

Solitary Confinement

Taylor Pendergrass: [00:00:01] The practices, and the barbarism and the horror that we visit on other human beings occurs, to a large extent because they are totally dehumanized and because they are totally hidden and there are strong intersections with that dehumanization with regard to all forms of oppression, including, you know, structural racism and homophobia, and ableism and all sorts of other, other threads.

Debbie Sorensen: [00:00:28] That was Taylor Pendergrass on Psychologists Off the Clock.

Diana Hill: [00:00:41] We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships work and health.

Debbie Sorensen: [00:00:48] I'm Dr. Debbie Sorensen, practicing in Mile High Denver, Colorado

Diana Hill: [00:00:52] I'm Dr. Diana Hill practicing in seaside Santa Barbara, California.

Yael Schonbrun: [00:00:56] From coast to coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: [00:01:02] And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book Of Act Metaphors.

Debbie Sorensen: [00:01:08] We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: [00:01:12] Thank you for listening to Psychologists Off the Clock.

Debbie Sorensen: [00:01:16] We've talked a lot about sleep on the podcast and as mental health professionals, we know that having quality sleep is really important to mood and mental health. And that's why we are excited to pair up with Manta Sleep. They offer innovative sleep masks and other accessories to help you sleep better.

Diana Hill: [00:01:32] I am a dedicated sleep mask wearer, my sleep mask is a lifesaver. When my husband's up late reading or on these bright summer mornings, when I want to sleep in and not only does a sleep mask, provide me with the dark environment I need for a deeper sleep. I have become classically conditioned to it.

Getting out. My sleep mask is a cue for bedtime and like Pavlov's dogs. As soon as I put that thing on my body remembers that it's time for bed.

Debbie Sorensen: [00:01:55] Well, I'm newer to sleep masks and I've never used one before until I tried this one. So I was really excited to try it out and see what the hype was all about.

And the Manta mask is really light and comfortable. And before I tried it, I don't think I realized how much the light in my bedroom was waking me up in the morning. So now I feel a lot more refreshed when I wake up.

Diana Hill: [00:02:14] So here's what you can expect with Manta sleep masks. There are six different versions to choose from.

They all offer a hundred percent blackout for a deeper sleep are infinitely adjustable for custom fit. They're soft breathable. Have zero pressure on your

eyelids or eyelashes and are made with durable snack green materials. You can choose from the original sleep mask or a slim sleep mask with barely. There feel you can also go deluxe with a cool mask to see their eyes and sinuses a warm mask with natural steam, a lavender robot Roma mask to target your set vents or weighted mask. So check them out@montasleep.com. Join their social media at, at nap with Manta and at Manta Sleep and get 10% off by entering the coupon code OFFTHECLOCK.

Debbie Sorensen: [00:02:57] Be sure to check out Praxis Continuing Education for their online trainings. There's a new course, ACT in Practice with Dr. Steven Hayes coming up. Enrollment begins June 24th. You don't want to miss it. Just go to the sponsors page offtheclockpsych.com to link to Praxis. And there you'll find a discount code you can use for registration on any live training events. So check it out.

Diana Hill: [00:03:22] We're also affiliates with Dr. Rick Hanson's online Neurodharma program and his Foundations of Wellbeing programs, you can find out more about them at our website offtheclockpsych.com where you'll get a \$40 discount

Debbie Sorensen: [00:03:37] Today's episode is a little different from our usual episode. Usually we interview people in mental health fields. This time I interviewed Taylor Pendergrass, he's a lawyer who works on criminal justice reform and advocacy for the ACLU, and he's the co-editor of a book called Six by Ten: Stories from Solitary.

And the book is a collection of personal narratives by people who have been in solitary confinement. And there are two reasons I wanted to interview Taylor for our podcast when I heard about this book. The first is the psychological impact of isolation on humans. We know that humans are wired to be social in social groups and that there are harmful mental and physical health effects of extreme isolation. And yet this is something that's still widely used in the United States. The second reason is that criminal justice reform is a form of social justice and at least prior to the pandemic, now the numbers have changed a little bit, but there were over 2 million people incarcerated in the United States at a time at any given time, and the mass incarceration of black people is a racial justice issue as well.

Diana, we're both doing some homework to learn more about race and incarceration. I've picked up the book, The New Jim Crow, which is about this. And we both watched the eye-opening documentary 13th, which is about the history of incarceration as a form of oppressing black people.

So we both watched it. You want to. Tell our listeners a little bit more about it.

Diana Hill: [00:05:05] Yeah. I wanted to watch it together, but you're a night owl. So you watched it at night and I watched it first thing in the morning. So we, uh, we found our way together to talk about this important, uh, documentary, because it's really relevant.

And I think it's one of the call to actions. There's a lot of lists of recommendations to read and watch right now. Like many Americans I'm motivated to learn more about American history. And so that includes things like watching 13th, reading White Fragility, uh, listening to the podcast, 1619 these are all just launching

points and this learning is both urgent and I hope it's ongoing for all of us and hopefully for us on the podcast as well.

So the movie 13th is directed by Ava DuVernay and she also directed and co-wrote When They See Us, which is a television mini series about the five black male who are accused of prosecuted, false charges of the rape and assault of a woman in central park.

That's next on my list, Debbie,

Debbie Sorensen: [00:06:00] movie club

Diana Hill: [00:06:01] Movie club. But 13th is named after the 13th amendment. Which ratified the constitution in 1865 after the aftermath of civil war. And it's really important that the words of the 13th amendment are read. And that's how the, the documentary opens because the 13th amendment states, "neither slavery nor involuntary servitude, except as a punishment for crime, whereas the party shall be shall have been duly convicted shall exist within the United States or any place subject to the jurisdiction." The documentary, he points out that there's a loophole in the amendment, which is basically slavery is ended, except as the punishment of a crime and the criminalization of black people and people of color, color thereafter maintains a system of oppression. And even an argument that slavery is ongoing today within our criminal justice system.

Debbie Sorensen: [00:06:52] What I realized as I watched was much more than I had any idea about the historical context to the mass incarceration system and just how the numbers have skyrocketed and how disproportionately this especially affects black men and how.

