# Why Solitary Confinement Must Be Abolished: A Call for Reform in U.S. Corrections

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## Abstract

Solitary confinement, a practice that isolates people who are incarcerated in small cells with minimal human contact, is widely used in the United States despite being criticized by human rights organizations. It was initially used for rehabilitation and now serves as a punitive measure, leading to severe mental and physical health issues, including depression, anxiety, psychosis, and chronic pain. It also contributes to higher recidivism rates, contradicting its intended purpose of correction and rehabilitation. While some argue that it ensures safety and order, evidence suggests it is often misused and disproportionately affects marginalized communities. This paper examines the historical origins, harmful effects, and inefficacy of solitary confinement, along with the arguments against it. Finally, it explores humane alternatives that emphasize transparency, individualized care, and rehabilitation, advocating for systemic reform to replace solitary confinement with more effective and restorative practices.

## I. Introduction

Solitary confinement remains a common practice in the United States despite growing evidence of its devastating effects. Used interchangeably with other terms such as administrative and disciplinary segregation, supermax, protective custody, and restrictive housing, it involves isolating people in small, closed cells for 20-23 hours a day with little to no human contact. It is often used as punishment in prisons or to separate those seen as a danger to themselves or others.

Sometimes, it is even used to protect people who might be at risk of violence (Hattery & Smith, 2023, p.33). While these reasons seem justified, solitary confinement is highly controversial because of the severe damage it causes to both mental and physical health. The United Nations has even classified prolonged solitary confinement as a form of torture The continued use of this practice is a significant issue in criminal justice reform. Not only does it fail to keep prisons safe, but it also leads to lasting harm and makes it harder for people to reintegrate into society, often pushing them back into the system. Solitary confinement does not serve its intended purpose and does far more harm than good.

## History

The use of solitary confinement (SC) started in the late 1780s and '90s at the Walnut Street Jail in Philadelphia. It was believed that isolating people would help them reflect on their actions and lead to moral improvement. This method was thought to be more humane compared to the physical punishments used at the time. By 1829, the Eastern State Penitentiary in Philadelphia adopted solitary confinement as a standard practice. The people in the prison were kept alone in their cells, with minimal human contact, to encourage personal reflection and repentance. When American author Charles Dickens visited the facility, he called the experience a form of torture worse than physical punishment. As the harmful effects of solitary confinement became more widely recognized, the Eastern State Penitentiary officially discontinued the practice in 1913 (Shapiro, 2019).

Solitary confinement was initially used for rehabilitation, but over time, it became a tool for punishment and maintaining order in prisons. Today, it is used to manage detainees considered dangerous or to discipline those who break prison rules. Although solitary confinement was originally intended to help, it has been shown to cause serious harm. Instead of ending the practice, many correctional facilities expanded its use despite extensive research on the mental and physical damage it inflicts. Policymakers and wardens should be aware of the harm caused by the policies they enforce.

#### II. Why Solitary Confinement Does Not Work

The effects of solitary confinement have been consistently studied for decades, and as a society, we've learned a lot. Luigi, Dellazizzo, Giguère, Goulet, & Dumais(2020) found SC to be associated with various psychological complications, including insomnia, anxiety, post-traumatic stress disorder, psychosis, suicidal ideation, paranoia, depression, hallucinations, dysthymia, and hostility. People in solitary confinement have a higher rate of self-harm, psychotic symptoms, and anxiety. The researchers also found to be at more risk of suicide within 1 year after release and are more likely to have unnatural death within 5 years of being released, unnatural deaths include opioid overdose and homicide. Through longitudinal studies, it was found that over time, people who were in solitary confinement were more likely to experience depressive symptoms during follow-ups after being out of SC in comparison to people who

have never been in SC. Symptoms of anxiety also remained high compared to those who have not been in solitary (Luigi, Dellazizzo, Giguère, Goulet, & Dumais, 2020).

Beyond the statistics, the real impact of solitary confinement is seen in the experiences of those who have lived through it. Sarah Jo Pender, who spent five years in isolation, described how the lack of mental health care and prolonged isolation led to severe psychological distress, not just for herself but for the women around her. She explained, "Once a month, a mental health staff comes to ask us if we are hallucinating, hearing voices, or are suicidal. More frequent meetings can be requested, but they offer no coping skills, no therapy, no advocacy. The luckiest among us are prescribed antidepressants to numb us from the hardest parts of being alone." Pender also spoke up for the women in solitary who experienced extreme psychosis, describing how they were left to deteriorate until officers in riot gear forcibly restrained them for injections.

