

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

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Search

close

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by [James Ridgeway and Jean Casella](#) | March 29, 2012

When it comes to the psychological effects of solitary confinement in U.S. prisons, there are three acknowledged experts: Drs. Stuart Grassian, Craig Haney, and Terry Kupers. The three have collaborated on a joint statement on the closure of Tamms supermax prison, which was [proposed last month](#) by Illinois governor Pat Quinn. The statement is directed at the relevant committee of the Illinois state legislature, which will hold hearings on the prison closure next week. We are publishing this important statement in full.

Comments by Dr. Stuart Grassian, Dr. Craig Haney, and Dr. Terry Kupers to the April 2, 2012 Hearing of the Illinois Legislature Commission on Government Forecasting and Accountability regarding the proposal to close Tamms Correctional Center

Tamms Correctional Center has been open for over ten years, and some of its resident prisoners have been at the facility since it opened. We have been informed that the Governor of Illinois has recommended that the Tamms facility be closed. As three long-time researchers and nationally recognized experts on the psychological effects of solitary confinement, we write to express our strong support of that recommendation.

We believe that the Governors recommendation is entirely consistent with a growing national trend [away](#) from the use of long-term solitary confinement.[\[1\]](#) Of course, there are compelling economic justifications that partially explain this trend. Supermax prisons such as Tamms are very expensive to operate. In addition, however, there are important mental health concerns and public safety justifications that support this development. Research has shown that long-term solitary confinement places prisoners at grave risk of significant psychological harm.[\[2\]](#) Because this kind of confinement is not only painful but also potentially damagingand, for some prisoners, perhaps irreversibly soit can be a cruel and singularly inappropriate form of punishment. Beyond doing more to debilitate than rehabilitate the prisoners who are subjected to it, solitary confinement undermines the ability of many of them to succeed in the community after their eventual release from prison.[\[3\]](#) This evidencethat it appears to increase rather than reduce recidivismraises public safety concerns.

The structure and operation of supermaximum security units such as Tamms are conducive to the creation of a punitive atmosphere and even a culture of cruelty that can harden and dispirit prisoners and correctional officers alike. Aspects of its negative atmosphere and culture may spread to and negatively affect prevailing attitudes and practices in the larger correctional system. Moreover, supermax prisons such as Tamms do not reliably reduce violence or disciplinary infractions within the larger prison systems in which they function; in some instances they appear to make it worse.[\[4\]](#) Nor do they alleviate the problem of prison gangs. The California Department of Corrections has aggressively pursued the use of long-term solitary confinement for more than 20 years and the state prison system is now plagued with perhaps the worst gang problem in the nation.

Our views on these matters are based on a careful review of the existing literature on solitary confinement and our own direct observations and analyses of the effects of long-term solitary confinement in work that we have been engaged in for more than three decades. Each of us has toured and inspected numerous supermax-type penal institutions, interviewed and evaluated numerous prisoners confined under these severe conditions, and discussed isolation practices and procedures with correctional staff and officials from around the country. We have sometimes been asked to render expert opinions in legal cases that were focused on whether being housed in supermax facilities such as Tamms constitutes cruel and unusual punishment. One of us (Dr. Haney) is an academic psychologist and two of us (Drs. Grassian & Kupers) are university-affiliated psychiatrists.

More specifically, Dr. Haney is a social psychologist and Professor of Psychology. He began his study of prisons as one of the principal researchers who conducted the well-known Stanford Prison Experiment in the early 1970s, and has studied the psychology of imprisonment in actual prisons since then.[\[5\]](#) Dr. Haney's study of long-term solitary confinement includes a systematic analysis of the effects of confinement inside a state-of-the-art supermax prison that housed prisoners who had committed serious disciplinary infractions or were suspected of prison gang activity.[\[6\]](#) Haney's use of a random (and therefore representative) sample of prisoners in supermax confinement allowed him to establish prevalence rates (i.e., an estimate of how widespread the psychological reactions were among the group of persons confined in supermax). This study found extraordinarily high rates of symptoms of psychological trauma. More than four out of five of those evaluated suffered from feelings of anxiety and nervousness, headaches, troubled sleep, and lethargy or chronic tiredness, and over half complained of nightmares, heart palpitations, and fear of impending nervous

breakdowns. Equally high numbers reported specific psychopathological effects of social isolation obsessive ruminations, confused thought processes, an oversensitivity to stimuli, irrational anger, and social withdrawal. Well over half reported violent fantasies, emotional flatness, mood swings, chronic depression, and feelings of overall deterioration, while nearly half suffered from hallucinations and perceptual distortions, and a quarter experienced suicidal ideation.

Dr. Grassian did pioneering work on the harmful psychological effects of solitary confinement and is responsible for drawing heightened attention to its harmful consequences in the early 1980s. In his initial article on the topic, Dr. Grassian reported on 15 prisoners kept in isolation for varying amounts of time at a Massachusetts prison.[7] Dr. Grassian described a particular psychiatric syndrome resulting from the deprivation of social, perceptual, and occupational stimulation in solitary confinement. This syndrome has basically the features of a delirium, and among the more vulnerable population, can result in an acute agitated psychosis, and random violence often directed towards the self, and at times resulting in suicide. He has also demonstrated in numerous cases that the prisoners who end up in solitary confinement are generally not, as claimed, the worst of the worse; they are, instead, the sickest, most emotionally labile, impulse-ridden and psychiatrically vulnerable among the prison population.