The numbers are astronomical and there were laws built on purpose basically to support this. And I think to me, it's just too easy to ignore this kind of thing if you're, you know, a privileged for instance, white woman like myself, and I think it's really important for us to all be aware of what's going on here and stand up for reform and tell our politicians to.

Diana Hill: [00:07:29] and some of those statistics that you talk about, Debbie are things like one in three black men are expected to go to jail in their lifetime compared to one in 17 white men and , 97% of all inmates are imprisoned after a plea bargain, meaning that they never had their case tried in the court system. So some of our beliefs that are out there of like we have a right to trial and that the justice system operates a certain way are really, um, Really looked at in this documentary. And I think it's an , important piece for people to watch.

probably the most powerful take home message to me from 13th came from Van Jones.

Who's the president of Dream Corps and an activist. And he says that "the opposite of criminalization is humanization. That's the one thing I hope people will understand." And I think as psychologists, we believe in humanization

Debbie Sorensen: [00:08:18] Yeah,

well, and I think that dehumanization that you talk about, you also see it within the system of prisons. And so when Taylor shares about these narratives, and when you read the book, if you read the book it's, like, super powerful, because what you realize is that these are people who are really treated in this inhumane

way. We know that longterm solitary confinement is basically a form of torture and we're using it as a punishment on a wide scale here in the U S and that's dehumanization. And that's why this episode to me felt important because I think we need to know that this is going on.

Diana Hill: [00:08:53] Yeah. There's a bit of perspective taking there in terms of. we can see how just confinement from something like the pandemic is contributing to people's depression and feelings of social , isolation, and mental health problems are on the rise. Substance use, domestic violence, all the things that that really, um, we're concerned about, but that's, you know, a drop in the bucket compared to what happens to somebody that's in the prison system, where.

There, it costs an arm and a leg to call a family member. you're working and you're not getting paid for it. You have zero personal space, there's violence against you from prison guards. And from other prisoners, you don't feel safe. I mean, the degree of dehumanization that happens in the prison system and, and then when you do come out.

The mental and physical effects of that are longterm. Plus the stigma then associated with having, um, a record that prevents you from getting a job or from being able to, to move back into society in a healthy way.

Debbie Sorensen: [00:09:56] I've seen that a lot with people I've worked with clinically, I've worked with a number of people with felonies and very hard to get a job or to get an apartment when you have a felony on your record. So it makes it even harder to get back up on your feet.

So I recorded this interview months ago and I just have to also add that there are a lot of new human rights issues happening within the prison system with the pandemic it's been in the news that there are COVID-19 outbreaks.

And because it's overcrowded, there's not adequate social distance, there's high risk and medically vulnerable people, a lot of people with the social determinants of health factors are disproportionately affected. And so it's a huge problem. They don't have the freedom to protect themselves from the virus.

So, That's another thing to be aware of. We can link to some articles about that. I also just want to say really quickly that what you're going to hear on our podcast is part of a longer interview that I did that has a little bit more about the legal and historical aspects of solitary confinement in the United States.

If you're interested in hearing the full interview, you can go to our show notes for today, we cross posted the full interview on the New Books Network, which is one of our, our affiliates. And so you can check that out if you're interested in a bit more historical context.

I'm here today with Taylor Pendegrass. Taylor is a civil rights lawyer for the ACLU working in Denver, he's been gathering voices about the U S criminal justice system for over a decade. And he's also been involved in some important criminal justice cases, like stop and frisk, deceptive police interrogations, and cases about prison conditions. And we're here today to talk about Taylor's book Six by Ten: Stories from Solitary. Uh, he co-edited it co-edited it with Mateo Hoke as part of the Voices of Witness series, which uses oral history to amplify oppressed voices. Thanks for being

here today, Taylor.

Taylor Pendergrass: [00:11:58] Thanks Debbie. Thrilled to be here.

Debbie Sorensen: [00:12:01] Taylor, let's start by having you tell us about how the book came about.

Taylor Pendergrass: [00:12:05] Sure. It was in about 2010 when I was living in New York City and I was working for the New York ACLU. And we were aware at the New York ACLU about the practice of solitary confinement in New York state prisons in New York state jails.

And there have been a pretty significant victory in the earlier in the two thousands with regard to providing some protections for people with the most serious mental health problems from being exposed to solitary confinement, but the momentum and kind of petered out. And so I decided, uh, along with a colleague, then we were going to mount a campaign to try to take that victory, to push it to the next level and really aim at abolishing solitary confinement to the extent that we can achieve it.

And the first step we thought in that process was just going out to prisons all over the state and talking to as many people as we possibly could about their experiences in solitary confinement. We probably spoke with about 120, uh, men and women who had spent anywhere from months to decades in solitary confinement in the New York state prison system.

And we put all that information into a report and ultimately, uh, filed the lawsuit with it.

And so while the advocacy campaign and the lawsuit became quite successful, I was struggling with all of the human stories that I had heard and been moved by very deeply that were nowhere kind of presented.

In the advocacy work that I was doing. And it was around this time that Mateo Hoke, who is a good friend of mine from my time going to law school in Boulder, Colorado was swinging through New York and he stayed with, with me and my wife for a few days. And I was telling him about my work. And he suggested, you know, we should really do an oral history book. About these stories.

These are really important stories to tell. So that was really the Genesis of the book.

And from that point, we then kind of launched the process of actually collecting the stories that ultimately appear in Six by Ten.

Debbie Sorensen: [00:14:23] Well, your book centers around the stories of these people, and most of whom have been in solitary confinement, as you say, and also a few from family members and people who have worked in prison settings and there are nuance. They're complicated. There, many of them are heartbreaking. Why personal stories? I mean, I know that you have these stories and you felt like you wanted to share them. Do you have a sense of why the story itself matters so much?

Taylor Pendergrass: [00:14:50] Yeah. I think that one thing that, um, is probably universal in all of the social justice work that I have been involved with or exposed to, but certainly with regard to criminal justice reform, is that the practices, and the barbarism and the horror that we visit on other human beings

occurs, to a large extent because they are totally dehumanized and because they are totally hidden and there are strong intersections with that dehumanization with regard to all forms of oppression, including, you know, structural racism and homophobia, and ableism and all sorts of other, other threads.

