

Psychiatric Effects of Solitary Confinement



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Psychopathological Effects of Solitary Confinement,

I. Perceptual Disturbances

- Hyperresponsivity to external stimuli.
- Loss of perceptual constancy.
- Perceptual distortions and illusions, in multiple spheres.
- Simple as well as “complex”, meaningful hallucinations

Psychopathological Effects of Solitary Confinement, II. Mental Alertness.

- Disturbances of thinking, concentration, memory.
- Dissociative experiences (derealization).
- Stupor, confusion

Psychopathological Effects of Solitary Confinement, III.

Thought Content

- Intrusive obsessional thoughts
(conditions, health, violence)
- Vague, shifting paranoid thoughts.

Massive Anxiety, Panic Attacks.

Impulse Dyscontrol, Random Violence.

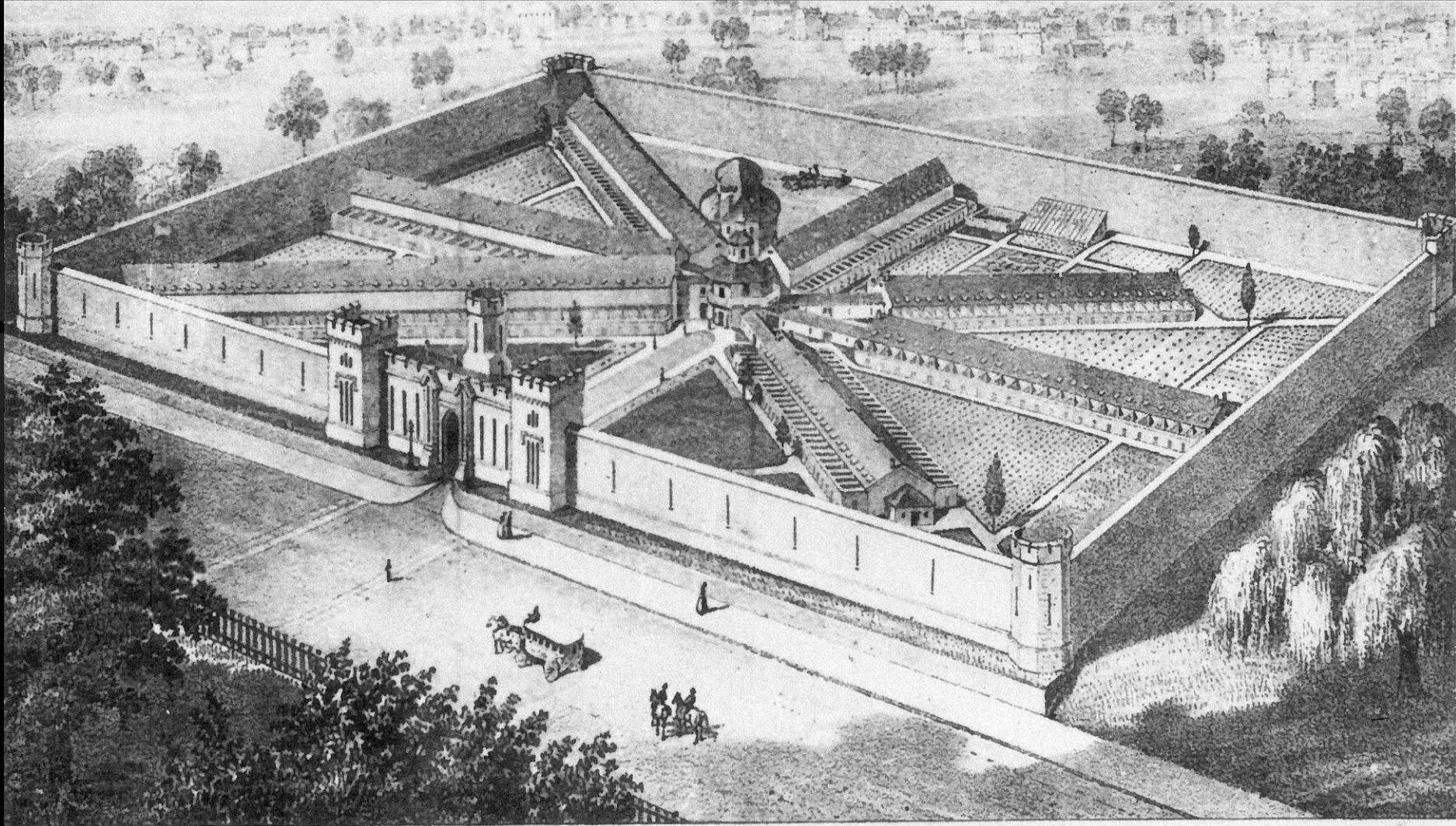
Psychopathological Effects of Solitary Confinement, IV. Full Syndrome.

