**EXAMINING SOLITARY CONFINEMENT ON THE WELL-BEING OF BLACK AND HISPANIC MEN**

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**Abstract**

Solitary confinement practices are harmful to the health and well-being of individuals. Little is known about how these practices affect the overall well-being of Black and Hispanic men. This paper aims to examine the overall well-being among Black and Hispanic men experiencing solitary confinement in U.S. prisons and assess if their experiences preclude them from pursuing a quality of life upon release. The paper sought to answer two questions: (1) What is the relationship between solitary confinement and well-being among Black and Hispanic men? (2) Is solitary confinement harmful to societal reintegration efforts among formerly incarcerated Black and Hispanic men? Findings reveal that solitary confinement negatively affects the well-being of Black and Hispanic men and that these men are more likely to recidivate without effective rehabilitation.

***Keywords:*** *Black Men, Hispanic Men, Reintegration, Solitary Confinement, Well-Being*

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# **Introduction**

**Problem Statement**

Solitary confinement is a widespread practice in prison settings around the world (Shalev, 2014). In this practice, individuals are isolated and confined to small prison cells for 22 or more hours a day while deprived of meaningful contact with others (National Commission on Correctional Health Care, 2022). Isolation can range from days to years, or decades, and occurs within jails, prisons, or juvenile detention centers (Herring, 2022). Recent data from the American Civil Liberties Union (ACLU, 2021) show that more than 10,000 people, or 8 percent of the total federal prison population, are in some form of solitary confinement. In federal and state prison systems, approximately 80,000 individuals experience solitary confinement on a given day (National Commission on Correctional Health Care, 2022). These data illuminate the practice and premise for using solitary confinement as a means for punishing individuals, maintaining order and behavior, and deterring violence and gang activity.

There has been growing attention on the health and well-being impacts of individuals in solitary confinement. The literature is replete with studies showing how solitary confinement contributes to long-lasting harm (Herring, 2022), including detriments to one’s physiological, emotional, and mental well-being (Haney, 2018a; Shalev, 2014). Reiter et al. (2020) specifically described the relationship between confinement and “self-harm, anxiety, depression, paranoia, and aggression, among other symptoms” (p. S56), while other studies assess the relationship between solitary confinement and post-traumatic stress disorder (Hagan, 2018; Pforte, 2020; Piper & Berle, 2019). Qualitative or interpretive research studies substantiate the relationship between solitary confinement and well-being. One example is Tayer et al.’s (2021) analysis of the effects of solitary confinement on prisoners. In this study, prisoners discussed their lived experiences of solitary confinement, shared how confinement affected their health and well-being, and reported strategies they used to cope with the difficulties of experiencing time in solitary confinement. Nonetheless, this study, along with the bulk of historical and contemporary qualitative research studies, shows that placing individuals in isolation for an indefinite amount of time seems to serve no purpose (Haney, 2018b; Lovell, 2008), and contributes to negative effects on well-being.

Despite the numerous studies reporting and interpreting the range of adverse effects on individuals experiencing solitary confinement, there is limited research on the effects of solitary confinement on Black and Hispanic men, including these effects on their mental health. Foremost, Black and Hispanic men are overrepresented in solitary confinement, as they also are in correction facilities, in general (Herring, 2019). A 2019 survey showed that Black men in solitary confinement constituted 43.4 percent, compared to their total custodial percentage of 40.5 percent. The percentage of Hispanic men in solitary confinement was 16.9 percent, compared to their total custodial percentage of 15.4 percent. Conversely, approximately 36.9 percent of White men experienced solitary confinement, compared to their total custodial percentage of 41.4 percent (Bertsch et al., 2020). While these disparities reflect contextual and broader social justice issues, having disproportionality data can enable social workers, policymakers, and other professionals to name and address not only systemic racism in prison and criminal justice settings, but also the widespread solitary confinement practices that plague American jails and prisons.