But, you know, when we think, when I think as an advocate about what's going to be needed to totally transform our criminal justice system to one that is humane and respects human dignity and is actually effective and keeping us safe, that's as much a legal project as it is a cultural. Project, right. I think we have to change our culture.

We have to expose people to the fact that the, the people that we're throwing in cages are whole human beings that they retain and should retain their dignity, even if they've done, you know, a horrible thing. Um, and the best way to do that, the most effective way to do that is storytelling is putting people the public proximate

to stories about what real human beings experience when they go inside our jails and prisons. And I think that the, the stories that we tried to collect and six by 10 were really aimed at reaching people, uh, you know, meeting people where they were at and telling them a story that they could relate to, that they could understand.

every chapter in the book for the folks who have spent time in solitary confinement and are solitary confinement survivors starts with just a personal history of that, of that person's life.

You know, who were they as a child? How did they grow up? Um, you know, what were their passions in high school? Um, did they go to college? You know, were they incarcerated early age? And that is all was all quite intentional because we wanted to give everyone who read this book, the ability to relate to that person as a, as a whole person, not as a, as a quote unquote criminal, or not just as someone who has been in solitary confinement.

And I think that the feedback we've gotten from the book so far and the experience I have in my other criminal justice reform work outside of this book really suggests that the only way we're gonna get to a place where we've

radically transformed our approach to crime and punishment in America is by making sure that people really understand the consequences that people suffer when they're in our criminal justice system and that they can see those people as more whole human beings, not just as the other, out of sight, out of mind.

Debbie Sorensen: [00:18:02] Yeah. I mean, that was my experience. Reading your book. I kind of knew that this was happening in theory. Seemed bad. And yet I knew so little and I think reading the stories just really helped me understand it so much better and really does grab you in a way. Um, and I know that it was challenging to get these stories, right?

Getting people who have been in solitary confinement to talk and to talk publicly, to even access their stories. I mean, these are really oppressed voices in the sense that sometimes you can't even. Like find them. So what are some of the challenges that you faced

Taylor Pendergrass: [00:18:37] no person in our country that I'm aware of. Is more isolated and removed and hidden from our society than people that, that we, the United States are locking up in solitary confinement.

People in solitary confinement generally are, are in a small cell, 23 or 24 hours a day with no meaningful human contact. Often, but not always, no reading materials or anything else to occupy their time. And importantly here with regard to the process of gathering these stories, they're often not permitted to make any phone calls or even to send or receive mail unless it's its legal mail.

So when we set out to write the book, we recognized that this was a huge challenge, obviously in front of us. And we, we. Had a goal of trying to collect stories from as many different corners of the United States, as we could from as many different types of people as we could. And for many, as many different types of detention settings, as we could, you know, immigration detention, jail, uh, prison, juvenile detention facilities, and the reason we wanted that scope and that variation is because solitary confinement is not a phenomena in the United States, that's restricted to any one state or anyone, like, bad jail or bad prison. It is pervasive and it's everywhere. So, um, that was our goal. And I think, you know, a cold call saying we want to get somebody's story and put it in a book. Um, ingendered a lot of reasonable skepticism on the side of people who are hearing from us for the first time. And then at the, at the point where we were actually identifying some people who might be good candidates to talk to, there's just a host of considerations around that for them, you know, and making sure that we're respecting their autonomy and their power and telling stories.

I mean, one, there's the trauma of being in solitary confinement at the moment that you're in it. there was a V very.

Real fears about retaliation from prison staff and jail staff, for people who wanted to, to talk with us. And, um, then there were the practical challenges, uh, in some cases where we were able to locate people in prison systems that allowed legal phone calls, we did the interviews over the phone. Often over a series of weeks or months over many, many phone calls um, and that, that was probably the easiest way that we gathered stories from people who were inside. We, we definitely tried, um, and adopted some more creative approaches that are probably less best practices from an oral history perspective, but were just necessary for us to get some of these stories.

So that includes in one case, a letter correspondence between us and one of the narrators who, you know, would just, we would write questions. He would write letters back to us. It would take weeks for both of those exchanges to happen. And we gathered his story over the course of like 10 months just by written correspondence.

And then a lot of other stories that we gathered were from people who have survived solitary confinement and were still incarcerated, but they were in the general prison population. So access to them was still difficult, but much more obtainable. We could have in person visits with them.

And a few of the folks that appear in the book are people actually been out on the street and some of the, um, Some of the reasons that we got stories from people who are out of solitary in the general prison population or back on the street was because we think are very important demention of the story is what it's like to live after you've been in solitary for months or decades. And so a few of the stories, I think really elevate the experience of having been in solitary for 23 years, like Brian Nelson, and then being released to the streets of Chicago.

And like, what does that feel like? What does that look like? Um, how do you, how do you process the world outside after you've been held in a small box for such a long time by yourself?

Debbie Sorensen: [00:22:53] And I know that that there's an issue with some particularly vulnerable people that get in solitary confinement. Can you talk a little bit about that? Sometimes it's even as a form of so-called protection,

Taylor Pendergrass: [00:23:08] right yeah. There are in most jails and prisons, I would say there's, there's three pathways that people are thrown into solitary confinement.

The first is for breaking a prison rule was what's often known as disciplinary segregation and that. Generally comes with a, a defined sentence to solitary confinement. And this was the case in New York where my client, Tanya Fenton, for example, she was put into solitary confinement for a year for buying a commissary item for another person who is incarcerated, which is against the rules. You're not supposed to buy things for other people. You're only supposed to buy it for yourself. And the rule is sensible. Um, there, there are reasons I think the officials don't want that to happen, but. The question of whether a person should then be locked in a concrete box for 24 hours a day for a year for violating that rule is obviously absurd and

Debbie Sorensen: [00:24:07] it doesn't seem to the punishment doesn't fit the crime.

