.newyorker.com/news/news-desk/kalief-browder-learned-how-to-commit-suicide-on-rikers>

## **LITERATURE REVIEW**

While solitary confinement was invented long before the United States came into being, the practice as we now know it began in the late 18<sup>th</sup> century in a Quaker community that envisioned it as a form of more humane punishment, allowing the punished to reflect on their crimes and become penitent and rehabilitated.<sup>3</sup> The system went through periods of popularity and criticism, and almost immediately garnered opponents, including famed author Charles Dickens, who after an 1842 tour of Eastern State Penitentiary, an exclusively solitary-based prison, wrote, “I believe that very few men are capable of estimating the immense mount of torture and agony which this dreadful punishment, prolonged for years, inflicts upon the sufferers... I hold this slow and daily tampering... to be immeasurable worse than any torture of the body.”<sup>4</sup> Despite the critiques against it, solitary took permanent root in the carceral imagination of the United States in 1983 when the maximum-security U.S. Penitentiary in Marion, Illinois went on lockdown after two guards were killed.<sup>5</sup> That lockdown became indefinite and, demonstrating that solitary confinement could be carried out on a large scale, ushered in a new era of “supermax” prisons.

Supermaximum “supermax” units and prisons are defined by solitary confinement. Prisoners are left alone for at least twenty-three hours a day, seven days a week “in a cell that lacks natural light and does not permit much in the way of meaningful activities.”<sup>6</sup> The cells

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<sup>3</sup> Jean Casella and James Ridgeway, *Hell is a Very Small Place: Voices from Solitary Confinement*, (New York: The New Press, 2016), 3

<sup>4</sup> Casella, 4.

<sup>5</sup> Casella, 5

<sup>6</sup> Terry Allen Kupers, *Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It*, (Oakland, CA: University of California Press, 2017), 25.

often feature solid steel doors rather than bars, and are designed to offer the maximum level of controlled security to hold the so-called “worst of the worst.”<sup>7</sup> Contemporary supermax units and prisons include Menard Correctional Center in Illinois, ADX (administrative maximum security) Florence in Colorado, and Pelican Bay State Prison in California. Countless other prisons utilize maximum security, restrictive housing, and solitary confinement on a smaller scale to control and isolate prisoners in the name of security. But the use of extreme isolation and “advanced technology to maximize security also maximizes human damage,”<sup>8</sup> and contemporary studies suggest that early critics were right to raise concerns about the impacts on the practice of solitary confinement on the confined.

Experts and organizations such as the Center for Constitutional Rights argue that the lasting psychological effects of solitary confinement constitute torture. Inmates frequently exhibit symptoms that include “anxiety, panic, paranoia, memory problems, and despair” at a much higher rate than inmates who aren’t in solitary.<sup>9</sup> The extreme isolation, sensory deprivation, hopelessness, and lack of control that solitary confinement imposes on an inmate can have extreme negative impacts on the mental health. As mental illness is already common among prison populations, solitary confinement often exacerbates prior mental health issues in addition to creating new ones.<sup>10</sup> Incidents of self-harm, self-mutilation, and suicide are also much more prevalent among inmates in solitary confinement. A 2014 study conducted in the New York City jail system found that during a one year period 7.3% of those incarcerated were held

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<sup>7</sup> Lance Tapley, “The Worst of the Worst: Supermax Torture in America.” *Boston Review*. November 1, 2010. <http://bostonreview.net/tapley-supermax-torture-in-america.php>

<sup>8</sup> Kupers, 25.

<sup>9</sup> Kupers, 2.

<sup>10</sup> Kupers, 2.

in solitary confinement, but that population accounted for 53.3% of documented acts of self-harm, and 45% of potentially fatal acts of self-harm.<sup>11</sup> Furthermore, suicide rates among inmates in solitary confinement are between five and ten times higher than the general prison population.<sup>12</sup>

This statistic can hardly be surprising when psychiatrist Craig Haney points that “there is not a single published study of solitary or supermax-like confinement<sup>13</sup> ... that failed to result in negative psychological effects.”<sup>14</sup> He notes however that not all supermax prisons produce the same psychological effects, and that while similar, experiences can range in terms of symptoms and severity depending upon prison conditions as well as time spent in solitary and other factors. This raises questions about potential protective factors within the carceral system that could lead to better mental health outcomes before one is released from solitary or from prison.

Social scientists have posited a variety of theories to explain the current social and psychological outcomes of prisoners in solitary confinement. For example, social worker Daniel Pforte argues that in solitary confinement, individuals experience a loss of key resources that allow them to cope with trauma. To make this point, he draws on behavioral psychologist Steven Hobfoll’s Conservation of Resources theory. According to Hobfoll “individuals are inherently motivated to obtain, maintain, and protect resources such as health, children, family, work, love,

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<sup>11</sup> Fatos Kaba, et. al. “Solitary Confinement and Risk of Self-Harm Among Jail Inmates,” *American Journal of Public Health*, 104, no. 3, (2014), 442-447.

<sup>12</sup> Nathaniel Penn, “Buried Alive: Stories from Inside Solitary Confinement,” *GQ Magazine*, March 2, 2017.

<sup>13</sup> Haney defines this as, “nonvoluntary confinement lasting for more than 10 days.”

<sup>14</sup> Craig Haney, “Mental Health Issues in Long-Term Solitary and “Supermax” Confinement,” *Crime & Delinquency*, 49 (1), January 2003, 132.

and a sense of control over the direction of their lives.”<sup>15</sup> We rely on such resources to help us deal with challenges and hardships as we grow, and losing these resources makes it harder for us to cope with trauma. Incarceration tends to trigger a loss of such resources, as one is removed from their job, taken away from their family, and loses that sense of control over their lives. Solitary confinement further exacerbates this loss through profound absence of any social resources, the deterioration of health, and the near-total lack of control. Pforte writes that “an individual who loses key resources generally attempts to make up for the loss by investing in other resources as a mechanism of coping.”<sup>16</sup> It is worth noting that individuals in the SHU have been placed in an environment where the resources available for them to invest in are largely limited to what exists in their cell and their own mind.