Others who entered solitary mentally stable became so depressed that they began self-harming. "I watched a woman claw chunks of flesh from her cheeks and nose and write on the window with her blood. My neighbor bashed her head against the concrete until officers dragged her to a padded cell... Right across from my cell, a woman slit her own throat with a razor and was wheeled out on a gurney. Two others tried to asphyxiate themselves with bras and shoestrings." These were not isolated incidents; Pender saw this cycle repeat itself over and over, with little intervention beyond punishment. She reflected on her own mental state, writing, "I am mentally stable now, but my mind broke down under the weight of isolation 3 1/2 years ago, and it was a long, slow, painful process of putting myself back together" (Casella, 2022). Pender's words illustrate the brutal reality of solitary confinement, it systematically breaks people down. After their prison sentence is up, how can anyone be expected to return to society, find jobs, and rebuild their lives as if years of isolation never happened?

Solitary confinement also severely impacts physical health due to the harsh conditions in these facilities. Research by Strong et al. (2020) has shown that many people develop skin issues, like rashes and dry, flaky skin, caused by poor air and water quality, harsh hygiene products, and lack of sunlight. For some people like Cesar Villa, these conditions became unbearable. He spent over a decade in Pelican Bay's Secure Housing Unit (SHU) and described how the extreme cold and lack of medical care left his body breaking down. "At the

end of the first year, my feet and hands began to split open from the cold. I bled over my clothes, my food, between my sheets. Band-aids were not allowed, even confiscated when found." Over the years, he developed arthritis, high blood pressure, a torn rotator cuff, and a thyroid condition—all after six years in the SHU. He wrote, "The medical conditions continue to develop. Costs continue to rise. Mental health deteriorates" (Casella, 2022). His story shows how the neglect and harsh conditions of SC not only cause suffering but create long-term health consequences that do not end once someone leaves confinement.

Beyond skin conditions and chronic illness, solitary confinement affects basic bodily functions like nutrition and pain management, Strong et al. (2020) found that some people lose weight because of low-quality food, limited calories, or lack of exercise. Other people restrict their eating out of fear or paranoia that their food or water has been tampered with, which usually stems from the psychological effects of isolation. Chronic pain, like musculoskeletal problems from untreated injuries or conditions such as arthritis, is another major issue. Strong et al. (2020) has also found that a lack of adequate medical care leaves many to suffer without relief, which further impacts their ability to cope with the already harsh conditions. When medical emergencies happen, people often hesitate to call for help because they fear punishment if their concerns are not deemed "serious" enough (Strong et al., 2020). These problems add to the mental stress and despair that come with living in isolation. The combination of poor living conditions, untreated medical needs, and limited access to health care shows that solitary confinement is not just harmful to the mind, it also puts people's physical health at serious risk.

When evaluating the effectiveness of solitary confinement, it is necessary to consider its impact on recidivism. Correctional facilities should ensure that people serving their time do not reoffend upon release and are prepared to re-enter society. However, the severe social and sensory deprivation of solitary confinement makes reintegration more challenging. Many people released from prison already struggle to secure stable housing, employment, and healthcare (Bakken & Visher, 2018; Petersilia, 2001), but those who have spent time in solitary often face even greater challenges. Many returning citizens are released into a parole system that provides little support due to high caseloads, with conditions that often set them up for failure (Petersilia, 2001). People who were formerly incarcerated, particularly those who spent time in solitary, are more likely to experience homelessness, unemployment, and untreated mental health issues, all of which increase their likelihood of reoffending (Bakken & Visher, 2018)

A meta-analysis of 194,078 inmates found that those who experienced solitary confinement were 67% more likely to be reincarcerated compared to the general prison population. The risk of reoffending also worsens with longer stays in isolation. Inmates released directly from solitary confinement are twice as likely to recidivate (Luigi, Dellazizzo, Giguère, Goulet, Potvin, et al., 2020). Solitary confinement is dangerous. It creates physical and mental harm that often takes years and possibly inaccessible healthcare to address. Beyond that, it contributes to higher recidivism rates, making it more likely for someone to commit crimes after their release.