Taylor Pendergrass: [00:24:09] Yeah. And then there's the second pathway is administrative segregation and this is the, um, situation when prison officials make a determination that someone is too dangerous to live in the general prison population. Uh, California's a good example of this regime where California prison officials, uh, determine whether or not someone is a gang member, for example. And if they're determined to have a gang affiliation and they might be taken to the special housing unit, the S.H.U., or SHU, and they're put in there with no determinant frame of on when they will get out. And people in California who had this designation would languish in solitary confinement units literally for 15, 20, 25 years. And there was, you know, they had no, no, uh, no end date on their solitary confinement isolation. There's not a meaningful process for them to get out. It just kind of a torturous, um, thrown into a black pit and forgotten type of feeling for, for these folks. And I can talk more about this later, but the way in which California officials determine whether someone was a gang member was often as insane as reviewing their incoming mail, and if they thought that a person who is sending them a letter or a picture was flashing a gang side, that could be grounds enough to decide that someone was a gang member and then to put them in, into the SHU. And then the third and final pathway. And the one that you're mentioning Debbie, is that.

Um, there is a, uh, type of, of housing classification in our prison systems referred to as protective custody. This is kind of the opposite of administrative segregation. With administrative segregation, prison officials are saying you're too dangerous to be in the general prison population. We have to remove you so you don't hurt other people. With protective custody prison officials are supposed

to be making the judgment that this person is so vulnerable. That they can't be in the general prison population, so they need to be protected. And this could include, um, LGBTQI folks. It could include a police officer who's being incarcerated. It can include, um, you know, a monolingual Spanish speaker who is not going to be able to, to operate and take care of themselves in an all-English speaking environment.

And as a concept, protective custody, I think is a best practice. In jails and prisons certainly should be removing vulnerable people from the general population and putting them into a different place where they can be safe. But what it looks like in reality, in a lot of prison systems is that they don't have a protect, a different living unit, a protective custody unit to send that person to where they might be put with like, 5 or 10 other people who also share that same vulnerability and they get all the same programming and food and everything else that everyone else gets.

A lot of prisons don't have that, uh, capacity or they've chosen not to create that type of unit. So instead they take these really vulnerable people and they put them in solitary confinement for their own protection. So they're, they're essentially being punished for their vulnerability.

Debbie Sorensen: [00:27:24] and it's sad because some of the people's vulnerabilities, you know, make it even harder or worse. What are, so you've alluded to some of the downsides for sure already, but could you speak a little bit about, you know, why this is an inhumane practice and a risk for people's personal and sort of public health?

Taylor Pendergrass: [00:27:45] Yeah, I mean, I think at the most basic level, if any one imagines themselves, you know, locking yourself in your bathroom or, or putting yourself into an elevator, you know, the title of our book is Six by Ten. Um, references 6 by 10 feet, which is the average size of a solitary cell in the United States.

And is about the size of an elevator about the size of a parking space, maybe the size of most average bathrooms. And you think about just sitting there alone by yourself for 12 hours, 24 hours, 48 hours. And then you extend that into days and weeks, I think the, you know, the social and mental health effects of, of that isolation probably become pretty visceral for, you know, for anyone who thinks about being that alone, um, that out of control for that long of a time.

And, you know, we know, I think also from a behavioral research and, and, um, science that human beings are social creatures and interacting with other human beings is a part of establishing and maintaining our sense of self and ourselves, our sense of identity. And what we've seen in America's solitary confinement units is basically a form of social death, where people even, even very well adjusted, healthy people experience extraordinary amounts of, of, of anguish and, and loss of identity and loss of dignity and, you know, um, to, to put it colloquially, like go crazy. Uh, in, in the solitary confinement units. So there's kind of that, that bucket of conceiving of what isolation means for average folks. Um, there's also a great deal of psychological and behavioral health research now about how solitary confinement affects people, um, which is, uh, is a tragic thing that is so common and so pervasive that psychologists and psychiatrists have now dedicated their careers to understanding better understanding the effects.

Of solitary confinement on people. And the kind of lead researcher here is, is Dr. Craig Haney, um, out of UC Berkeley in California. And he's kind of described, or tried to try to describe or characterize the constellation of mental health effects that happen in solitary confinement as SHU syndrome. S. H. U. is an acronym for special housing unit, which is the name of the solitary units in California. And SHU syndrome, uh, often involves, um, you know, hallucinations, uh, all sorts of aberrational behavior, self-harm, suicidal ideation, um, kind of a whole, you know, whole host of different manifestations of the expression of the trauma that the human being is experiencing because of the isolation. And I think, you know, Dr. Haney has probably observed and interviewed thousands and thousands of people who have been subjected to these conditions. And he, you know, has, I think done a phenomenal job of documenting the harms that are caused by, by solitary confinement for people.

Who may not have any preexisting mental health conditions before, before they go in. And then there's the folks who, who are put into solitary confinement who have existing, serious mental health or men or other mental health diagnoses.

And this is extremely common phenomena in prisons and jails because people who have mental health

illness, mental health problems and prisons and jails. They're often arrested on the street and incarcerated because they cannot comply with, um, you know, kind of the norms of, of the society that they're operating in. And they're not getting any effective treatment or support. And then they go into the prison in jail and the treatment and support is even more limited if it exists at all.

So people often. Decompensate once they're incarcerated. And then when they're exhibiting behavior that is driven by that decompensation, it's seen as like a behavioral or disciplinary issue by prison officials who may have little or no appreciation of, of, of mental illness. And so they throw that person in the solitary. They can't, they can't deal with that, that person, that bipolar person, who's not getting any treatment. And so they throw that person in a solitary confinement, and then that person who is bipolar, when they're in solitary confinement, they get even worse. And the effects of solitary confinement on someone who has bipolar or someone who has schizophrenia or someone who has some other kind of, you know, DSM4 type of diagnosis is really, really severe and the rates of suicide.

And self-harm among that portion of the population who are in solitary confinement is just astronomically and tragically high. And, you know, I, I think for, for the time that I was really paying attention to news articles about, about that, someone was dying in solitary confinement like every week, you know, if not a couple times a week. And a lot of the people who were, who were dying in solitary confinement were people who had preexisting serious mental health problems that were then thrown into these isolation units.

and maybe a little bit more neglected, part of the effects are that are the medical and physical effects, um, which are really consequential.