In a similar vein, psychiatrist Terry Kupers argues that solitary confinement triggers the “decimation of life skills” which is the “systematic obliteration of the capacity to love, work, and play.”<sup>17</sup> He believes these three realms are important to one’s ability to function throughout their lives and remain psychologically healthy. Rehabilitative programs in prisons, aimed at reducing recidivism through recreational, vocational, and therapeutic activities, are supposed to provide opportunities for prisoners to develop such life skills by offering group therapy sessions, art classes, vocational training, and intramural sports. But as Kupers notes, “prisoners in solitary confinement receive none of the above.”<sup>18</sup> His research confirms that important resources and skills are lost – and destroyed – in solitary confinement. Without programs that offer healthy

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<sup>15</sup> Daniel Pforte, “Evaluating and Intervening in the Trauma of Solitary Confinement: A Social Work Perspective,” *Clinical Social Work Journal*, 48 (2020): 77-86, doi: <https://doi.org/10.1007/s10615-019-00744-w>

<sup>16</sup> Pforte, 80

<sup>17</sup> Kupers, 87

<sup>18</sup> Kupers, 87



coping mechanisms, the resources prisoners invest in are the survival mechanisms that allow them to survive alone in their cell, and these patterns of behavior continue even after confinement. Kupers describes how those released from solitary experience difficulty interacting with people, being hyperaware of one's surroundings, paranoia and increased suspicion, a desire to retreat into small cell-like spaces difficulty with memory and focus, and personality changes, among other symptoms.<sup>19</sup> Kupers terms the collective experience of survivors "SHU Postrelease Syndrome," and describes it as being similar to post-traumatic stress disorder (PTSD) and a syndrome that can last for months or become a chronic condition. The phenomenon has not yet been submitted for recognition in the *Diagnostic and Statistical Manual of Mental Disorders*<sup>20</sup>, the terminology has provided a crucial framework for survivors to discuss their experiences with both mental health professionals and loved ones.

Kupers is not the only one to study the outcomes and behaviors of those released from prison. Marieke Liem and Maarten Kunst published a 2013 study in *The International Journal of Law and Psychiatry* in which they found that there was a distinct number of shared experiences and behaviors among released inmates who had previously been serving life sentences, some of whom spent time in solitary confinement. The evidence suggests that there should be a subtype of PTSD or even a distinct syndrome altogether for what they term "post-incarceration syndrome."<sup>21</sup> They describe it as being marked by "institutionalized personality traits" such as a distrust of others, difficulty making decisions, and social/temporal isolation.<sup>22</sup> However, they

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<sup>19</sup> Kupers, 151-154

<sup>20</sup> Kupers, 162

<sup>21</sup> Marieke Liem and Maarten Kunst, "Is there a recognizable post-incarceration syndrome among released 'lifers?', *International Journal of Law and Psychiatry*, 36(3-4), May-August 2013, pp. 333-337, doi: <https://doi.org/10.1016/j.ijlp.2013.04.012>

<sup>22</sup> Liem and Kunst, 2013

make no mention of the desire to retreat into small spaces that Kupers notes. This suggests that among the proclivity for confined spaces, there are other experiences that are unique to those who have been released from solitary confinement that are not shared with those who have been released following a long-term sentence. That the experiences of solitary survivors are different from those who are serve a long-term sentence in general population is further supported by a study conducted by Haney with prisoners in Pelican Bay, a maximum-security prison in California with a supermaximum solitary unit. He found that among prisoners who had been in prison for over ten years, 63% of those in solitary “felt close to an “impending breakdown” while just 4% of those in the general maximum-security population felt that way.<sup>23</sup>

Pforte writes that “rapid and extensive resource loss involved in traumatic events renders an individual increasingly vulnerable to future resource loss.”<sup>24</sup> Given that solitary confinement increases the pace of loss that one typically experiences in prison and further exacerbates social isolation and a loss of control, it would follow that survivors would be incredibly vulnerable to future resource loss – the absence of social relationships, the ability to work, a sense of control, and positive regard towards others, themselves, and their lives. According to the accounts of survivors in this study, such a loss post-release is common, as many subjects describe struggling with the social and psychological changes post-release that distance them from their families, make it hard to work or participate in typical activities, and trigger painful memories. These responses induce a feeling of shame and isolation that prompts them to further retreat into themselves. A vicious cycle is created as they invest themselves in the only resources they know how to rely on, primarily in the form of survival mechanisms developed in solitary, such as

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<sup>23</sup> Penn

<sup>24</sup> Pforte, 81

hypervigilance and the ability to exist in confined spaces. The extent of this investment may vary based on the length of time an individual spent in solitary confinement, as well as the age at which they entered long-term segregation, particularly for those who were young enough that their brain was still developing.

In this thesis, I will show, through an analysis of narrative accounts of those who are or have been in solitary confinement, the ways that the social and psychological effects of solitary confinement are continued and replicated post-release. This replication is a form of investment in coping mechanisms developed in solitary, and the recreation of one's confinement is factor in the pervasiveness of SHU Postrelease Syndrome. If solitary survivors are continuing to experience and recreate the conditions of their confinement post-release, it follows that the mental and emotional toll of that confinement will continue post-release as well. The analysis will first examine distress and coping mechanisms inside solitary confinement, then responses to distress after release.

## **METHODS**

This study was conducted using ethnographic methods and a detailed textual analysis of secondary sources. In the summer of 2019, I spent ten weeks as an intern at a non-profit law clinic working with both with survivors of solitary confinement and those currently incarcerated, to better understand the experiences of individuals in prison. While none of that work was incorporated into this thesis, the experiences I had informed the questions I asked and the data I looked at and gave me invaluable insight into the language and experiences of those incarcerated. Due in part to recommended language for referring to those who have been incarcerated, and to the trauma they that they have endured, I will be referring to subjects who

have been released from solitary confinement as “survivors” in this thesis. Long interviews about ordeals in solitary confinement can be extremely traumatic for survivors, provoking anxiety, flashbacks, and suicidal thoughts.<sup>25,26</sup> With this in mind, I opted not to conduct firsthand interviews, for the well-being of my potential interlocuters. Instead, I looked at existing ethnographic data – articles, essays, blogs, and recorded interviews with those currently in solitary and those who have been released from solitary. I chose sources that featured the first-person voices of those in solitary confinement, focusing on those which I could verify the authenticity of.