SC is often used as a punishment, and while its effectiveness in enforcing compliance is debatable, it is undeniably effective in instilling fear. One stay in solitary confinement is enough to leave most people terrified of returning. But that fear comes at an extreme cost. It leaves people battling a plethora of debilitating mental and physical health issues for the rest of their lives. For most, the reasons they end up in SC do not justify the cruel and excessive punishment they endure. Solitary confinement is not just used for those who break rules or clash with corrections officers. You are also at risk of being placed in SC if you have a history of mental illness, threaten to harm yourself or others, or are seen as a potential target for violence from other inmates. If you are a person of color, the chances of finding yourself in solitary confinement also increase (Numa, 2024). Black and Latino men and women are overrepresented in prison populations and are also more likely to spend time in SC compared to white inmates. A 2019 study of federal and state prisons found that Black men made up 40.5% of all incarcerated men and 43.4% of those in solitary confinement despite only comprising 13.1% of the U.S. male population that year. Black women accounted for 21.5% of incarcerated women but 42.1% of all women in SC. Latino men made up 15.4% of the male prison population and 16.9% of those in SC (Eskender & Zhu, 2022).

These disparities reflect more than just differences in incarceration rates, they expose a deeper issue of systemic racial bias within the criminal justice system. Marginalized communities are not only more likely to be arrested and convicted but also disproportionately subjected to the harshest forms of punishment, like solitary confinement. The overuse of SC on Black and Latino inmates is a consequence of America's history of racial injustice, from slavery to the "War on Drugs" and modern-day policing. Implicit biases continue to shape prison policies and practices, reinforcing these inequalities (Western & Wildeman, 2009).

The idea that solitary confinement helps maintain order in prisons falls apart when you consider the evidence. It increases recidivism rates and contributes to worsening mental health symptoms like psychosis and hostility. Prisons and jails can fall short of providing adequate mental health care, so most people in SC are left to suffer without proper support. By the time they are released, they have been set up to fail, spending the rest of their lives battling the trauma and health problems caused by their time in isolation.

## IV. Why Some Support Solitary Confinement

When people are overtly violent and highly resistant to other forms of corrections, SC is used to protect staff and other inmates from harm. It is used as a way to separate someone who is violent and constantly going against rules from the rest of the prison population so that no one gets hurt. It also serves as a way to correct a person's behavior by taking away their privileges and leaving only the bare minimum. SC helps maintain safety and order in the prison and makes sure things are running smoothly (Samenow, 2021). A 2010 study named "One year longitudinal study of the psychological effects of administrative segregation" done at a Colorado State Prison by Maureen O'Keefe found that there was no significant psychological decline in the participants after a year in administrative segregation (AS). It also found that there were improvements in attention, memory, and other cognitive functions using the Saint Louis University Memory Scale (SLUMS). When the US Government Accountability Office was conducting a review of the federal Bureau of Prisons (BOP), the BOP cited the Colorado study to show that confining and separating inmates has very little effect on their well-being (Haney, 2018) and could actually benefit them.

While people may think that solitary confinement is useful for the reasons mentioned above, SC is not only used when an inmate is being violent.

People can be put into solitary confinement for reasons as small as talking back to a correctional officer and as big as hurting another inmate or staff member. There is a disproportionate number of people with serious mental illness, as well as Black and Hispanic men, who are sent to solitary confinement far more frequently than others. This overuse of solitary makes it a "cure-all" for any problem that arises in certain prisons (Shapiro, 2019). In the argument that Samenow (2021) made, he was clear that SC should be used as a last resort and with caution because of its extremely harmful nature. This typically is not the case. Unfortunately, at any time, more than about 122,000 people are held in SC for at least 22 hours (Casella et al., 2023). It is highly unlikely that solitary confinement is an effective way of keeping safety and order when considering all of the harmful side effects that someone can experience after being in solitary confinement, especially an increase in the likelihood that someone becomes more hostile and has a higher chance of committing a violent crime. The study done by Maureen O'Keefe in 2010 has become very controversial among solitary confinement researchers. There were two major issues with how the study was conducted, the first being that all participants had been in punitive segregation (PS). PS was a form of solitary confinement that was designed to be used for a limited amount of time while inmates waited for their placements into either administrative segregation or general population (GP), and it was unclear how long each participant stayed in PS until they were given their placements. This meant that both the control group and test group had experienced a form of solitary confinement which would make it extremely difficult to compare the groups and get reliable data. The other major problem with the study was that participants did not always stay in their groups. During the course of a year, some participants were taken out of AS and put in GP, while others were placed into PS or AS after being taken out of GP (Haney 2018). This meant that the comparison groups were contaminated, making the findings even more unreliable. There is virtually no reliable and recent data that proves that the use of solitary confinement helps correct and change inmate behavior in the long term. On the contrary, there is an overwhelming amount of data that shows the complete opposite: it causes an increase in suicidal ideation, psychosis, aggression, depression, higher recidivism rates, a greater chance of unnatural deaths, and musculoskeletal problems, among other things. Despite the lack of evidence supporting the use of solitary confinement, it is still widely used in jails and prisons all around the United States, and it is hard to understand why.