If you're in a six by ,six by 10 cell, 24 hours a day or 23 hours a day for months at a time, uh, many people experience extraordinary muscle atrophy and hype really, really severe hypertension, developed diabetes. Um, eyesight loss is a real problem. And all of those medical consequences obviously are very closely

related and integrated to the mental health, um, trauma that people experience at the same time.

access to medical care is severely restricted in solitary confinement units.

So, you know, if you were receiving chemotherapy or if you were a diabetic or if you need any other type of longterm, Um, care your ability to get that care is going to be interrupted when you go into solitary confinement and there might be a significant amount of time before it resumes.

And in most cases, even though prisons, I think on paper will say, They deliver adequate medical care, regardless of where someone is housed. My experience is that in 99% of cases, if you're in solitary confinement, you're no longer regularly getting your medications. You're not regularly being seen by a doctor. And so your, your medical condition will deteriorate as well while you're locked up in solitary.

Debbie Sorensen: [00:34:55] Well, as a psychologist, I can say with authority that we are social creatures and we're meant to be. In the social world, isolation is considered a form of torture because that's just not how we're meant to be. We're also meant to move our bodies, you know, living in that little space where you can barely move, no wonder people have health problems because we're just not made to be in that kind of situation. And so for me, this is really interesting, I think, to hear, um, it's important to know about, about the psychological effects of this much isolation.

And, and you mentioned a little bit earlier, but I was wondering if we could talk more about how the people that you talk to had to go from that environment, you know, go from solitary out into the world to try to just readjust to normal day to day life. Outside. What are some of the psychological effects that you see there or sort of down the road?

Taylor Pendergrass: [00:35:48] Yeah. Um, I will say that there's no person who I've spoken to, who has ever spent a significant amount of time in solitary confinement does not have lasting consequences. Um, from that experience, there's of course, a wide range of experiences for people, uh, you know, based on. Who they are and who they were at the time that they went into solitary and how long they stayed there.

You know, I do think some people are almost, uh, unable to function in an environment after they get out of solitary confinement. And I actually saw and heard that directly from a number of people that I spoke with in New York, who had spent a significant amount of time in new York's SHUs. And when they got out into the general prison population, It was terrifying for them.

They couldn't, um, they couldn't operate. There's a ton of stigma that comes with that from other people who are in the general prison population. But more than that, I think they're just, they're there. So. Um, damaged by the isolation that the prospect of being in a crowded cafeteria with a hundred other people was debilitating.

And one effect of that is that people would ask to go back to solitary or they would commit another. Disciplinary infraction so that they could get back into solitary. It's the only way they could kind of deal with the trauma that they, that they were experiencing, um, on the streets. You know, one story that really leaps out for me, that's also in the book is the story of Brian Nelson who spent.

About two decades in solitary confinement in the Illinois state prison system. And he describes after getting out and, and living with his mom, just sitting in his basement in a really small closet. For hours and hours and hours at a time. And it was like the only place that he could feel comfortable was, was kind of recreating to some extent the isolation that he'd experienced before.

He also describes things that I think are common for people of just anyone who has any kind of trauma or mental health. I think you. Um, can feel isolated even in a very social environment because you don't know if people can relate to or understand or will be empathetic to your. Uh, experience and, and your situation. I think that's magnified for people who spent time in solitary. You know, it's one thing to tell a friend or family member, you know, Hey, I'm going through a divorce or, or, Hey, I was, I was abused as a child. Um, it's, it's a different thing to say, Hey, I was in prison. Uh, which automatically pushes people away, um, for, for a lot of folks and then say, yeah, and I was in solitary confinement for a very long time.

And like, that's what I'm dealing with. That's what I'm struggling with. I think that there are very few people I've spoken with. Who've gotten out of solitary who have found. Meaningful networks of other survivors so that they have someone who can relate to their story, that they can be honest and vulnerable with. And even just on the clinical level, Brian has been trying to find a psychiatrist or psychologist to work with. For years. And there are just very few professionals who have spent any time with this population who know how to work through this trauma with them. The person that Brian has had the most success with is actually someone who has, um, uh, done a lot of veteran care and you know, is familiar with, with the PTSD and trauma of war, which I think is.

A step in the right direction, but still, still an ill fit for him. Other people who are profiled in the book, like my client, Tanya Fenton in New York, I think describe affects that are more subtle. But perhaps just as consequential in terms of disrupting her ability to reintegrate into society and, and kind of, you know, form new friendships and relationships, she's, she's deeply distrustful.

Um, she's very uncomfortable in social situations. She had a panic attack. The first time that she got into an elevator. And the doors closed because it just triggered so much of her same experience of having the door slammed behind her, in her solitary confinement cell. You know, I think that for people who come out of solitary confinement and survive without the.

Really debilitating, obvious kind of consequences that someone like Brian faced are almost always experiencing the type of things that, that Tanya faced, which is, you know, internally, um, an extreme amount of anxiety and stress. And fear about being in crowded situations or being in situations that replicate the conditions of their confinement.

And those affects spill out into all parts of their life. Right. You know, it's, it's so hard after you got out of prison to find housing and to find employment. There are literally thousands of laws. That restrict you from taking certain jobs or leaving in certain places you have often no income people have often lost most or all of their family connections and their, and their network of friends when they're incarcerated.

So you're coming out with no money, no support, a million obstacles in front of

you. It's as it's, it's so hard as that is. To try to find a job and reestablish your life. And then when you add on top of that or underneath it, depending on your perspective, uh, the trauma of being incarcerated, and if that trauma included this, like, you know, brutally, um, damaging experience of solitary confinement, it's all, it's all the much worse.

For that. And so people coming back to the streets after having spent time incarcerated and solitary confinement, I think just have the biggest possible hurdles and challenges that they could ever face. And the other piece of this that I'll mention that I'm sure is interesting to you, Debbie, and to listeners, is that not only do you not have social networks to rely on or the ability to get a job or housing easily, but the ability to get counseling.

Or mental health treatment is almost nonexistent for people once they're outside of the, of the carceral setting and Obama care helped with that a bit, but it's still extremely difficult for people who are released from jails and prisons to get any type of meaningful treatment or healthcare. So, you know, diet includes people who might have had preexisting mental health conditions.