My text sources included two anthologies, one memoir, and two longform magazine articles, one digital article, and one newspaper article. These texts were chosen to ensure a wide variety of experiences could be represented. The anthologies offered a breadth of stories. *Six By Ten: Stories from Solitary* consisted of oral history interviews with those in and impacted by solitary confinement, and was published by Voices of Justice, a non-profit dedicated to furthering social justice through storytelling; *Hell is a Very Small Place: Voices from Solitary Confinement* was a collection of essays, interviews, and letters that was published by Solitary Watch, an independent solitary confinement watchdog non-profit. The memoir, *Solitary: Unbroken by four decades in solitary confinement. My Story of transformation and hope* offered depth from a single man’s experience spanning over 40 years. One of the longform magazine articles, “Buried Alive” and the newspaper article, “Punished for Life,” had quotes from various survivors of solitary confinement detailing their experiences, and were written for popular non-

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<sup>25</sup> Victoria Law, “They Survived Solitary Confinement. Now They’re Fighting to End It,” *Truthout*, August 12 2019.

<sup>26</sup> Pforte

partisan publications, *GQ* magazine and *The New York Times*. The second longform magazine article, “Slow Motion Torture,” appeared in *The Rolling Stone*, a popular non-partisan publication, but focused primarily on the experience of a single survivor; the digital article, “I Developed Agoraphobia in Prison,” also focused primarily on a single survivor but was published by The Marshall Project, a non-profit news organization that focuses on criminal justice reform. My non-text source, *The Gray Box*, was a fifteen-minute long interview with three men who had survived solitary confinement and included quotes from those still inside and was produced by The Ochberg Society, an organization of journalists who report on trauma and violence.

A number of subjects were included in more than one piece, which allowed me to cross-check their stories and verify that the facts lined up across texts and sources. I did not come across any contradictions. The variation in texts also offered different tones and perspectives. The magazine and newspaper articles were written by those who had not been incarcerated, therefore offering outside commentary between quotes from survivors. They also included more references to researchers, data, and policy-makers than the essays from the anthologies.

I also attended three events, open to the public, where survivors of solitary confinement spoke about their experiences, and took notes on their stories, word choice, behavior, and presence. All three events were held at the campuses of major universities. The first was a moderated conversation between survivor Albert Woodfox and a friend of his, about his memoir and experiences inside held at the University of Chicago with a crowd of students, community members, and activists. The second was a conference about solitary confinement held by Northwestern University’s Law School which featured several panels from experts, academics,

survivors, and politicians. The crowd was smaller and largely made up of lawyers, reporters, and law students. The third was another moderated conversation with Woodfox at the University of Mississippi for a conference on prison abolition with a mid-sized audience comprised of academics, students, activists, and writers. All three allowed audience members to ask questions at the end of sessions and panels.

All data collected was tagged with demographic data based on the time of writing or publication as indicated for each individual source. For example, years served and age were based on the “at time of writing” (ATW) data. Coded data was collected from 56 subjects. Of the 47 subjects whose total time spent in solitary was known, the average time inside was 2.3 years, with the shortest time served being 6 months and the longest 42 years. Of the 45 subjects whose racial identities were known 13 were white, 18 were Black, 13 were Latinx, and 1 was Arab. 6 were female and 50 were male. Of these individuals, at least<sup>27</sup> 21 had been released ATW; 3 are known to have passed away since the time of writing, and 2 of those deaths were suicides.

Recorded interviews and conference notes were transcribed. These transcriptions, along with all text sources, were coded twice. In the first pass, I tagged selections with five broad themes – Mental Health Prior to Solitary, Experiences in Solitary, Mental Health in Solitary, Mental Health After Release, and Self-Reported Behavioral Changes. I also flagged any data that stood out but didn’t fit into these themes for future reference. After moving all coded data into MaxQDA, I then went through all the data a second time to conduct a more thorough qualitative coding. I developed 42 different sub-codes within the broad themes, as well as 17 in-vitro codes

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<sup>27</sup> As with racial identity, not all accounts specified whether or not a subject was released, therefore this number is based only on what was available in each source.

for data and recurring patterns that were important but couldn't be categorized. After the second round of coding, I analyzed the data and developed an ethnographic narrative.

## **SOLITARY**

Before moving into the discussion of the research, I want to provide a brief picture of solitary confinement to lay the foundation for the analysis ahead. Prisoners in solitary confinement report universal and parallel experiences that reach across age, gender, race, and socioeconomic lines regardless of when or where they were confined. Though every jail, prison, and detention center varies in terms of landscape, design, and policy, the strong similarity in the conditions of solitary confinement helps to explain why the effects of prolonged isolation are so pervasive. A little context is needed to picture the world of someone living in solitary confinement. When imagining this environment, it's important to know that the sound of solitary is not silence. SHUs are incredibly loud. A cacophony of items being thrown against cement, steel, and Plexiglas; of bars being rattled; of steel-front cell doors being kicked, a thunderous, echoing sound that fills up the entire wing; and of prisoners "screaming like they're dying and maybe wishing that they were."<sup>28</sup> Unlike bars, steel and Plexiglas doors make easy conversation impossible, and many resort to screaming in order to communicate with anyone willing to scream back. The constant noise makes it difficult to concentrate or to sleep. The noise is only one component of the oppressive environment of solitary. The conditions are brutal – cells are almost always single occupancy, roughly six feet by nine feet, and made completely of concrete, save for the steel toilet-sink apparatus. One author notes that segregation cells feel less like a

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<sup>28</sup> Casella, 30-31

room and more like “the liquid cement had been poured around a mold in the shape of the room’s negative space... the entirety of your physical world seems composed of the same formulation of cement.”<sup>29</sup> It is an existence within a gray box, one that may be without windows, illuminated by fluorescent lights that might never go off, and with steel doors through which only distorted silhouettes are visible. Solitary confinement is designed to be oppressively isolating. Those inside “are not permitted to touch, converse naturally with, or occupy the same space as human beings.”<sup>30</sup> In addition to the social isolation and sensory deprivation, prisoners experience abuse from guards and correctional staff, including nurses and doctors. Alone with nothing but one’s thoughts, the screams of tortured inmates, and verbal and physical abuse, horrible things happen to the mind and body. The experience of solitary is one of distress, isolation, and trauma. Those inside must find a way to cope with their reality in order to survive it.

## **ANALYSIS**

### **Distressing Experiences and Corresponding Coping Strategies within Solitary**

#### *Social and asocial experiences*

Prisoners in solitary find ways learn to make sense of the world they occupy when locked up and develop coping mechanisms to deal with their reality. Their behaviors and habits drastically shift from the social and psychological norms of both the world outside prison and non-solitary wings within the prison. In this isolated world, non-human objects can take on personalities of their own, and prisoners “befriend” them to build a social world. Robert Felton,

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<sup>29</sup> Jeff Tietz, “Slow Motion Torture,” *Rolling Stone Magazine*, (2012): 64.