Two-thirds of the prisoners Dr. Grassian initially studied had become hypersensitive to external stimuli (noises, smells, etc.) and about the same number experienced massive free floating anxiety. About half of the prisoners suffered from perceptual disturbances that for some included hallucinations and perceptual illusions, and another half complained of cognitive difficulties such as confusional states, difficulty concentrating, and memory lapses. About a third also described thought disturbances such as paranoia, aggressive fantasies, and impulse control problems. Three out of the fifteen had cut themselves in suicide attempts while in isolation. In almost all instances the prisoners had not previously experienced any of these psychiatric reactions.

Dr. Terry Kupers has been studying the plight of mentally ill prisoners for decades.[8] In part because of the high prevalence of serious mental illness he discovered in many of the supermax facilities that he toured, he has written extensively about the harm that long-term isolated confinement causes in prisoners, especially those suffering from serious psychiatric conditions. As one stunning index of the magnitude of this harm, national data indicate that fully half of the suicides that occur in a prison system occur among the 4% to 8% of the prisoners who are consigned to segregation or isolation. Recently, he served as an expert witness, and then as a court-approved monitor, in litigation in Mississippi that required the Department of Corrections (Mississippi DOC) to ameliorate substandard conditions at the super-maximum Unit 32 of Mississippi State Penitentiary at Parchman, remove prisoners with serious mental illness (SMI) from administrative segregation and provide them with adequate treatment, and re-examine the entire classification system. Pursuant to two federal consent decrees, the MDOC greatly reduced the population in administrative segregation and established a step-down mental health treatment unit for the prisoners excluded from administrative segregation. After 800 of the approximately 1,000 prisoners in the super-maximum security unit were transferred out of isolated confinement, there was a large reduction in the rates of misconduct and violence, not only among the prisoners transferred out of supermax, but in the entire Mississippi Department of Corrections.[9]

Supermax prisons and the long-term solitary confinement to which they are dedicated represent an unjustified return to a long-discredited 19th century penal practice, one seized upon at a time of dangerous and unprecedented overcrowding that overwhelmed correctional systems across the country in the 1980s and 1990s. Rather than a best practices approach to the impending crisis that overcrowding threatened to bring about, correctional administrators turned to supermax isolated confinement because they perceived themselves to have few alternatives. However, in addition to the substantial psychological risks that they create for prisoners, the promise of supermax as a last ditch, stop gap measure designed to contain the worst of the worst has always exceeded their actual accomplishments.

Thus, as we have noted, long-term solitary confinement places prisoners at grave risk of psychological harm without reliably producing any tangible benefits in return. There is no hard evidence that supermaximum security facilities actually ever reliably reduced system-wide prison violence or enhanced public safety. Fears that a significant reduction in the supermax population or the outright closure of a facility will result in heightened security threats and prison violence have not been born out by experience. In fact, as the example cited above makes clear, recent experience in Mississippi found exactly the opposite that a drastic reduction in the supermax population was followed by a reduction in prison misconduct and violence.

As prison populations slowly decline, and the nation's correctional system re-dedicates itself to program-oriented approaches to positive prisoner change, the resources expended on long-term solitary confinement should be redirected to more cost-effective solutions. In Mississippi and elsewhere, supermax prisons are beginning to be seen as an expensive anachronism. We agree with the Governor that it is an anachronism that Illinois should do without.

Thank you for considering our comments.

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[1] Erica Goode, Prisons Rethink Isolation, Saving Money, Lives and Sanity, New York Times, March 10, 2012 [available at: <http://www.nytimes.com/2012/03/11/us/rethinking-solitary-confinement.html?pagewanted=all>]

[2] Haney, C., and Lynch, M., Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement, 23 New York University Review of Law and Social Change 477-570 (1997); Haney, C., Mental Health Issues in Long-Term Solitary and Supermax Confinement, 49 Crime & Delinquency 124 (2003); Cloyes, K., Lovell, D., Allen, D., & Rhodes, L., Assessment of Psychosocial Impairment in a Supermaximum Security Unit Sample, 33 Criminal Justice and Behavior 760-781 (2006).

[3] For example, see: Lovell, D., Johnson, L., & Cain, K., Recidivism of Supermax Prisoners in Washington State, 53 Crime & Delinquency 633-656 (2007); Mears, D., & Bales, W., Supermax Incarceration and Recidivism, 47 Criminology 1131 (2009).

[4] Briggs, C., Sundt, J., & Castellano, T., The Effect of Supermaximum Security Prisons on Aggregate Levels of Institutional Violence, 41 Criminology 1341-1376 (2003).

