

The Psychological Effects of Solitary Confinement

By Philip Bulman

A study funded by the National Institute of Justice (NIJ) which examined the psychological effects of solitary confinement, known as administrative segregation (AS) in corrections, showed that the mental health of most inmates did not decline during the course of a year — contrary to the findings of some previous studies.¹ Researchers assessed 247 men in the Colorado prison system. The sample included inmates in AS at the Colorado State Penitentiary and two other groups for comparison: the general prison population and residents of San Carlos Correctional Facility, a psychiatric care prison. The sample of inmates was divided into those with mental illness and those with no mental illness.²

What Is Administrative Segregation?

Prisoners may be placed in solitary confinement, or AS, for violent or disruptive behavior. AS typically involves single-cell confinement for 23 hours daily. Inmates are allowed one hour out of the cell for exercise and showers. Facilities for AS are expensive to build and maintain.

In the Colorado study, the cells were 80 square feet and had 35 square feet of unencumbered floor space. Each cell contained a bunk, toilet, sink, desk and stool and had a window to the outside and one to the inside of the prison. Neither window opened, so the prisoner could not control airflow.

Prisoners were permitted at least five hours a week for recreation, as well as 15-minute showers three times a week. They received most services at their cell doors, including meals. Mental health clinicians visited at

least once a month, and a librarian delivered books and magazines once a week. Prisoners were allowed at least one 20-minute phone call and one non-contact visit each month.

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Conducting Research in Prisons

Researchers who study prison life face unique challenges. Prison is a self-contained environment in which everyone's activity is tightly regulated and monitored. Gaining access to a prison for the purposes of conducting research may be difficult. Furthermore, prisoners are regarded as a vulnerable population for research study purposes, and this requires additional protection for them. Some experts believe that prisoners have little or no freedom to make informed decisions and therefore cannot give informed consent. Consequently, researchers who want to conduct prison research face heightened scrutiny from institutional review boards. In addition, in correctional settings, it may be difficult to implement rigorous evaluation designs, such as randomized controlled trials.

Having outsiders arrive in a closed environment may affect the prisoners' perceptions of the institutions in which they live, and the effects may be larger for those in solitary confinement. Researchers arriving to interview inmates is a major event in the monotonous routine of prison life, especially for an inmate who is in isolation 23 hours a day.

A related factor is the Hawthorne effect, in which social and behavioral researchers' interactions with and observation of subjects being studied affects the subject's behavior. The name stems from a study of factory workers at Western Electric's Hawthorne plant in Illinois in the 1920s and 1930s. Researchers set out to observe how changes in lighting would affect the workers' productivity. Results showed that regardless of the changes made, productivity increased. They decided that the productivity increased because the workers saw themselves as special participants in an experiment.³ It may be possible that the Hawthorne effect was present in the Colorado study of administrative segregation.⁴

On the other hand, inmates may be wary of researchers. Establishing trust in order to collect accurate information is a prime concern to researchers, who know that inmates may withhold information or tell researchers only what they think the researchers want to hear.

Method and Results

The researchers tested three hypotheses:

- Offenders in AS would develop an array of psychological symptoms consistent with the "security housing unit syndrome,"

including anxiety, hallucinations, excitability and outbursts;

- The mental health of offenders with and without mental illness would worsen over time in AS, but mentally ill inmates would decline more rapidly and have more serious illnesses; and
- Inmates in AS would experience greater psychological decline over time than the comparison groups in the general prison population and the psychiatric care prison.

Inmates and staff completed standardized tests measuring states such as anxiety, depression and psychosis at three-month intervals during the course of the study. To participate in the study, inmates had to read and write at a proficient level because the assessments were conducted using self-administered pencil-and-paper materials; no clinical psychologist interviewed the inmates.

The study's results failed to confirm the hypothesis. In fact, the results showed initial improvements in psychological well-being in all three groups of inmates. Most of the improvement occurred between the first and second testing periods and was followed by relative stability. Overall, the researchers found that 20 percent of the study sample improved mental health, and seven percent worsened during the study period.

The researchers noted that their findings might not apply to other prison systems. Systems with more restrictive living conditions and fewer treatment and other programs may have different results. Additionally, the study was limited to literate adult men. Because participation was voluntary, the study sample excluded those with serious mental illnesses, who may be especially vulnerable to the stresses of solitary confinement. Finally, because inmates were not randomly assigned to study groups, the groups and their outcomes may not be comparable.

The researchers also noted that AS may have negative effects that were not measured in the study. For example, previous research has shown that inmates released directly from AS to the streets had dramatically higher recidivism rates than those who first returned to the general prison population.⁵ Overall, the Colorado study adds to the knowledge base, but it does not resolve the debate about the effectiveness of AS.

ENDNOTES

¹ Read the final report, *One Year Longitudinal Study of the Psychological Effects of Administrative Segregation*, at <http://www.ncjrs.gov/pdffiles1/nij/grants/232973.pdf>.

² Placement into AS or general prison conditions occurred as a function of routine prison operations. General population comparison participants included those at risk of AS placement due to their institutional behavior.

³ Lovell, David, L. Clark Johnson and Kevin C. Cain. October 2007. Recidivism of supermax prisoners in Washington state. *Crime and Delinquency*, 53: 633-656.

⁴ Recent examinations of the Hawthorne data question the original conclusions and suggest there was either no effect or a placebo effect. For examples, see: Levitt, Steven D., and John A. List. May 2009. *Was there really a Hawthorne Effect at the hawthorne plant? An analysis of the original illumination experiments*. The National Bureau of Economic Research, NBER Working Paper no. 15016, retrieved from <http://www.nber.org/papers/w15016>; and Questioning the hawthorne effect: Light work. June 2009. *The Economist*. Retrieved from <http://www.economist.com/node/13788427>.

⁵ For more discussion of the Colorado study and the challenges involved in prison research, see: An update of the national institute of corrections. June 21, 2011. *Corrections and Mental Health* Retrieved from <http://community.nicic.gov/blogs/mentalhealth/archive/tags/Colorado+Supermax+Study/default.aspx>.

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