<sup>30</sup> Tietz, 60



who spent over 7 years in solitary, described how he used to catch beetles and spiders whom he would name. Charlotte for a spider, Juju for a beetle. “I would put ‘em on my mattress on the bed and I’d be like, “All right, Juju, go over there, say hello, Juju.” This is my world, and it made all the sense to me.”<sup>31</sup> He built a social world for himself in the absence of human interaction. His comment that it *made* sense, in past tense, suggests that since his release he recognizes that this behavior was non-sensical, but inside solitary, it seemed rational. Felton is not alone – another prisoner in long-term solitary confinement caught flies to feed to spiders so they’d stick around, because then he felt he “had a cellie,”<sup>32</sup> using the colloquial prison term for a cellmate. Judith Vazquez, who spent over 3 years in solitary, bonded with a small plant outside her window. “Oh boy, did I love that plant,” she recalled. “It was my buddy, my pal. I would watch the breeze blow it from side to side and I would close my eyes and pretend that wind was blowing across my face.”<sup>33</sup> These inanimate objects can become a source of comfort or a source of pain, just as social relationships between humans can. Vazquez eventually came “to resent the plant” because it could feel the breeze and she could not.<sup>34</sup> In a moment of anger, she covered her one window with a garbage bag because she was so jealous of the plant.

For many, the cell itself is what takes on a personality, though it not often that of a friend. Mohammad “Mike” Ali, who survived four years in solitary confinement, wrote that “Eventually, that cell is gonna get to you, is gonna start making you crazy.”<sup>35</sup> The cell becomes the enemy, a living thing capable of exacerbating the suffering of the person confined within its

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<sup>31</sup> Greene

<sup>32</sup> Tietz, 60

<sup>33</sup> Casella, 57

<sup>34</sup> Casella, 57

<sup>35</sup> Pendergrass, 97

walls. The physical space is what makes one “crazy” in the social universe of the prison. This personification of the cell can be a lasting one. Five years after his release, Brian Nelson, who survived 23 years in solitary confinement, recounted what happened when he tried to write a book about his decades-long experience in solitary confinement:

When I read what I wrote, I was disgusted at myself. Because I was talking to the cell *like it was a person*. And how lonely the cell had to be without me there. I was shocked that I had even written something like that. It is a gray box, a cement box. *It is not a person*. But the sad part is, when I was in there, it was. It was my chess partner. When I was talking to myself, I would be talking to the cell. I'd be like, *What you're not going to answer me now?* It's screwed up, but that was my reality.<sup>36</sup>

Like Felton, he admits that this behavior is abnormal, but clarifies that solitary confinement presents a unique social reality. The cell was more than a physical environment, it took on social qualities and became an entity that Nelson talked to, played with, and fought with. Though he is no longer within it, he continues to experience the physical cell as a social being, and remembers it as such.

With the lack of relationships and human interaction, is common for prisoners inside to develop paranoia about social interactions. Any person in one's space had to be perceived as a threat in order to survive. Sonya Calico, who spent over nine months in solitary confinement recalls that she was terrified of going to sleep because any staff member “could open my door and come at me at anytime. They could open the door and call me out for a nurse and then an inmate could be walking by and try to hurt me or something.”<sup>37</sup> Tonja Fenton, who spent over eight months in solitary, wrote, “You're used to being in a cell by yourself, that's what your brain has accepted, that's what you're conditioned to do. And you'll also feel like anyone that's

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<sup>36</sup> Pendergrass, 49

<sup>37</sup> Pendergrass, 151

in that cell is a threat to you.”<sup>38</sup> These fears are not unfounded. Several subjects recounted stories of horrific beatings<sup>39</sup>, sexual assaults<sup>40</sup>, and attacks of excessive force<sup>41</sup> from guards. As a result, those in solitary live in a state of constant vigilance just to stay alive. They must be prepared to view other people as threats and quickly assess them, and adjust their emotional and social responses accordingly. “There’s a change you have to go through,” said Ojore Lutalo, who survived twenty-two years in solitary. “You have to suppress all your emotions. You develop a calculated hate for your adversary.”<sup>42</sup> While the “adversary” may have at first been relegated to staff members, the statements of Fenton and other prisoners reveal that the enemy can become any person who has crossed the threshold onto one’s personal space. Lutalo’s comment suggests that this is not a temporary state of being, but a transformation that occurs, a “change” that requires prisoners to adopt a new mindset and a new pattern of social behavior and paranoia.

### *Obsessive and compulsive behaviors*

This is not the only change one has to go through inside in order to cope with distress. A prisoner in solitary is at the mercy of time, and with limited sensory stimulation or opportunities for mental exercise, they look for ways to fill up the long stretch of days before them. For many, this means hyper focusing on their surroundings, and counting is a popular time-filler. “To fight the blankness, I counted bricks and measured the walls. I stared obsessively at the bolts on the door to my cell,” wrote Five Mualimm-Ak, who spent five years locked up.<sup>43</sup> Vincente

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<sup>38</sup> Pendergrass 187

<sup>39</sup> Penn

<sup>40</sup> Penndergrass, 29

<sup>41</sup> Casella, 64

<sup>42</sup> Penn

<sup>43</sup> Casella, 148

Rodriguez, who spent 11 years in solitary, said, “I counted the bricks, the little – little crevices in the walls, how long the crack is in length, like in inches or yards or whatever. I counted the perforations in the door and the vents.”<sup>44</sup> The physical environment of the cell becomes one of the only consistent sources of stimulation, providing cracks, crevices, bricks that one can count and recount simply to have something to do. The counting can become obsessive, as many behaviors can in the SHU.