- Acute confusional psychosis (disorientation, subsequent amnesia for episode)
- Massive anxiety, paranoia, intense agitation with random violence.
- Hallucinations in multiple spheres (vision, smell, hearing, etc.).
- Course - (Often) sudden onset and rapid subsidence of florid symptoms upon release.

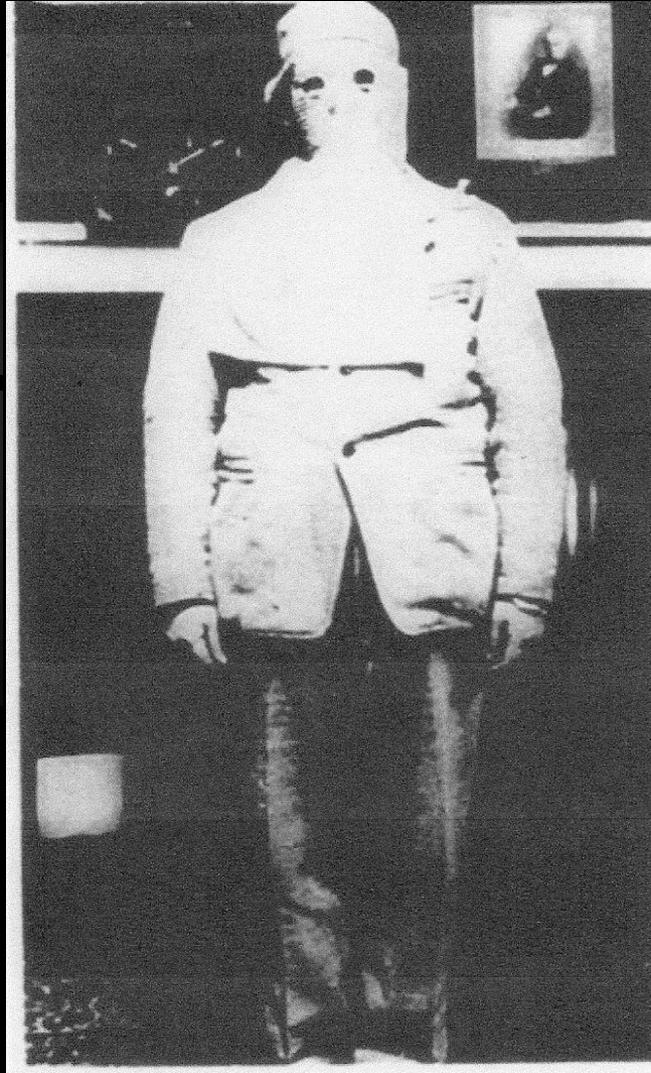
The Philadelphia Prison

The arrangements guaranteed that convicts would avoid all contamination and follow a path to reform. No precaution was excessive. Officials placed a hood over the head of a new prisoner when marching him to his cell so he would not see or be seen by other inmates. Thrown upon his own innate sentiments, with no evil example to lead him astray, [in] total isolation, without companions, books or tools, he would return to the community cured of vice and idleness, to take his place as a responsible citizen. (*Rothman, D.*)