Um, got very little treatment when they were in. Then they experienced solitary. They get worse. And then they're released and they've got nowhere to go nowhere to turn to. So not surprisingly among incarcerated people who are released, you know, rates of homelessness, rates of suicide are far higher than the general population.

Debbie Sorensen: [00:42:56] Wow.

That's really important to talk about. Thank you. I hope some people listening well, um, just be more aware of that and maybe people can try to work toward. You know, remedying that. And I mean, it makes sense that I think that given the amount of trauma and what people go through it does, it reminds me of PTSD and my work with veterans, I think to an even more extreme degree in terms of how it's affecting people psychologically.

Taylor Pendergrass: [00:43:28] That's right. And, you know, there's, I know that there's a great deal of shame. Um, even amongst veterans who feel that, you know, they, they let their. Um, their fellow soldiers down or what have you, but at least in the broader society, you know, B being a veteran is like, is a very honorable thing. And so I think that even for, for veterans who are struggling with like those deep problems, at least there's a, there's a bit outside of, of their own head that society wants and supports them and is willing to accept them and wants to help them through there.

Their trauma. I mean, I've been, I've been impressed by the amount of, of socialization that has happened in popular culture with the normalization of PTSD, for soldiers, understanding that they experienced that trauma and like, and embracing that and accepting that for them. For people who have been incarcerated and in solitary, there's nothing but like stigma and disdain for those people.

So not, not only are they kind of struggling with the loss of dignity and shame that they have internally, but externally as a society, you know, if people are even aware of this at all, their, their reaction is usually one of revulsion and disgust. So the, um, kind of shame has just magnified even more from both the external and the internal factors.

Debbie Sorensen: [00:44:49] Yeah, shame and moral injury. We've been hearing more and more about moral injury. I think it would be interesting to talk a bit more about the conditions, what it's like in solitary. And I know from reading your book, that there is some variation that it can be really different in different facilities. I was wondering though, since the stories in your book are so powerful, if you could give just maybe one example of the kinds of conditions that you've learned about through a bit of a summary of one of the stories that you've heard.

Taylor Pendergrass: [00:45:21] Sure. Um, let me tell people kind of what the big scope is. And then I'll zoom down. I think to Tanya Fenton's story in New York, who was my client and the lawsuit and a person I knew quite well and also a place where I got to see personally what those solitary cells, cells look like. So as you mentioned, uh, Debbie solitary can look like. A lot of different things throughout, uh, various parts of the country. It can be everything from your conception. Of like a dungeon that there are solitary confinement units in Missouri, for example, that are dark floors with nothing but a cot in it. And it's the, in the basement of, of the prison unit. So there's literally no sunlight there all the way to the facilities that we have here in, in Canyon city, Colorado, the federal facilities, which were, purpose-built just a couple of decades ago for solitary confinement. So they're, they're shiny. New cinder block buildings with remote control operated doors.

Um, you know, and they're, they're the kind of modern manifestation of this form of torture and EV and everything in between, but the common defining feature, regardless of how the solitary cell looks or feels is the near total deprivation. Of meaningful, full human interaction in New York. What the solitary confinement unit that Tanya Benton was held in is part of a cookie cutter set of units that New York built in the 1990s in response to this kind of tough on crime push called a SHU 200 is called a SHU 200 because there are 200.

Um, 200 people could be held in this unit at any one time. And they built, I think maybe around a dozen of these SHU 200 at various prison facilities around New York state on the campus of existing prison facilities. Tonya was incarcerated in Bedford correctional facility, which is just about an hour and a half train ride North from New York city and her, um, SHU 200 unit.

W, if you were walking down the hallway of these units, you would see a white cell door with a very small six by three window in a solid steel door, thick, reinforced, solid steel. And there's a food tray, uh, probably about waist height of that, of that cell. And then you open up the cell and you step inside.

And New York cells are a bit bigger than your average solitary confinement cell. And I'll say more about that in a second, but they have a bunk that's built into the wall. They have a toilet and sink combination that's built into the corner. So the, the, where the water tank of a normal household toilet would be is where the sink is.

And then the toilet is beneath that. And there's a small desk. And then the back of the cell, there's another door and you open that door. It would take you out to a small concrete cage that on the, um, exterior side of it has thick wire mesh that leads to the outside. So it's like a little patio. That's about a quarter of the size of the solitary cell, so on an average day for Tanya, if she's in that cell, She would

be allowed, um, uh, three books, I believe at that time, a news, a daily newspaper. If another prisoner hadn't taken it and that is it. No radio, no TV, no access to any other type of stimulation. She would have the lights go on in her cell probably around five in the morning.

Um, her first food tray would come up around six o'clock and you're getting food that is served by correctional officers who opened that food tray door and just push the food tray through and then slam it close. And one feature of solitary confinement that is nearly universal, but is certainly a part of Tanya's experiences.

Is that correctional officers use food or the deprivation of food. To taunt prisoners to retaliate against them. Sometimes they're just lazy. So like whether that food comes through the trade or at sex, or whether even trust that hasn't been like spit on or tampered with is something that's constantly in your mind when you're, when you're getting that food.

Right. And then, you know, for the next. Five six hours. You're just alone in that cell with nothing to do and no one to talk to and maybe just a few books or, or a newspaper to occupy your time and in your mind, um, then around 2:00 PM in Tanya's case, she would get her one hour of recreation. And what that means in New York is that the.

Cell door that faces the patio, the recreation cage would pop open. It's automatically operated by guards at a, in a control booth. It would pop open and she could go outside for an hour to be in a smaller concrete cage that has some exposure to fresh air. And whether it's 120 degrees or whether it's negative 10 degrees, which in upstate New York is, is actually a real thing in the winter time. Doesn't change the clothing that she gets, um, at all. And there's nothing to do in this box. There's not a pull up bar there. She's not allowed to basketball. There's, there's literally nothing to do in the box, except get some exposure to fresh air.

And depending on the time of day and the time of year and what cell cell you're in, maybe some sunlight, um, through, through that metal grate.

And then after an hour, you are over the Intercom, you get buzzed to come back in. And so you walk from your patio back into the small cell and the door closes and locks behind you. And then your rest of the day is waiting for your dinner tray to come. And then the lights would go out maybe around 8:00 PM.