Gerard Schultz, who had been in solitary confinement for over 18 years ATW, wrote “I find myself ruminating obsessively. I find myself recreating all my would’ve, could’ve, and should’ve. Before I know it I have been pacing for a few hours... I don’t know how to stop it.”<sup>45</sup> Obsessive thoughts, rumination, and other commonly cited behaviors of prisoners in segregation. There is little else to do in a six by nine concrete cell that may not even have a window. If counting is a way to provide mental stimulation within a cell, pacing is a form of physical stimulation. Some prisoners paced for over 18 hours a day in their cell<sup>46</sup>, others paced back and forth any time they were let out on the yard, which was merely a larger concrete box.<sup>47</sup> “You get a lot of OCD in the SHU,” said Jose Flores, who had been in solitary for 11 years ATW<sup>48</sup>. He described how he developed blisters from obsessively wringing laundry, adding, “But I mean, that’s normal.” Prisoners in solitary recounted cleaning their cell obsessively, developing incredibly regimented routines, and developing compulsive habits to pass the time or

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<sup>44</sup> Greene

<sup>45</sup> Penn

<sup>46</sup> Tietz, 60

<sup>47</sup> Penn

<sup>48</sup> Penn

deal with stress. One survivor said that he already experienced Obsessive-Compulsive Disorder before solitary, but that it had gotten worse inside and remained just as persistent after release.<sup>49</sup>

*Psychological responses: Hallucinations, wilding, and mental illness*

OCD, depression, paranoia, loss of touch with reality, and claustrophobia were some of the most common psychological experiences of those inside solitary confinement. They often overlapped with each other. For example, Judith Vazquez, the woman with the plant, described how her claustrophobia brought on full-fledged hallucinations:

One day I felt I could not take it much longer. I felt the world closing in on me and without any control or knowing this was going to happen, I just burst out screaming, uncontrollably. I screamed without being able to stop. As I looked down at the floor, it seemed as though I was standing right at the edge of a cliff. The floor had somehow cracked open and for a moment or so I was not at the jail or in the cell. I was on top of the edge of some ledge where when I looked down I saw an endless pit of fire and darkness. I saw people screaming, crying, and burning. In my eyes and thoughts I was looking at hell.<sup>50</sup>

She felt the world “closing in on her,” reflecting the claustrophobia that develops in many prisoners in solitary, and relates the feeling of the lack of control – both over the cell and over herself. She was unable to stop the walls closing in, and she was unable to stop herself from screaming – furthermore did not even realize she would begin screaming. Solitary confinement made her a stranger to herself. This loss of touch with the self and with reality is common in solitary confinement. “There came a point, as the monotony of my existence in solitary drew on and on, where I found myself wondering if this ghostlike existence was real. Each day was so much like the last that I caught myself wondering if maybe I had died in my cell and simply

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<sup>49</sup> Erica Goode, “Solitary Confinement: Punished for Life,” *The New York Times*, August 3, 2015

<sup>50</sup> Casella, 58

didn't know it,"<sup>51</sup> wrote Galen Baughman. With nothing to mark the difference of days, time blurs together. When prisoners lost track of time, they lost part of their hold on reality, and often questioned how long they had been there, whether things they remembered were real or not, or if they even existed at all.<sup>52</sup>

When prisoners lose their hold on reality and identity, their responses to distress can cause greater harm to themselves. Aaron Lewis described a documented drastic shift in behavior as "wilding," a term that draws on the slang from street gangs of the 90s. "I started wilding. I wasn't adjusting. I wasn't complying with the rules and regulations. I was always at it – covering the windows, basically acting up, acting out."<sup>53</sup> For the purposes of this paper, "wilding" has been used to code descriptions of behavior that is also described as "losing it" or "going caveman." It is the point at which one is severely decompensating. Maryam Henderson-Uloho, who spent seven years in segregation, recalled the effects solitary confinement had on the women on her wing: "A lot of them just went completely insane. You go to an animalistic level that I never witnessed before I got to prison. One girl... she was a young girl. I saw her eat her feces and then smear it all over her body."<sup>54</sup> To be wilding is to enter a primal state, what Henderson-Uloho here described as an "animalistic level." It is a state that one doesn't enter willingly, and one man who had spent over three decades in solitary said he had to actively prevent himself from reaching that point, saying "I've seen too many guys let their emotions come loose and they've never returned from it. I fight every day against that."<sup>55</sup>

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<sup>51</sup> Casella, 131

<sup>52</sup> Greene

<sup>53</sup> Pendergrass, 62

<sup>54</sup> Pendergrass, 28

<sup>55</sup> Albert Woodfox, *Solitary*, 301

Wilding is also a state that anyone can be susceptible to. Solitary survivor Perry Hilson recalled, “One guy I knew, I thought he was mentally stronger than me, and he went straight caveman. Smearing feces and eating them, cutting himself.”<sup>56</sup> While it may be true that external perceptions of mental strength aren’t always accurate, Hilson’s statement emphasizes that anyone is liable to lose themselves to solitary confinement. One survivor blamed the compulsive rumination solitary often produces, as individuals obsess over the same moments and lose themselves in their own thoughts and fears.<sup>57</sup> According to the accounts of survivors, when one is wilding in solitary, they often turn to self-mutilation or “the feces thing”<sup>58</sup> as a means of acting out, expressing themselves, or self-soothing. Their body is their only consistent tool, and when describing those who had reached the point of animalistic wilding, their behavior almost always involved defecation and playing with feces.

Based on Craig Haney’s statements that all studies of nonvoluntary confinement produced negative psychological effects<sup>59</sup>, and studies showing even those without a history of mental illness rapidly decompensate once they are placed into solitary confinement<sup>60</sup>, one can conclude that solitary confinement has a profound effect on one’s mental health. Many wardens and prison mental health professionals, however, insist that there is little psychological impact on prisoners in solitary, particularly for those who are “resilient” and “solidly put-together.”<sup>61</sup> But the ACLU’s National Prison Project claims that over half of the population in solitary

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<sup>56</sup> Tietz, 64

<sup>57</sup> Tietz, 64

<sup>58</sup> Penn

<sup>59</sup> Haney, 132

<sup>60</sup> Greene

<sup>61</sup> Tietz, 63

confinement is “mentally ill” or “cognitively disabled.”<sup>62</sup> So does solitary confinement produce psychosis or are those most commonly placed into solitary prisoners who already have a mental illness? The accounts given above and the prevalence of self-harm inside suggest that is likely a combination of both. And while few subjects discussed their own experiences with self-harm or suicide attempts in prison, many were willing to talk about the experiences of others that they had witnessed. Several heard or even saw prisoners on their wing take their own life, often in brutal ways due to the limitations of a concrete cell and prohibition on items that could be used as weapons – Glenn Turner who has been inside for over twenty-four years recalled having a conversation with the man in the cell across from him “only to witness him slit his own throat in the middle of answering a question.”<sup>63</sup> He, and others, experienced both trauma and flashbacks as a result of the violence they witnessed as well as feelings of survivor’s guilt. Many of these distressing experiences stick with survivors far into the future – the aftereffects of such trauma lingering long after they have left the walls of the prison.