Eastern State – Aerial View



Eastern State – Hooded Man



Eastern State – View of Tier



Eastern State - Cell



Al Capone's Cell: One of the 47% Who,
Lacking Personal Responsibility,
Didn't Pay His Taxes



Charles Dickens on the Philadelphia Prison, 1848

- “The inmate is a man buried alive ... dead to everything but torturing anxieties and horrible despair.
- The first man I saw ... answered always with a strange kind of pause. He ... fell into a strange stare as if he had forgotten something.
- There was a sailor. Why does he stare at his hands and pick the flesh open, and raise his eyes for an instant to those bare walls?”

In Re. Medley.

This matter of solitary confinement is not ... a mere unimportant regulation as to the safe-keeping of the prisoner ... A considerable number of the prisoners fell, after even a short confinement, into a semi-fatuous condition, from which it was next to impossible to arouse them, and others became violently insane; others still committed suicide; while those who stood the ordeal better were not generally reformed, and in most cases did not recover sufficient mental activity to be of any subsequent service to the community.

19th Century

German Observations, I.

- Reich(1871): acute confusional state, sudden cessation, recovery with subsequent amnesia, with hallucinosis, persecutory delusions, severe anxiety, “motor excitement” -
“he screams, runs aimlessly about, destroys and ruins everything that comes in his way.”

19th Century

German Observations, II.

Delbruck (1851) advised the immediate termination of solitary confinement:
“Prolonged absolute isolation has a very injurious effect on the body and mind and seems to predispose to hallucinations.”

19th Century

German Observations, III.

Sommer (1884), 111 cases:

acute, hallucinatory, anxious, confusional state, “excited outbursts”, “vicious assaults”.

Began as impaired concentration, hyperresponsivity to minor “inexplicable” external stimuli, leading to elementary, then more complex hallucinations (including auditory, visual and olfactory).

19th Century

German Observations, IV.

Gutsch (1863): coined the term
“The Psychosis of Solitary Confinement” -
84 cases, with vivid hallucinations, persecutory
delusions, agitated behavior, apprehensiveness,
suicidal, sudden onset, etc.

The Korean War, the KGB, & Brainwashing. I.

[The KGB detention facilities] were surprisingly modern, well-built, and spotlessly clean, with attached medical facilities and exercise yards. But a critical feature of the management of political prisoners was a period of detention in total isolation. *[Hinkle & Wolf, 1956].*

The Korean War, the KGB, & Brainwashing, II.

[The prisoner] becomes increasingly anxious and restless, and his sleep is disturbed. He gradually gives up all spontaneous activity and ceases to care about his personal appearance and actions. He sits and stares, as if he were in a daze. Ultimately, he seems to lose all of the restraints of ordinary behavior. He may soil himself; he weeps, he mutters. Some prisoners may become delirious and have visual hallucinations. (*Hinkle & Wolf*).

The Korean War, the KGB, & Brainwashing, III.

Dr. John Lilly of the National Institute of Mental Health: despite the importance of other factors which tended to weaken personalities and make them more susceptible to [forced indoctrination] -- such as semi-starvation, physical pain and injury, and sleep deprivation -- social and sensory isolation was still the central pathogenic factor in such confinement. (*GAP Symposium 1956*).

The Korean War, the KGB, & Brainwashing, IV.

Dr. M. Meltzer, Chief Medical Officer at Alcatraz observed acute psychotic breakdowns among prisoners confined in punitive solitary confinement there, rarely for more than one week: "Motor effects ranged from occasional tense pacing, restlessness and inner tension with yelling, banging and assaultiveness at one extreme, to a kind of regressed, dissociated, withdrawn hypnoid state at the other. (*GAP Symposium.*)

Experimental Studies of Sensory Deprivation

- Perceptual distortions, illusions in multiple spheres, strikingly vivid fantasies, hallucinations in multiple spheres, hyperresponsivity to external stimuli.
- Cognitive impairment, massive free-floating anxiety, extreme motor restlessness, emergence of primitive aggressive fantasies, fearful hallucinations.
- Overt psychosis with persecutory delusions. in some cases, a marked dissociative, catatonic stupor (delirium) with mutism. EEG recordings confirmed the abnormalities typical of stupor and delirium.