[5] See, for example: Haney, C., Banks, C., and Zimbardo, P., Interpersonal dynamics in a simulated prison. International Journal of Criminology and Penology, 1, 69-97 (1973); and Haney, C., Reforming Punishment: Psychological Limits to the Pains of Imprisonment. Washington, DC: American Psychological Association Books (2006).

[6] Described in detail in Haney, Mental Health Issues in Long-Term Solitary and Supermax Confinement, supra note 2.

[7] Stuart Grassian, Psychopathological Effects of Solitary Confinement, 140 American Journal of Psychiatry 1450-1454 (1983). See also, Stuart Grassian and Friedman, N., Effects of Sensory Deprivation in Psychiatric Seclusion and Solitary Confinement, 8 International Journal of Law and Psychiatry 49-65 (1986).

[8] For example, see: T. Kupers, Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It. San Francisco: Jossey-Bass (1999).

[9] See T. Kupers, T. Dronet et al, Beyond Supermax Administrative Segregation: Mississippi Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs, 36 Criminal Justice and Behavior 1037-1050, October, 2009, attached.

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.

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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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Reblogged this on [raysusan49](#).

It is my opinion that Solitary Confinement is grossly overused. It should be kept to a minimum, no one should ever be kept in there for years, nothing over one month. This is not rehabilitation or corrective measures, it is CRUEL & UNUSUAL Punishment! I consider it to be Concentration Camps in America. They are destroying the very integrity of being human.

The fact that this type of punishment is very costly is again another HUGE reason to eliminate it all together. Our government is broke. There has to be a more human way.

I do agree that there has to be some type of control for those that are truly dangerous and I feel that this is a small percentage of those incarcerated in these supermax prisons.

As one of the lawyers who has litigated the conditions at Tamm the subject of the expert medical opinions quoted in this post I wanted to take a minute to respond to Ms. Holts very thoughtful question.

No one that I am aware of has suggested that all segregation units should be abolished. Segregation certainly has a role to play in an effective prison management strategy. It is important that misbehavior have consequences; just as it is important that good behavior be rewarded. No humane system can (or should) forswear either rewards or punishment.

The issue with supermax prisons is different. We are talking about extreme isolation, sometimes for decades, and often with no clear rationale for being put in the supermax in the first instance, nor any clear way out. Torturing people simply is not the answer.

Instead, a well run prison includes both a range of rewards and punishments, a full complement of programming including education and

jobs, and control. As Drs. Kupers, Grassian, and Haney point out, this was the norm in the American prison system prior to the 1990s. As they note, we then made a historic wrong turn, and eliminated much of the programming, instead locked people in cramped cells with nothing to do all day. No one should have been surprised that this treatment led to an increase in anger and frustration not to mention boredom which in turn caused disciplinary problems. Rather than undoing the changes which caused the problem, we instead reacted with even MORE isolation and supermax prisons became the fad of the decade.

All research over the last 15 years has shown that supermax prisons do NOT increase safety; instead, they cause the prisoners confined in supermax prisons to deteriorate effects which continue to impact their mental wellbeing long after they are released from the supermax back onto the street.

I hope this sheds some light on the issue.

@Holt what does most of the rest of the western world do with such men? And what did we do before the 1970s? Yes solitary is a useful tool to cool heads down after an altercation or a riot but at some point it becomes torture and revenge. Why do you believe that you know more than these experts in the field? (I refer to the doctors in this article.)

Your paying a premium for this system and creating even more dangerous people upon their release into society in return for your investment dollars.

Then there is the mentally ill. What about them?

For these reasons alone you should want to tweak the system.

And the site has often written in their posts that solitary confinement can be useful in certain cases for short periods of time.

I'm not sure that I support the total abolition of solitary confinement, but rather reducing the time that some people spend in it. I don't see the authors of this website reporting on the problem of controlling the truly incorrigible inmate, of which I've read are more than just a few in almost every prison except the minimum custody ones. When an inmate continues his/her criminal behavior from within the walls, to include but not limited to, the murder of another inmate or staff member, escaping, inciting a riot, etc., WHAT DO YOU DO WITH SUCH A PERSON, other than putting him/her where s/he CANNOT commit another crime? Particularly if such an inmate has been a disciplinary problem & has refused to participate in or HAS NOT responded to interventions short of solitary to change or control his/her behavior? Once someone has instigated a riot, successfully escaped, been caught & returned to prison, and/or taken a life from behind walls, how do you EVER trust such a one again such that you can reintegrate him/her into the prison population? How is that decision to reintegrate reached if it ever is?

I don't read anything on Solitary Watch that addresses this matter:

What's the alternative to solitary confinement that would effectively control an incorrigible/dangerous/violent inmate? If you close Super-Max prisons, what takes their place for these inmates?

As an ex prisoner, who spent time in solitary, I can tell you that solitary time in the SHU makes matters worse without a floodgate of self help options available. Here is why. Besides the problems of anti social behavior worsening, without the self help options to grow in a new direction, the prisoners are still stuck in a cycle of rebellion to maintain some kind of identity. Power and control are issues the prisoner wants to hold on with every fiber to maintain some sort of identity. I turned my life around writing drug war novels and prison stories while incarcerated to find my identity and change my life.

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