

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

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by [Jean Casella and James Ridgeway](#) | February 12, 2013

The title of this post is the title of an article by us that appears in the current edition of *Fortune News*, the publication of the [Fortune Society](#), a remarkable group based in the New York City. The organization describes itself as follows: The Fortune Society's mission is to support successful reentry from prison and promote alternatives to incarceration, thus strengthening the fabric of our communities. We do this by: Believing in the power of individuals to change; building lives through service programs shaped by the needs and experience of our clients; and changing lives through education and advocacy to promote the creation of a fair, humane and truly rehabilitative correctional system.

Our piece appears below, but be sure to [check out Fortune News](#) for more on solitary confinement and mental health, including a powerful piece by Wilbert Rideau about his time spent in solitary on Louisiana's death row.

A 2003 report from Human Rights Watch found that, based on available data from states throughout the country, one-third to one-half of prisoners held in secure housing units (SHUs), and special management units (SMUs) suffered from mental illness. Since the total population of inmates in solitary confinement is thought to number 75,000 or more, tens of thousands of prisoners with mental illness may be in isolation on any given day.

The Human Rights Watch report concluded that persons with mental illness often have difficulty complying with strict prison rules, particularly when there is scant assistance to help them manage their disorders. Eventually accumulating substantial histories of disciplinary infractions; they land for prolonged periods in disciplinary or administrative segregation. In other words, they are placed in solitary precisely because they display the symptoms of untreated mental illness. Given that isolation has been shown to cause severe psychological trauma in prisoners without underlying psychiatric conditions, it would be difficult to imagine a more damaging place to incarcerate the mentally ill.

At the all-solitary Colorado State Penitentiary, Troy Anderson has spent the last 10 years in isolation, never seeing the sun or the surrounding mountains. Anderson has been diagnosed with ADHD, bipolar disorder, intermittent explosive disorder, anti-social personality disorder, cognitive disorders, a seizure disorder and poly-substance dependence, and he has attempted suicide many times, starting at the age of 10. His mental health treatment in prison has consisted largely of intermittent and inappropriate medications and scant therapy, most of it conducted through a slot in his solid steel cell door. By Colorado's own estimate, 37 per cent of the prisoners in its isolation units are mentally ill.

In 2006, 21-year-old Timothy Souders died of heat exhaustion and dehydration at a Jackson, MI, prison during an August heat wave. For the four days prior to his death, Souders had been shackled to a cement slab in solitary confinement because he had been acting up. That entire period was captured on surveillance videotapes, which according to news reports clearly showed his mental and physical deterioration. His suffering may have been further exacerbated by antipsychotic drugs, which raise the body temperature and cause dehydration.

Terry Kupers, a professor at the Wright Institute in Berkeley and a nationally recognized expert on the psychological effects of solitary confinement, testified in a Wisconsin case confinement of prisoners suffering from serious mental illnesses, or who are prone to serious mental illness or suicide, is an extreme hazard to their mental health and well-being. A California judge put it somewhat differently: In a case concerning Pelican Bay State Prison, he said that placing prisoners with mental illness in solitary confinement was the mental equivalent of putting an asthmatic in a place with little air.

Research indicates that even for prisoners without underlying mental illness, long-term solitary confinement can alter neural and therefore psychological states. One study found that those in solitary developed psychopathologies at higher rates than those in the general population (28 percent vs. 15 percent). Wilbert Rideau, a renowned prison journalist (and now a free man), describes in his recent memoir *In the Place of Justice* the bone-cold loneliness of life in solitary confinement on Angola's death row removed from family or anything resembling a friend, and just being there, with no purpose or meaning to my life, cramped in a cage smaller than an American bathroom. Deprivation of both physical exercise and meaningful social interaction were so severe that some men went mad while others feigned lunacy in order to get transferred to the hospital for the criminally insane.

In recent years, lawsuits and grassroots movements in Illinois, Maine, New York, and elsewhere have spurred policies or legislation limiting the use of solitary confinement on prisoners with serious mental illness. In New York, for example, such inmates are supposed to be moved to special residential mental health units, or at least spend several hours a day outside of their isolation cells receiving treatment. These changes represent an important step toward more humane treatment of mentally ill prisoners. Yet even in these states, the diagnosis process is highly fallible, and the need for alternatives to solitary far outstrips the available resources. Until a major shift in thinking and policymaking takes place, there will continue to be thousands with mental illness suffering in solitary.

James Ridgeway (1936-2021) was the founder and co-director of Solitary Watch. An investigative journalist for over 60 years, he served as Washington Correspondent for the Village Voice and Mother Jones, reporting domestically on subjects ranging from electoral politics to corporate malfeasance to the rise of the racist far-right, and abroad from Central America, Northern Ireland, Eastern Europe, Haiti, and the former Yugoslavia. Earlier, he wrote for The New Republic and Ramparts, and his work appeared in dozens of other publications. He was the co-director of two films and author of 20 books, including a forthcoming posthumous edition of his groundbreaking 1991 work on the far right, *Blood in the Face*. Jean Casella is the director of Solitary Watch. She has also published work in The Guardian, The Nation, and Mother Jones, and is co-editor of the book *Hell Is a Very Small Place: Voices from Solitary Confinement*. She has received a Soros Justice Media Fellowship and an Alicia Patterson Fellowship. She tweets @solitarywatch.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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