Delirium (DSM-IV).

- Inability to maintain, shift attention
- Impaired consciousness and thinking, disorientation, EEG slowing
- Reversals of sleep-wake cycle
- Misperceptions, illusions, simple and complex hallucinations
- Marked fear, paranoia, agitation.
- Onset often sudden, at night.

Other Situations: Medical.

- ICU psychosis
- Eye-patched patients
- Hearing impairment
- Iron lung
- Prolonged traction (spinal patients)
- Cardiac patients on bed rest

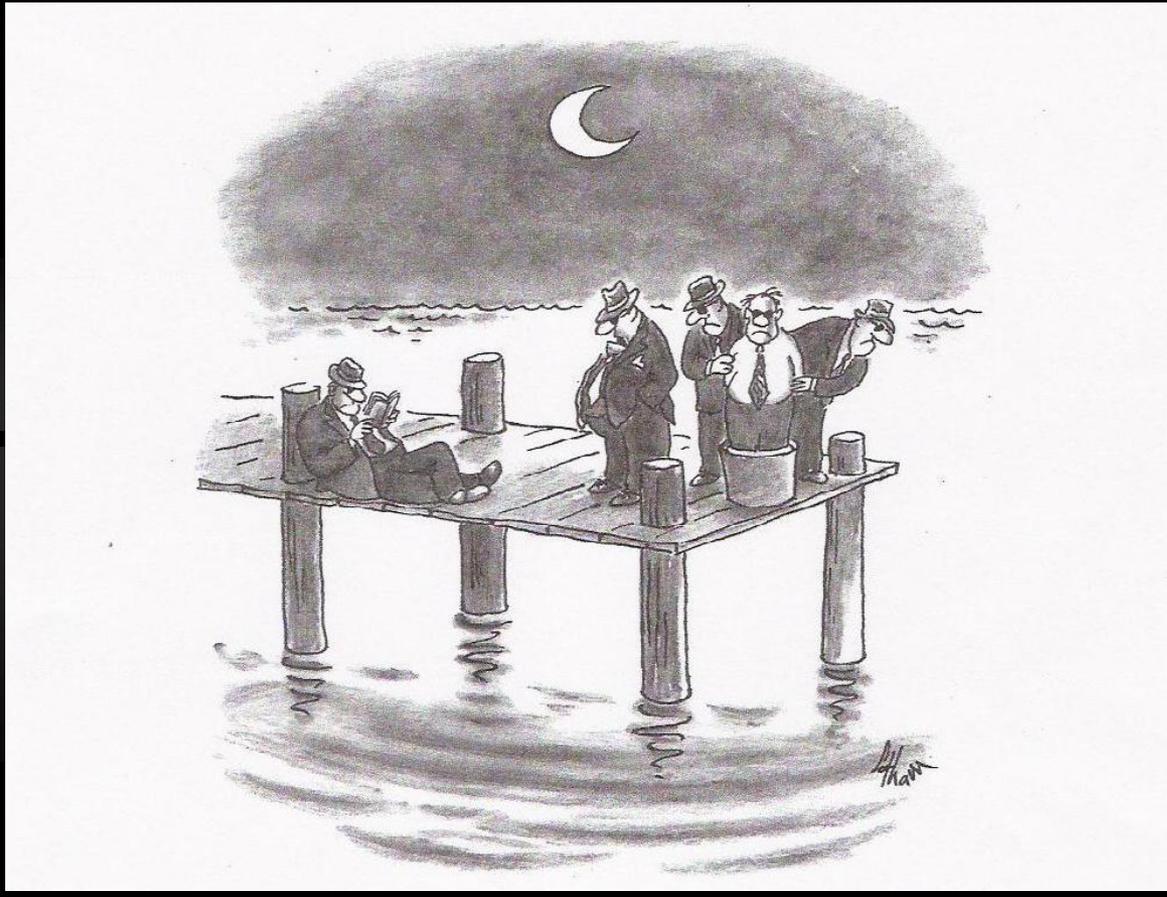
Other Situations: Isolation.