## **Responding to the Distress of Release**

### *Asocial isolation and claustrophilia*

One of the most common experiences among survivors of solitary confinement is a notable change in social behavior. After living this prolonged period of social isolation, claustrophobia, and enduring the deep trauma of solitary, survivors must readjust to a crowded, fast-paced world when they are released. For many, the isolation creates profound agoraphobia

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<sup>62</sup> Tietz, 61

<sup>63</sup> Penn



after release. Judith Vazquez described how she overcame the claustrophobia she felt in segregation, she found herself grappling with this new phobia, writing that when day came for her to be transferred out of the SHU, “the officers had to fight with me and drag me out. I didn’t want to leave my cell. I had become used to this life of solitude. I feared being around people. I wanted to be in my cell all alone with my plant.”<sup>64</sup> The solitary existence had become so familiar that the thought of being around other people, in an open space, was now terrifying, so much so that she would have preferred to remain in the cell that had once driven her to claustrophobia-induced hallucinations. Several individuals described moments after their release from prison, where a family member took them to a mall, an ice cream parlor, or a number of crowded spaces, where they suffered from panic attacks, rage, and nausea.

Mike Ali echoed the belief that part of this reaction stems from the normalization of isolation: “You get used to being by yourself in the SHU, so you want to get away from everybody. When I’m spending time with someone, I’ll want to be by myself and I just look for excuses to be alone. It causes problems. A lot. All I know is SHU.”<sup>65</sup> His comment indicates that the experience of prolonged solitary confinement has overwritten previously learned social cues and behaviors. Though he grew up with siblings, family, and friends and was raised in crowded social environments, he feels that his time in isolation is all he knows. His instinct is to return to that solitude, to the point where he actively seeks escape from social interaction. It also draws attention to the ways in which the aftereffects of solitary can in fact exacerbate social isolation after release. He notes that this agoraphobia “causes problems” for him. Other survivors shared this sentiment, offering stories of the ways in which their agoraphobia has caused them to push

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<sup>64</sup> Casella, 59

<sup>65</sup> Pendergrass, 100-101

away family and friends. “I am so afraid of people. I used to love hangin’ out, even my Mom – how do I tell my mother I’m afraid of her?”<sup>66</sup> Survivors are unable to trust the people around them and feel uncomfortable spending time even with loved ones. The result is a self-replication of the isolation imposed by solitary.

It isn’t just social conditions of solitary confinement that survivors recreate, but the physical conditions of their incarceration as well. Whereas many described the claustrophobia they felt inside, those who had been released described as a sort of *claustrophilia*, a preference for small, confined, isolated spaces.<sup>67</sup> Five years after being released, Joseph Harmon, who spent eight years in solitary, said he still didn’t like being touched by others and that “a few times a month he is seized with the urge to be alone in a small, silent space.”<sup>68</sup> For him, this was a bedroom. Nelson, who works a full-time job, said, “My office is almost the exact same size of my cell. I need this space.”<sup>69</sup> This self-confinement shows that solitary continues to produce pain for survivors and impact them even beyond the walls of the prison. The desire to be alone is an “urge” that “seizes” a person, almost an uncontrollable impulse. Isolation is a need, a desire that one seeks out, especially in social situations. Javier Panuco, who spent five years in solitary said, “I’ll go hang out in my friend’s bathroom when I’m at his house. I really don’t see a problem with it, but other people do.”<sup>70</sup> When the agoraphobia or sensory stimulation becomes overwhelming, the impulse to bolt leads survivors to retreat to small spaces that were once unbearable, but have transformed into safe spaces post-release. Despite their safety, they still

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<sup>66</sup> Pendergrass, 118

<sup>67</sup> Goode

<sup>68</sup> Goode

<sup>69</sup> Casella, 118

<sup>70</sup> Penn

exert social pain and control. Survivors are unable to connect socially from within their confines, and those around them are unable to understand their behavior, or may take offense to it.

A cycle is created – survivors struggle with their social world and experience stress. This stress causes them to seek isolation and small spaces as a coping mechanism. This social distancing and return to a solitary-like environment or social pattern creates confusion and frustration for their loved ones. Many survivors expressed that this tension led to shame, including Ali: “It’s fucked up. Sometimes I just want to be by myself... Just like I was in solitary. Confined away from all my family and friends.”<sup>71</sup> All of this follows Kupers’ theory of SHU Post-release Syndrome. However, to truly understand post-release social behaviors, we have to examine the experiences that prisoners have while in solitary confinement, as they are not just replications of solitary confinement; they are also products of the social conditions experienced while locked up. The aversion to crowds, for example, reflects the strict isolation imposed upon them. Those in solitary confinement “are not permitted to touch, converse naturally with, or occupy the same space as human beings.”<sup>72</sup> Survivors are not used to sharing physical space with other human beings, and this unfamiliar situation provokes anxiety. This anxiety can also be attributed in part to paranoia that develops inside, and in part to the profound transformation of what it means to social. In the SHU, social interactions are rendered precarious and potentially dangerous.

Given the horrific accounts of abuse and assaults by staff members in many of the ethnographic accounts, it is easy to understand why survivors feel threatened by another person

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<sup>71</sup> Pendergrass, 100

<sup>72</sup> Tietz, 60

entering their physical space. This experience inside directly translates into the paranoia survivors feel when they return to the outside world. Several recounted that they felt overwhelmed in large groups or when a stranger approached them because they feared they were going to be attacked.<sup>73</sup> Constant vigilance is what kept them safe in solitary, but in the outside world this hypervigilance becomes a problem that makes it difficult for them to build social relationships or feel safe. Enceno Macy, who spent fifteen years in solitary, said, “I have a hard time trusting, so I don’t consider too many people my friends. It’s pretty lonely because of that, but I’m used to the feeling now.”<sup>74</sup> Macy’s inability to trust others was a useful tool inside, but following his release it has complicated his readjustment. He recognizes that this is preventing him from forming friendships, which could help ease the loneliness he feels, but instead has adapted to that loneliness. Isolation is familiar, trust is not.

