

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2011/03/19/cruel-and-usual-u-s-solitary-confinement/>

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by [James Ridgeway and Jean Casella](#) | March 19, 2011

The title above is the title of the article we wrote for Al Jazeera English, which ran as a feature today on their web site. It begins as follows; please use the link at the end to read the full piece.

The spectre of Bradley Manning lying naked and alone in a tiny cell at the Quantico Marine Base, less than 50 miles from Washington, DC, conjures up images of an American Guantanamo or Abu Ghraib, where isolation and deprivation have been raised to the level of torture.

In fact, the accused Wikileaker, now in his tenth month of solitary confinement, is far from alone in his plight. Every day in the US, tens of thousands of prisoners languish in the hole.

A few of them are prison murderers or rapists who present a threat to others. Far more have committed minor disciplinary infractions within prison or otherwise run afoul of corrections staff. Many of them suffer from mental illness, and are isolated for want of needed treatment; others are children, segregated for their own protection; a growing number are elderly and have spent half their lives or more in utter solitude

[Click here to read the full article on Al Jazeera English.](#)



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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cooperation.

thats sick i mean sick no one should have to spend half thare life alone let lone a year or mouth of it may thare be light in the darknes of justice

SORRY for the length of this contribution.

Thanks for the initiative of writing about solitary confinement.

Indeed it is about time to stop criminalizing and re-traumatizing victims of an underperforming society and mental health care system. In many countries also in Europe most borderline woman end up in mental hospitals and most borderline men in prison. Both can end up in isolation. This is because of failing investment in care and warm emotional attachment values in schools; communities and relationships. Therefore more and more woman start being victims of the anti social egoistic contemporary values such as the capacity to compete and possess; instead of the capacity to give and to love. To be hard is better than to be soft.

Because of the (also for themselves) incalculable social behavior the incarcerated borderline patient is internally triggered not obey prison rules nor to adapt to any social order, even not that of a criminal gang. Thus they will be labeled crazy; rejected by staff and inmates alike. Subsequently the primitive feeling system of the borderline patient remembers the prenatal condition(*see below) and feels attracted by the socially adverse and perverse feeling characteristics of what in the prison system is called the hole. This condition resembles all available prenatal fears with behavioral consequences. Therefore in any social group the inmate behaves more and more insecure ;foolish ; starts more and more acting stupid; anti social whereby the old fear of feeling rejected and unwanted is now also socially realized and proven. As a consequence the inmate becomes more and more a security risk. In order not to kill or be killed the re-traumatized inmate ends up in a familiar socially isolated survival mode. If isolation is prolonged this condition becomes personality transforming and incurable if time and personal attention is not invested.

Incarceration in general and isolation torture in specifically re-traumatize the inmate; aggravates and triggers the genetically borderline psychiatric condition. These inmates become the true victims of our society. They cannot help to be mentally ill and are being deprived form any dignity that is left. The genetically more lucky; and survival oriented neurotic inmates have a better chance be re-socialized.

The politician and broader society should realize that incarceration let alone isolation torture is painful and (re)-traumatizing for everybody and re-socialization costs for society are 2-4 times the financial efforts of incarceration are necessary. Only neurotics have better coping strategies then inmates with a psychiatric condition. In fact, in this time and age I suspect that the latter is in 90% of the cases without much perspective of re-socialization. For the rest of their lives will be unproductive and will cost money for society

*Most of the emotional and primary behavioral attachment patterns started in the prenatal phase of development. Similar as the quality of our mother tongue is learned during the critical speech development phase between 2-4 years. The basic emotions for contact develop in the womb 0-4 years. These are our primordial feelings of love; of belonging; attachment; being wanted; fears of feeling rejected; strength of vitality; aggression or the level of depression etc. After birth these patterns are usually enforced or weakened according to social situation and genetic makeup.

The existential fear of being unwanted or rejected makes the untreated borderline patient indeed incapable for re-socialization during and after incarceration. This is due to the fact that being incarcerated he or she is in a similar cold womb which means stimulus deprivation of love hormones (oxytocine and prolactin) and too much stress hormones. These stimuli come via the placenta from the mother. (the gruesome Nazi experiments thought us one good thing: A human baby cannot survive when it is only nurtured an cleaned without love. They did experiments whereby the skin of the baby is not touched by the hands or skin of the nurse and words are not emotionally high pitched personal and warm).

Since an ideal womb does not exist specially the solitary cell block every inmate suffers and survives his own primordial emotional growth and painful traumatization process. And again this is a lonely process stimulated by the circumstances of the hole. The body regresses and the inmate is uncontrollable flooded by pain and instinctively freezes all needs and emotions for love and positive contact impulses from emerging. This is understandable because these needs are too painful. After a while this becomes a personality transforming traumatic experience. The reason is obvious: the continuous repetitive deprivation of meaningful contact; the violent or rare cold touch of staff; little and bad food; perverted attachment and sex. Sometimes a deprived body is so desperate that to experience of pain while being beaten is better than no touch at all. The rest is only the physical and mental struggle to live, but in fact not good enough to live and not bad enough to die. Some light in the dark?

There are countries with 10% recidivism and some with 80%. Why this difference? Health care and re-socialization programs give a solution. Therefore in some states there are now social programs for inmates with communities; education to be responsible for training a dog or a horse etcetera. This is still too little, maybe 2% of the inmates can and will take part in such a program.

Personality transforming involuntary isolation practice of the incarcerated person or the mentally ill in a similar institution should be considered a crime against humanity in and by itself.

Therefore it is proposed that any time in isolation must be restricted to extreme situations and cannot last longer than a few days. Consequently the pain; the cravings; frustration and (self) hatred must always be recognized by specialists and socially treated.

Success in the fight for prevention; socialization and rehabilitation of all concerned.

Good work it has only been up for just a short time and has received 1357 recommends in spite of the outbreak of yet another middle eastern war in Libya, the Arab uprisings and the Japan nuclear crisis.

Imagine if it had been a slow news day.

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