And that's how you live your day for weeks and months. And in Tanya's case almost a year, um, in, in that environment. Um,

Debbie Sorensen: [00:52:03] and as a reminder, she's the one who was in there for a year because she used a credit card to buy something. For a

Taylor Pendergrass: [00:52:10] friend. That's right. And she also got more time when she was in solitary.

She's already in solitary. Um, and you get another ticket or a write up when she was in there because she used some magazines to make, um, small triangle footballs. I don't know if folks listeners played this game when they were kids in middle school or high school, but, you know, she would fold up a small piece of paper into a triangle and then hold it underneath the point of her finger and flick it to mimic a field goal and a guard walked by and saw her doing that and wrote her up for destroying.

A state property. And she was given additional, I think, an additional 30 days in

solitary confinement for that. And I mean, as absurd and like horrible as that is, it's actually a pretty mild example. Folks who have real serious mental health problems will often. You know, try to clog the toilet. They will, they'll try to rip stuff apart.

They will just bang on the door for hours and hours and hours at a time I'm trying to get guard's attention. And the response is often to just give them more and more and more solitary. Confinement time. So they end up in kind of this endless bottomless downward spiral of time. I'm just going back to Tanya's experience in her cell for a second, that, you know, Tanya, what Tanya wastes described to me and what I've heard from a lot of prisoners is that the, the temperature in the units is often just, um, Always aggravating.

It's either far too cold in the winter or far too hot in the summer. The ventilation is horrible. So you might already have a sense of like a suffocating feeling just from the isolation of being that environment. But like you're also literally often not getting very much circulated air in the cell. And no fresh air at all from the outside, except for your, your hour of recreation time.

The other kind of features of just the daily experience that I've heard a lot about and heard about from Tanya too, is that for when you're in units with that are housing people who are seriously mentally ill, there is a fair amount of, of defecation, um, within the cell people painting on the walls with their own feces and especially people trying to throw.

Feces or urine on the correctional officers as they walk by. Um, so not only is that just horribly dehumanizing and awful, but the unit itself often smells really badly.

Uh, the excrement and urine sometimes for like weeks, weeks at a time. And then the final thing I, I, you know, that really sticks out for me in terms of the visceral experience is just.

How in the same way that it's like always too hot or it's always too cold. The sounds of the solitary confinement units are really, um, leave a really lasting impression in my mind for, for Tanya, you know, she would describe how it would either be definitely quiet for stretches and stretches of time where you, you know, you already feel like you're dying in the solitary confinement cell.

And then there's like almost no. Um, evidence of other human existence out there it's it just feels like you're alone on the moon or the opposite end of the spectrum. There would be people in the unit who were like really suffering from a mental health issue. And having a crisis. And so there would be constant banging and cursing and screaming for hours at a time that the correction officers would ignore.

And then when they came in, they'd scream back at that person and ultimately might do, what's called a cell extraction where they come in like a SWAT team with, um, body armor and. Um, Bhutan's and pepper guns, and they forced that person out of their solitary cell. And they take them to a mental health observation cell, which is usually like a rubberized room or padded room in the prison facility.

So it kind of would swing between definitely silence and like horrible screams of anguish and like incredible noise that you couldn't escape from. Even if you wanted to, you know, try to cover your ears and block it out.

Debbie Sorensen: [00:56:33] Wow,

makes me feel a little

sick to hear about it, but I think it's important for people to know what's happening.

Um, there's a Ray of hope. I think in your book, you write the changes happening and it sounds like there is some progress. Thank T thanks to you and other people who are working on. Criminal justice reform. Um, could you talk just really briefly about what what's giving you hope? What progress have you seen and what can people do if they're, they're kind of struck by this and they want to try to do something?

Taylor Pendergrass: [00:57:07] Yeah. Um, yeah, I think it is an extremely hopeful time for those of us who've been involved in this work. We are seeing. You know, more attention paid to this issue and more movement on this issue. I think in the last five to 10 years than we had seen in the last 50. And I think it's, you know, it's important to be optimistic while also not, you know, minimizing the amount of, of.

Uh, injury and trauma and oppression that people are experiencing or the extraordinarily long road and big Hill we have ahead of us to ending America's mass incarceration, crisis and abolishing solitary confinement, but the trends and the momentum have definitely been in the right direction over the last few years. And so I'll, I'll lift up a few things. I think the first thing. Important for everyone to understand is that we don't actually know how many people are in solitary confinement at any one time or over the course of a year in America. And the fact that we don't track that data or try to keep tabs on how often solitary confinement is used is really indicative of how cavalier jail and prison officials are about throwing people into solitary confinement.

And I mentioned that in part, because like one of the first things that we've seen happen over the last. Five to 10 years is prison officials getting more serious about trying to keep tabs on that data. And also some States and acting legislation that requires prison officials to track who's in solitary, for what reasons and for how long.

And that's really critical because until we get our hands around the scope of the problem, it's very, very hard to address it. You know, we, we think that on any given day, there's about a hundred thousand people in solitary confinement in the U S over the course of the year, that might be something like a million people who cycle in and out of solitary confinement for some period of time.

But until you really know, you know, what, what the scope and depth of the problem is, it's hard to mobilize the public and legislators to. Yeah, embrace the solution. Um, but some States are really there and are leading the way and in Colorado where, where we are, Debbie is one of those States. Um, and, and in the mid two thousands, um, the UN put out a special report on solitary confinement.

And as part of that report, there was a deep survey. Of mental health professionals, um, and mental health organizations who had, um, studied solitary confinement and formulated a recommendation that the UN adopted that solitary confinement should never be imposed on any person for longer than 15 days, because the potential consequences after that time were just too great.

The risks are too great. And the affront to human dignity is too great. And

Colorado has. Adopted that 15 day standard within their state prison system. Um, not too many years after that report was written, the director of the Colorado state department of corrections at the time Rick Ramish spent a 24 hour period in one of Colorado solitary confinement cells.