All of these factors contribute to the social experiences of survivors of long-term solitary confinement. Ali and Panuco’s sentiment that their tendency to revert to the asocial conditions of segregation caused problems with their loved ones was one that was echoed many times by survivors. They themselves are also keenly aware of the ways in which they continue to struggle post-release, and that knowledge creates shame and frustration when they encounter difficulties interacting with the social world beyond prison. “I’ll see a couple walking down the street being a couple and it makes me feel like shit, because I can’t even talk to women,” said Greg Koger, who survived seven years in solitary confinement.<sup>75</sup> The shame that they feel for retuning to a form of confinement or being unable to adapt to the outside world creates a vicious cycle where

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<sup>73</sup> Tietz, 60

<sup>74</sup> Casella, 123

<sup>75</sup> Penn

survivors experience stress, replicate habits formed in solitary, feel ashamed and distressed, replicate habits formed in solitary to cope with the stress and so on. Some give up on socializing entirely.<sup>76</sup> The social patterns that they have adapted to are idiosyncratic outside the walls of the prison, and it further contributes to a sense of social isolation. “I don’t feel like I belong out here,” said Nelson. “Talking to other solitary survivors, they feel the same way. It’s messed up to feel like that. Like, it’s not our world.”<sup>77</sup> The world of solitary confinement is the only one Nelson, and others, feel they know how to fit into. In accordance with Hobfoll and Pforte, these survivors, who have lost many key resources such as regularly family interactions, romantic partners, and employment over the period of their confinement, attempt to make up for this loss by returning to the only coping mechanisms they have available – those bred in the walls of a segregation cell. This recreation of the conditions of confinement as a mechanism to manage stress, loss, and alienation is one of the most common and profound asocial experiences of survivors of long-term solitary confinement.

### *Psychological aftereffects*

The social experiences of survivors both before and after release, along with the mental and physical toll of prolonged solitary contribute to the psychological experiences of survivors. The trauma they lived through continues to affect them long after release. Macy said, “Because of solitary I will never be mentally right, I fear. More than ten years later, I think some of the effects have faded, but my panic attacks are so severe that they put me on antidepressants for PTSD.”<sup>78</sup> Depression, PTSD, anxiety, paranoia, flashbacks, and suicidal ideation are all common

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<sup>76</sup> Tietz, 66

<sup>77</sup> Pendergrass, 48

<sup>78</sup> Casella, 123

psychological experiences among the post-release population. While data shows that incidents of self-harm and suicide in prison are much higher in solitary confinement than in general population<sup>79</sup>, there are no statistics on the suicide rate among survivors after release. However, a study of incarcerated individuals in the state of North Carolina found that those who were in solitary confinement were 78% more likely to die from suicide in their first year following release than their counterparts in general population, and 54% more likely to die from homicide.<sup>80</sup> I felt it was important to include homicide in the statistics because an account from Nelson suggests that solitary survivors may intentionally take risks that may put them in danger as a method of suicide: “Sometimes I walk through the worst neighborhoods and I hope somebody will kill me. Do it! I can’t kill myself; I’m Catholic. I flash money. I want someone to blow my brains out.”<sup>81</sup> Suicidal ideation was expressed by a number of survivors, including Fenton, who wrote, “There are times when I’m living and I’m like, “Damn, do I really want this?””<sup>82</sup> She questions whether or not she is able or even willing to continue living after her time in solitary, and mentions that her difficulty readjusting has caused problems with her relationships and marriage. Following release, it is possible that additional loss of key social resources due to experiences with SHU Postrelease Syndrome may exacerbate the feelings of depression and anxiety and magnify suicidal ideation.

This fragile hold on reality that prisoners experience while inside solitary can be carried with survivors post-release, who fear that their freedom is simply an illusion. Nelson said, “I

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<sup>79</sup> Fatos Kaba et al., 442-447

<sup>80</sup> Lauren Brinkley-Rubinstein, et al. “Association of Restrictive Housing During Incarceration With Mortality After Release,” *Journal of the American Medical Association Network Open*, October 4 2019.

<sup>81</sup> Casella 119

<sup>82</sup> Pendergrass, 187

have a fear that I've gone crazy and this life isn't real – I feel that every day. I scream at night real bad because in my dreams I'm back in that cell.”<sup>83</sup> While they may socially recreate the conditions of their cell, psychologically they fear they never left it to begin with. To hold on to reality, survivors once again turn to the mechanisms developed inside solitary. Nelson, said that his first impulse upon entering an unfamiliar house was to count objects in it, such as speakers and lights.<sup>84</sup> Counting is a way to pass the time in solitary, as previously mentioned by Mualimm-Ak and Rodriguez. The reflex that developed as a way to cope in confinement has become a sort of compulsion for Nelson in the outside world. He does it “just to be calm.”<sup>85</sup> In a wide-open world, he doesn't need to pace or count in order to pass the time. Just as Danny Murillo, who spent seven years in solitary, and said that he still obsessively cleans his room the way he did his cell, saying, “I think I have anxiety out here about not having control.”<sup>86</sup> These institutionalized behavior no longer serves its functional purpose in the free world. However, they are the resources survivors invest in during times of stress, one that aligns with the hyperawareness Kupers identifies as a marker of SHU Postrelease Syndrome.

There are some psychological effects that have no comparable counterpart in post-release behavior, likely due to the extreme impact they have on individuals. Based on the severity of descriptions offered by prisoners and survivors, it is likely that the reason we don't observe wilding in post-release behaviors is that those who reach the animalistic level of wilding either do not integrate once reentering, perhaps ending up homeless or in a hospital, or never get

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<sup>83</sup> Tietz

<sup>84</sup> Tietz, 60

<sup>85</sup> Pendergrass, ?????

<sup>86</sup> Penn

released from solitary – either due to disciplinary infractions or as a result of taking their own life.