In recent years, there has been a growing movement to address solitary confinement practices (Social Work Blog, n.d.). Although many professionals, policymakers and citizens have been engaged in discourse related to these practices, social workers have always been at the forefront of challenging all forms of injustice, including the injustices associated with solitary confinement. Social workers are acutely aware of the effects of solitary confinement on one’s physical and mental health and well-being, and its disproportionate impact on vulnerable populations, such as Black and Hispanic men. According to Steinbuck (2014), approximately “one-fifth to two-thirds of prisoners held in solitary confinement have a serious mental illness which was diagnosed or manifested before isolation” (p. 511). The vulnerabilities of this population bring attention to the need for social workers to not only consider the effects of solitary confinement but also bring criminal justice reform to the forefront of social justice priorities (National Association of Social Workers, 2022b). Moreso, the conditions of solitary confinement have become more severe in recent years (Social Work Blog, n.d.), which speaks to the urgency of bringing awareness to this issue.

## Purpose and Questions

The oppressive nature of solitary confinement and its impact on personal health and well-being is thoroughly documented in the literature (Hagan, 2018; Haney, 2018b; Lovell, 2008; Pforte, 2020; Piper & Berle, 2019; Reiter et al., 2020); including the impacts of solitary confinement on Black and Hispanic men, who are overrepresented in confinement (Bertsch et al., 2020). This paper examines the literature on well-being among Black and Hispanic men experiencing solitary confinement in U.S. prisons and assesses the effectiveness of their reintegration into society upon release. The paper sought to answer the following questions:

1. What is the relationship between solitary confinement and well-being among Black and Hispanic men?
2. Is solitary confinement harmful to societal reintegration efforts among formerly incarcerated Black and Hispanic men?

A preliminary review of the literature suggests an inverse relationship between solitary confinement and positive well-being among Black and Hispanic men. Furthermore, solitary confinement can “affect rehabilitation efforts and former prisoners’ chances of successful reintegration into society following their release” (Shalev, 2014, p. 27). Without effective rehabilitation, Black and Hispanic men are more likely to recidivate and return to the correctional system, and experience re-traumatization (e.g., reliving traumatic moments from the past) through customary solitary confinement.

## Methodology

This paper broadly aimed to understand the current literature surrounding solitary confinement practices on the overall health and well-being of Black and Hispanic men. Primary (e.g., scholarly, articles, non-scholarly articles) and secondary (e.g., statistical information, website information) information sources, as well as a mix of quantitative and qualitative studies, were used to gather information. A range of literature and information sources were useful for addressing the research questions. The literature review briefly contextualizes solitary confinement, the relationship between confinement practices on well-being, and the potential impacts of confinement on the rehabilitation and reintegration efforts of Black and Hispanic men into mainstream society.

**Literature Review**

**Solitary Confinement**

Solitary confinement poses physical limits and barriers to individuals. Individuals are confined to a compact cell with very minimal contact with others, including prison guards, mental health professionals, medical personnel, and family. In a testimony to the Committee on the Judiciary United States Senate, Professor Craig Haney noted that the conditions of solitary confinement resemble a zoo, given that inmates are forced to live in cage-like conditions (“Reassessing Solitary Confinement,” 2012). The purpose for which solitary confinement is used varies. In jails and prisons, confinement tactics are a form of punishment, and a means of protection for the inmate and individuals within proximity of risk and danger. Solitary confinement has also been used historically to isolate individuals for behavior that is a direct result of severe mental health conditions (American Public Health Association, 2013). This is especially harmful, given the persistence of a wide range of mental health issues in the United States and long-standing inequities related to accessing mental health care in both prison and mainstream settings (Mental Health America, 2022).

Browne et al. (2011) described solitary confinement as a second sentence imposed on the inmate by the jail or prison facility. This sentence typically follows their original sentence and is unrelated to the initial conviction for which they are serving time. To understand this second “imposition” is to understand the traumatic nature of the prison experience itself. In prison settings, individuals lose their personal identities (e.g., given inmate numbers, forced to wear traditional prison garb, conform to prison structure and culture, etc.). They begin to feel unworthy and lose their sense of self. Once an individual is in prison custody, they are subject to the correctional facilities’ policies and practices. These policies and practices inevitably sever their ties to mainstream society and the effects are potentially irreversible (Delaney et al., 2018). According to Delaney et al. (2018), prison “by its very nature is intended to remove people from society and subject them to state control” (para. 10). The practice of solitary confinement further deepens the traumatic experience that inmates are compelled to endure and has broader negative impacts on their overall well-being (Leonard, 2020); to which “well-being” outcomes relate to how individuals integrate their physical, mental, and emotional constructs that shape daily functioning (Centers for Disease Control and Prevention, 2018).