He, he locked himself in there for a day and then he wrote a very powerful op ed and that was published in the New York times. About how traumatic, just that one day of solitary confinement was for him, even knowing that he could get out at any point that he wanted. And even knowing that he would be out, you know, within a 24 hour period.

And that I think was part of him sending a signal to his prison system, that he was going to make some really deep changes when it came to solitary confinement. In Colorado. And over the course of several years, they move toward this 15 day limit on solitary confinement. Where now there's, there's no circumstance in which any person will be held in 23 or 24 hour a day lockdown more than 15 hours a day.

There's still more progress to be made even in Colorado with the alternative to solitary confinement. Now it looks like in Colorado includes mental health units that have more staffing, more mental health staffing, more access to programming, more counseling. But the people held in those units are still often held in their cells for 18 to 20 hours a day.

So they might get out of their cells for like four to six hours a day to get some treatments and get some counseling, to be exposed to other human beings. But those are still very, very harsh conditions, obviously, but it's, it's a really exciting move in the right direction in New York where I was doing my work, when we started, there were 5,000.

People being held in solitary confinement on any one day, that number has dropped, I think, most recently to about 2200 people. So we've gone, um, w we've reduced that number by less than half and the length of time that people are staying in those conditions has been dramatically shortened and the access that people now have in those units to some pretty basic things, but, um, things like a radio.

Uh, TV, um, unrestricted access to books as many magazines, as you want more in cell programming where a counselor and educator might come to your cell door, we've done a little bit to improve the conditions of confinement. In addition to just reducing the number of people who are held in those circumstances and the

Debbie Sorensen: [01:02:41] thanks for doing Taylor.

Taylor Pendergrass: [01:02:44] Well, um, thank you Debbie, for saying that it's, you know, It's my ambivalence extends even to this, you know, celebration of success, because while we have made real progress, I mean, the ultimate goal has to be the abolition, the complete abolition of, of this tool.

And I think it's also worth noting here for people who want to be optimistic that. You know, every Western European country, um, has a prison system. Western European countries have crime rates that are almost the exact same as the United States, putting aside gun violence for a second. And all of this prison systems do not use solitary confinement at all.

There's a, there's a program of taking prison officials from the United States over

to tour prison systems in Norway and in England and in Germany and France. And a lot of those systems, the maximum amount of time that you could ever put someone into isolation is for four hours. It's used as like a timeout tool.

For imminent threats to safety when there's just no other way to control this person and you need to keep people safe, then you can put them in an isolation cell for a short amount of time. But, you know, it's, it's, I think been eyeopening for American state prison officials to see that you can run a safe and effective prison system, even with very dangerous people without having to use solitary confinement at all.

And you know, it's a great time for people who are interested and motivated and getting involved in this issue to be involved because we are at kind of a tipping point. I think where if enough of us all push in the same direction, we can really have a meaningful impact on ending this practice throughout the United States. And you know, for people who are interested in buying the book, Um, one thing I encourage you to do is not only to read the book and become familiar with the stories of like real human beings that I think you will grow to, um, you know, appreciate and understand as. As whole, um, as whole people and as having dignity to really kind of deepen and broaden your understanding of what we're doing to people in the criminal justice system.

But in the back of the book, we have a list of 10 concrete things that people can do if they want to help with advocacy on this issue. And I'll, I'll just tell a date, a few of them here. You know, one is that, um, if you want to become a pen pal with someone who was in solitary confinement, it is hard to.

Underscore how extraordinarily useful and important and essential that lifeline can be for someone who is in solitary confinement. And there is a website solitarywatch.com that has a link to a program that hooks people up with. With people who are in solitary confinement and folks on the outside who want to write them, that postcard, that you send that person or that Christmas letter, um, or even of course, uh, you know, more deep correspondence.

It might be the only. External communication that that person has with anyone else in their life. As I mentioned before, a lot of people just, they lose touch with their friends and family. They never had it to begin with. Maybe their crime, um, resulted in an estrangement from their, from their friends and family.

Uh, in addition to the separating effect of incarceration. So being a Penn pal is a, is a very meaningful thing that, that people can do. Um, in a lot of States right now. There are active movements to bring the same type of changes, uh, to their state as have been brought to Colorado. So if you're a person who's inclined to be a little bit more active in the fight, uh, I really encourage you to get in touch with your local ACLU, affiliate or other local prisoner rights organizations in your state.

Um, what makes the difference in getting these laws passed is people turning up and turning out when there's a piece of legislation that's going to be heard, uh, at the Capitol, or there's a meeting with an influential legislator. If you can be, you know, that, that suburban mom, who's showing up saying, you know, I care about this issue.

Or if you can be, you know, that high school student, who's saying, like, I don't want to live in a world where we're keeping people in solitary confinement, those

voices are so impactful and important, um, in, in moving legislators to take this issue seriously and to pass laws that. Really have a profound effect, um, on, on other people's lives.

And I think it is a really important part of, of changing this practice and third, and finally, I just, you know, I think that there's a real role for people. Um, just as voters. To, to play here when it comes to the movement to end solitary confinement and the movement more broadly to end mass incarceration.

The reason that, um, why solitary confinement was become such a, um, horrible phenomenon, the United States was it's part cultural and it's part political. And all of that shows up in our electoral politics, you know, for, for years and years and years and years, Politicians who ran on tough on crime platforms and promise to be ever more punitive are the politicians who won.

politicians were an enormous factor in getting us into this crisis. And politics is going to be a big part of getting us out of this crisis. And what's going to shift the tide. There are people who are.

Active voters telling their elected officials that they do, they will not stand for this anymore, that they will not vote for candidates who don't pledge to, to change the system and then going out and holding them accountable after the election happens.

Debbie Sorensen: [01:08:34] That's great. And I think. As a mental health clinician, I'm now thinking, you know, what can we do as mental health providers to provide treatment for people who need it?

So that's something I'm kind of thinking about in my head now. So I appreciate it, Taylor. Thank you. You're doing your part for sure. To raise awareness and I really appreciate you joining me today.

Taylor Pendergrass: [01:08:58] Well, thank you. Debbie has been so great to talk with you and really I'm thrilled that we had this time together and that more people can, can learn about this issue and hopefully be spirit to some action. Thank you. Thanks Debbie.

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