For those who do survive and are released, the psychological battle continues. However, it is difficult to ascertain the complete psychological impact of solitary confinement post-release in part because many survivors are reluctant to discuss it. This could be due to the culture surrounding help-seeking while in solitary, where prisoners avoid using mental health resources for fear of being seen as weak<sup>87</sup> as well as where the available resources are so unhelpful that prisoners decide they are not worth pursuing.<sup>88</sup> It may also be a defensive mechanism for survivors who cannot bear to talk about their trauma. I observed this firsthand by attending two public events where Albert Woodfox, who spent forty-four years in solitary before his release, spoke about the book he had written and his experiences in prison. At the first one, a conversation at the University of Chicago, when asked about his mental health in the present he said that soon after his release, he experienced some claustrophobic attacks where it felt like the world was closing in on him, but that they now were very infrequent and going for a walk usually helped to resolve them. He also said he would occasionally wake up expecting to see the bars of his cell and not know where he was, feeling “disillusioned,” but that the feeling would pass in a few seconds. However, the next day on a panel at Northwestern University he began to speak about his mental health unprompted. Woodfox said that he keeps telling people he does not experience many mental health effects, but that the claustrophobic attacks were far more

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<sup>87</sup> Penn

<sup>88</sup> *The Gray Box*, written and reported by Susan Greene, (2012, The Ochberg Society), Vimeo, <https://vimeo.com/35551708>



frequent than he let on. He also shared that while he claims the feeling of “disillusionment” he sometimes feels upon waking is only a few seconds long, he is not actually aware of how long he is out of it for because he loses track of time in this state where reality is tenuous, and minutes and hours feel like only seconds. I was curious as to what prompted this change. Haney visited Woodfox on several occasions as a psychiatrist and a researcher during his time in the SHU. In his memoir, *Solitary*, Woodfox wrote that he struggled to be completely open with Haney during their sessions because he “had to hold on to everything to stay sane. The fear that I might start screaming and never stop was always with me.”<sup>89</sup>

Whether they share their experiences or not, survivors carry the psychological harm of solitary confinement with them long after their release. They have experienced the decimation of life skills, according to Kupers. Beyond his definition of struggling to love, work, or play, they have difficulty with the act of living itself. The psychological impact of solitary confinement has led many to believe that death is a better alternative to living with this trauma, as shown by the high suicide rates, or that they have no place to belong in this world. Frank De Palma, who spent twenty-two years in solitary, said, “Even now there’s still a part of me that wants that abyss. Where there’s no thought, no feeling. I just want to be gone, away from everybody and everything. And that’s where I feel safe. Prison has been my whole life. Am I too damaged to ever belong? Am I gonna make it out here? It’s a scary feeling.”<sup>90</sup> His statement recalls those of other survivors like Nelson, who ask the same question. Their patterns, behaviors, and understanding of the world has been shaped by solitary confinement. Those survival mechanisms

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<sup>89</sup> Woodfox, 300

<sup>90</sup> Frank DePalma and Christie Thompson, “I Developed Agoraphobia in Prison,” *The Marshall Project*, 2019. <https://www.themarshallproject.org/2019/05/30/i-developed-agoraphobia-in-prison>

can complicate relationships on the outside, not only with others but also with themselves. They are aware of the fact that their coping mechanisms and habits came from solitary, which can

Macy identifies two additional factors that amplify depression and suicidal thoughts – the feeling of social alienation, described in the previous section, and existing mental health problems. Macy wrote, “I know that solitary confinement has caused me considerable psychological damage – or really, added to what was already brewing. It encouraged me to retreat deep into a demented reality where I was so alone, it made me feel as though I wasn’t meant for this world.”<sup>91</sup> He expresses a feeling that he no longer has a place in the outside world, in “this world” which has become distinct from the world of solitary confinement. While the psychological harms within solitary may not be perfectly replicated in the outside world, they add to the complication survivors face in readjustment, and may serve as a source of frustration and stress that leads them to further isolate themselves, which in turn worsens their mental health.

## **CONCLUSION**

The effects of solitary confinement, and SHU Postrelease Syndrome are so pervasive because survivors struggle to escape solitary even after release. The psychological afterlives of their confinement continue to haunt them in the forms of flashbacks, depression, and anxiety. They return to the coping mechanisms they developed in solitary to cope with life after solitary, including replicating the very confinement they sought to escape. The subjects in this paper experienced a loss of key resources and a decimation of life skills during their time in solitary

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<sup>91</sup> Casella, 123

confinement. They survived abuse, assault, hopelessness, and brutal conditions. They were denied opportunities to education or recreation, and watched their fellow prisoners mentally decompensate or even die. They continued to lose those key resources after their release when loved ones do not understand them and they found themselves unable to return to their life as it was prior to incarceration. In the free world, they faced constant reminders that their experiences are abnormal when they struggle to stay calm in a crowded room or have difficulty building or maintaining close relationships.

In response, they invested themselves in the resources that remained familiar to them by recreating and replicating the conditions of their confinement through self-isolating, claustrophilia, and coping mechanisms developed in prison. Feelings of alienation were further amplified when survivors realized their patterns are the same patterns they adhered to in confinement. As the coping mechanisms of survivors of solitary are based in the experiences of prisons in the SHU, it appears that their mental health following release does indeed differ from those who are released after long-term sentences in general population. This is further supported by the statistics from Brinkley-Rubenstein's study of suicide rates among survivors of solitary confinement, both of which support Kupers' designation of SHU Postrelease Syndrome as a unique condition that differs from PTSD following time in prison. Without proper mental health care, counseling, and community support a survivor might never truly leave solitary confinement, and instead turn to a self-imposed isolation. This self-imposed isolation could account for the prolonged effects of solitary post-release, for as long a survivor is recreating their confinement, they will continue to experience the trauma associated with it. It becomes a true abyss – a seemingly endless, infinite confinement even without bars to hold one in.

It is clear, therefore, that the mental health effects of solitary confinement last long after one's sentence has ended. It produces a form of punishment that may be permanent. If the point of the practice is to achieve rehabilitation, this analysis shows that the results are far off from achieving this, as people leave the SHU worse off than they entered it. In fact, the rates of self-harm and suicide suggest that solitary confinement becomes, for many, a death sentence. Solitary confinement leads to a profound loss of key resources, which do not appear to be easily recovered after release, if at all. Human rights experts argue that solitary confinement amounts to torture, and I would argue that this prolonged asocial isolation and psychological distress is also a form of torture that continues well beyond one's prison sentence, prohibiting one from feeling at home and safe in the free world. The intervention needed to support survivors during and after their confinement is not a clinical one, but rather a political one. The accounts given by these subjects demand that we confront the enduring afterlives of the SHU, and ask ourselves why we subject any human being to this experience when we are cognizant of the results. Based on this analysis, addressing the causes of this distress would require opportunities for rehabilitative programming and recreational activities, consistent and lengthy interaction with other people that is physical, social, and safe, and an environment that is not as constrained or stress-inducing. If these changes were to be made to a SHU, it would by definition no longer be a SHU. Therefore, in order to treat the pervasive effects of confinement and improve mental health outcomes, we must abolish the practice of solitary confinement altogether.

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