**Effects of Solitary Confinement on Health and Well-Being**

People who experience solitary confinement are likely to develop a wide range of physical and mental health issues, and psychological distress; with the severity of these issues depending on different factors, such as existing health problems, length of time in confinement and systemic racism, especially for Black and Hispanic men (Leonard, 2020). The physical health implications of solitary confinement have received considerable attention in recent years. In describing the physical symptoms of individuals experiencing solitary confinement, Strong et al. (2020) noted, “symptoms associated with deprivation conditions, symptoms associated with deprivation policies limiting access to healthcare, and chronic musculoskeletal pain exacerbated by the intersection of deprivation conditions and deprivation policies” (p. 8). There also is a persistent mental health crisis in the United States. Almost 20 percent of American adults experienced a mental illness in 2019 (Mental Health America, 2022). The literature supports the notion that individuals in solitary confinement are prone to experiencing mental health and well-being issues (Haney, 2018a; Herring, 2022; Reiter et al., 2020; Shalev, 2014). Confinement also contributes to functional brain damage (Matter, 2010), including “hyperresponsivity to stimuli, hallucinations, inability to concentrate or remember, delusions, and paranoia” (Grassian, as cited in Matter, 2010, p. 102). Other effects include anxiety and stress, feelings of hopelessness, outbursts of violence, and hallucinations that affect all the senses (Leonard, 2020). There also is evidence linking solitary confinement to self-harm and suicide, with individuals being more prone to committing suicide after release (Browne et al., 2011; Fenster, 2020).

Notwithstanding current literature on solitary confinement and well-being, there has been little research attention given to the current mental health crisis among incarcerated individuals in the prison settings, and especially the disparate impact of incarceration on the overall mental health and well-being of Black and Hispanic men. The literature does not appear to report differences between health and well-being outcomes among Black and Hispanic men in solitary confinement compared to the broader solitary confinement population. However, we know from the literature that Black and Hispanic men are “overrepresented in solitary confinement compared to the general prison population” (Lantigua-Williams, 2016, para. 2). The notion that Black and Hispanic men are overrepresented in confinement allows us to examine the intersectional challenges they face in incarceration (Bertsch et al., 2020; “Reassessing Solitary Confinement,” 2012) while considering ways to address their overall health and well-being. Taking into consideration the detrimental effects that solitary confinement may have on the well-being of Black and Hispanic men, successful reintegration upon release can lead to recidivism rather than expectations of making positive contributions to mainstream society.

**Reintegration and Rehabilitation**

U.S. prisons serve the purposes of deterring crime, punishing criminals, and rehabilitating criminals. The latter purpose, rehabilitation, refers to activities designed to change lawbreakers into law-abiding citizens, with the hope that they would offer positive contributions to society (Zoukis, 2014). Current prison systems have not achieved their intended purposes. According to Visher and Eason (2021), “incarcerated individuals have difficulty successfully reintegrating into their communities after release because the environment in most U.S. prisons is not conducive to positive change” (para. 1). After encountering the justice system, inmates will continue to recidivate (e.g., relapse into previous criminal behavior) due to the lack of rehabilitation practices in prison and jail settings. As established through existing laws and policies, current punishments have yet to lower crime rates in general.

Rather than releasing inmates back into society as changed individuals, many individuals will continue to commit crimes and eventually recidivate, thereby causing crime rates to remain above standard thresholds. The broader prison and solitary confinement environments may harm an inmate's overall well-being (Herring, 2022; Pforte, 2020; Piper & Berle, 2019). The prison environment to which inmates are subjected has been known to worsen their problematic behaviors. Instead of releasing inmates into society with the willfulness to improve, we are releasing individuals who have been severely traumatized due to experiencing solitary confinement. Dismantling the current prison culture within correctional institutions will facilitate proper rehabilitative resources for released inmates.