Why would we continue using a practice with no pros and a concerningly long amount of cons?

### V. Alternatives to Solitary Confinement

The answer is we should not, there are alternatives focused on rehabilitation that would be far more effective in protecting, correcting, and maintaining order in correctional facilities. The first step toward abolishing SC is to wind down its use gradually. All facilities should start by documenting the details of everyone they have in SC, this includes identifying features, the reasons for their placement, steps taken to de-escalate before SC, and ongoing reports about their behavior. This kind of record-keeping would provide transparency and help assess the true necessity of SC in each case. Individual care plans created by mental health providers should also be introduced for everyone in solitary. These plans would focus on the inmate's personal interests to provide mental stimulation, include regular meetings with mental health professionals and family, and outline clear steps for safely integrating them back into the general population.

Involving inmates in the process makes the plan more effective and easier to follow. When they have a say in shaping their care plan, they gain a sense of autonomy, making them more likely to engage with it. Instead of feeling like just another rule imposed on them, the plan becomes something they actively contributed to, which can increase their commitment to following it. To ensure accountability, the care plan should be time-limited, accessible to the inmate, and regularly reviewed by health professionals. Another important part of reform is detailed incident reporting whenever force or restraints are used. The reports should include the type of force used, the steps taken to de-escalate before force was used, how long force was used, and written statements from both staff and the person involved. Superiors and the warden should sign all plans and reports to ensure facility leadership is aware of all incidents (Physicians for Human Rights Israel & Associazione Antigone, 2023). Heightened transparency and rehabilitation-focused care plans would ensure that solitary confinement is no longer a punishment without purpose but a process of growth and reintegration. Rehabilitation must be at the forefront of corrections, and it is crucial that people understand that SC is not rehabilitative by any

means. New training programs for staff on de-escalation techniques, conflict resolution, and the effects of solitary confinement are also needed.

To truly make changes in corrections and abolish the cruel practice of solitary confinement, there need to be systemic changes in policy and legal reform. In late 2023, a new bill called the End Solitary Confinement Act was introduced. It would require everyone who is incarcerated in a federal facility to spend a minimum of 14 hours out of their cell and have meaningful group interactions. If, for any reason, someone may need to be segregated in their cell, it would be limited to a maximum of four hours a day, with hourly check-ins, and only after all other de-escalation measures have been exhausted (End Solitary Confinement Act, 2023). If passed, this bill could transform the lives of thousands of people who currently spend over 20 hours a day in isolation. I hope this bill will become law and influence other states around the country to adopt similar policies. With these changes, solitary confinement, as we know it, can finally end and be replaced with practices that promote safety, rehabilitation, and meaningful change in correctional facilities.

## VI. Conclusion

Solitary confinement is a deeply flawed practice that does more harm than good. Despite its widespread use in the United States, the evidence overwhelmingly shows that it fails to rehabilitate, worsens mental and physical health, and increases recidivism. While some argue that solitary confinement maintains order and safety in correctional facilities, it is often overused and disproportionately affects marginalized communities. The prison system should be focused on rehabilitation and reintegration. Instead, it leaves people with lasting trauma, making it harder to succeed once released. It raises the question, what is the true purpose of incarceration? If the majority of people are being rearrested and committing new crimes after their release, then what is the point of these facilities? The lack of reliable evidence supporting its effectiveness, coupled with the overwhelming data on its harms, highlights the urgent need for reform. By gradually phasing out solitary confinement and using humane alternatives focused on rehabilitation, we can create a correctional system that prioritizes safety, fairness, and reintegration into society.

Solitary confinement has no place in modern corrections, and the time for change is now.

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