



Social Workers Against Solitary Confinement.  
an Issues Chapter of the Social Welfare Action Alliance

## **Psychological, Physical and Societal Consequences of Solitary Confinement**

### **Psychological**

The psychological effects of solitary confinement on the human psyche are catastrophic. As Mary Buser, former mental health assistant chief on Rikers Island, notes, “If they did not have a mental health issue before they entered solitary, they do now.” The initial reaction to solitary is often, what psychiatrist Craig Haney terms “isolation panic,” typically followed by depression and feelings of hopelessness. Consequently, people in solitary suffer from depression, anxiety, psychosis and suicidal ideation. Those with an existing mental illness will further deteriorate and the rate of self-mutilation and suicide is far greater than the general prison/jail population.

### **Physical**

Emerging data shows solitary confinement to be adversely impacting physical health and well-being. Growing neuroscientific research has emphasized that social interaction and environmental stimulation are vital for normal brain function. Dr. Brie Williams, who has examined numerous people in solitary confinement notes that, for older individuals with heart conditions and/or diabetes, a recommended exercise protocol is impossible, given the severely restricted cell size, hastening death. In addition, she points out that limited access to sunlight results in a Vitamin D deficiency, increasing the risk of bone breaks, fractures, and may also be a risk factor for fatal outcomes of cancer, cardiovascular disease, and other chronic inflammatory illnesses. Furthermore, Dr. Williams points out that for older adults, the sensory deprivation of isolation exacerbates confusion and memory loss. In addition, vision issues have been noted as a result of small cell space interfering with long distance sight, so that after release from solitary, eyesight problems are common. As more is understood about the physical impact of solitary, it stands to reason that examples of bodily harm will continue to emerge, as the human body was not meant for a confined, solitary existence.

### **Societal**

Contrary to the idea that the roughly 80,000 people in solitary confinement are separate and apart from the larger society, it should be noted that better than 90% of the incarcerated population will be released at some point, including those in solitary. For a person in solitary whose legal sentence is complete, in most states, that individual will be released directly to the streets, with no treatment for the trauma of solitary. In an extreme example of this potential danger, in 2013, Tom Clements, the Director of the Colorado Department of Prisons, was gunned down and killed on his own doorstep by a man who had just been released from a solitary cell to the streets. Ironically, Clements was in the process of attempting to reform solitary confinement. His successor, Rick Raemisch, continued this mission, successfully reforming solitary in the State of Colorado. In the process, Raemisch posed a sobering question: Do we want people coming out better or worse than when they went in? The answer to this question has implications for all of us.



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## Contemplation Points:

1. Why would someone with a known mental illness be placed in solitary confinement?
2. What are the reasons anyone would be placed in solitary?
3. Should physicians treat people in solitary for medical issues when the solitary setting itself only exacerbates the medical issue?
4. Can you think of other ways that the larger society may be impacted by the release into the community of someone formerly held in solitary?

## Resources:

**The Brain in Solitude: An (Other) Eighth Amendment Challenge to Solitary Confinement**, Federica Coppola  
Journal of Law and the Biosciences, 1–42 (2019) doi:10.1093/jlb/lisz014

**Older Prisoners and the Physical Health Effects of Solitary Confinement**, Brie Williams, MD  
American Journal of Public Health, Am J Public Health, 2016 December: 106(12): 2126-2127  
Ncbi.nlm.nih.gov

**Change is Possible!** Mariposa McCall, MD, Social Workers Against Solitary Confinement, socialworkersasc.org

**Expert Report of Terry A. Kupers, MD, MSP, Eastern Mississippi Correctional Facility**, aclu.org

Colorado Springs Independent: “**Dean Williams might remind you of someone – murdered prison chief, Tom Clements**”  
csindy.com

[World Medical Association \(WMA\) / Solitary Confinement](#)

## Call to Action!

1. Go to the [Social Workers Against Solitary Confinement \(SWASC\) website](#) and join this task-force in promoting a conversation surrounding the psychological, physical, and societal effects of solitary confinement.
2. Read the article on the PBS website called, “[What Does Solitary Confinement Do To Your Mind?](#)” and consider becoming a pen pal to someone in solitary confinement as a way to help them “get through” that experience. Go to the [Solitary Watch website](#) to learn more about their “Lifelines to Solitary”.
3. Contact your department of corrections or local jail to see about ways you can volunteer on a solitary confinement unit to help those suffering in that environment.