Solitary confinement can negatively affect the rehabilitation efforts of former prisoners and their chances of successful reintegration back into society (Shalev, 2014). Without access to adequate mental health services while in prison, upon release, inmates will continue the criminal practices and behave in a manner that is based on society’s expectations. Cloud (2021) offered a participant’s response in a case study, which noted the “less human you treat me, the less human I am going to behave” (p. 11). This statement relates to the treatment that inmates received while in solitary confinement and the prison system itself. If inmates are treated in ruthless ways, they will behave as expected. Solitary confinement can is a threat to public safety due to the lack of rehabilitation resources and aid offered to inmates while in this restriction. Considering the amount of time spent in the system itself it is only logical that these resources are available to inmates, but unfortunately, that is not the reality (“Reassessing Solitary Confinement,” 2012). This will alter their way of functioning in the long run and therefore decrease their chances of good behavior while in prison and later decrease their ability to make good choices while released back into society.

**Findings and Discussion**

The literature clearly shows that Black and Hispanic men are disproportionately incarcerated and more likely to experience solitary confinement (Bertsch et al., 2020; Lantigua-Williams, 2016). Findings from the reviewed literature confirm an inverse relationship between solitary confinement and well-being among Black and Hispanic men. There is a detrimental effect on the overall health and well-being of Black and Hispanic men are confined and isolated. Moreover, they are less likely to receive needed medical and mental health attention to address the physical, psychological, and emotional effects that result from being confined. Findings also suggest that due to the detrimental effects of experiencing solitary confinement, inmates find themselves in a position where reintegration may be difficult to achieve. Solitary confinement leaves Black and Hispanic men unrecognizable from who they once were before life in prison. Without effective rehabilitation practices, formerly released inmates may continue dwelling on past thoughts and behaviors related to criminal life.

**Conclusions and Implications**

In conclusion, solitary confinement is harmful to the overall health and well-being of Black and Hispanic men. This has several implications for social work practice and policy. At the practice level, social workers must ensure that rehabilitation efforts within correctional institutions serve to address the health and well-being of Black and Hispanic inmates while prioritizing mental health. This means having social workers on staff across all jail and prison settings. Mental health treatment, such as cognitive behavior therapy, is cost-effective and accessible and can help mitigate a range of problems, including problems associated with experiencing solitary confinement. Given the potential challenges of accessing housing post-release, social workers can advocate for policies that would address housing insecurity for individuals released from jails and prisons. While this may not be linked directly to issues related to solitary confinement, it speaks to the general concern that all formerly released inmates experience. Black and Hispanic men in solitary confinement can be isolated from the general inmate population for an indefinite amount of time. Therefore, they may not have access to prison work assignments or training, which would equip them with the requisite skills for employment after their release. There may also be opportunities for social workers to facilitate transitional job support, which would give formerly incarcerated individuals opportunities to transition into the private sector workforce.

Solitary confinement is one of the top social justice priorities in professional social work (National Association of Social Workers, 2022a). This priority speaks to the profession’s commitment to criminal justice reform and calls attention to needed public and professional social work advocacy that would address solitary confinement; especially given the detrimental effects of confinement on individual well-being, and how Black and Hispanic men are overrepresented in solitary confinement due to systemic racism. There are many ways that social workers can advocate for policy that would end solitary confinement practices, including raising awareness of the issue, lobbying elected officials, and building coalitions to sway legislation (Tulane University, 2021).

The preponderance of research shows that solitary confinement practices cause irreparable damages and are difficult to justify, but prison administrators continue to disregard these findings (Herring, 2020). Even with pending legislation (H.R. 175) that would restrict the use of solitary confinement for inmates in federal custody (Restricting the Use of Solitary Confinement Act, 2021), research is still needed to determine the long-term effects of solitary confinement (Haney, 2018b; Medrano, 2017), and to determine best or alternative practices that would prevent Black and Hispanic men from being placed in solitary confinement, altogether.

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