- Polar exploration and wintering over in work stations
- Aviation, long-distance truckers
- Solo explorers, sailing.
- Arctic hunters, Eskimos
- Winter on northern plains

Other Situations: Animal Laboratory Studies.

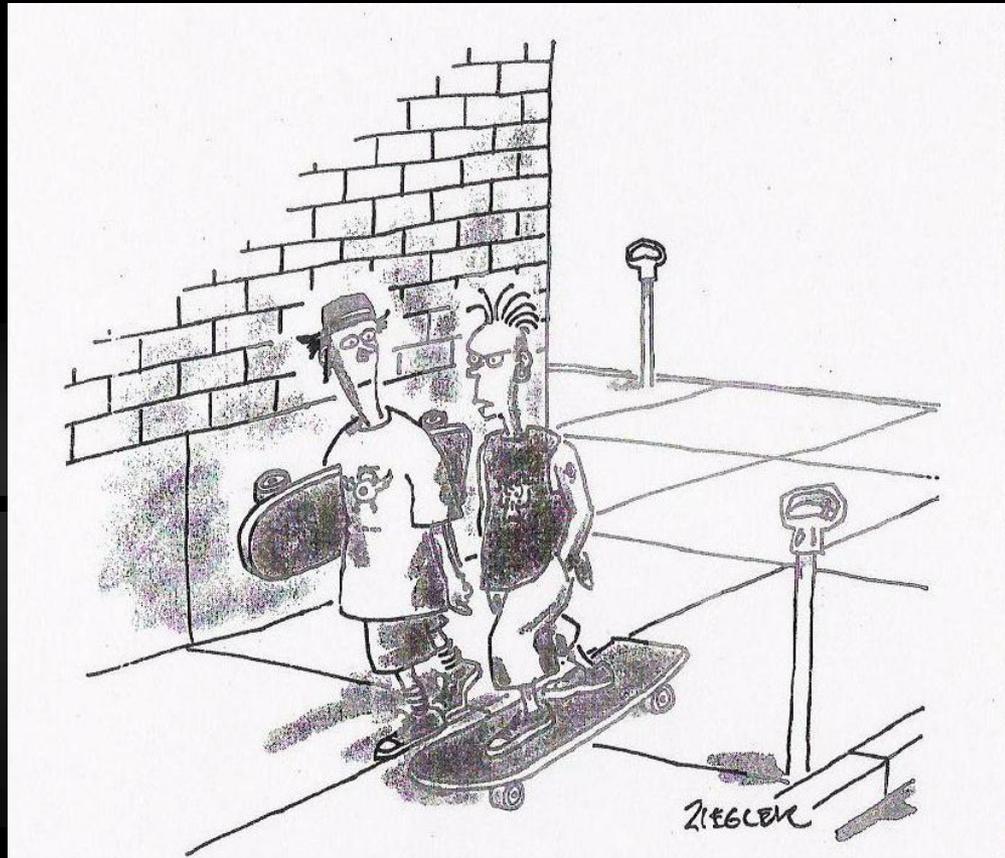
- Hyperresponsivity to external stimuli.
- Agitation, Aggression.
- Fear.
- Self-mutilation.
- Impaired learning, perception.

The Public's Image of Criminals



“I hope what you’re reading is relevant to the business at hand.”

The Reality of Criminality



“My life’s been screwed for years, but so far no one’s stepped forward to claim responsibility.”

An Expert Can Deify the Obvious

