

Prisoners and loneliness

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*In 2012 and 2013, whilst working as a Roger Robinson Editorial Registrar for the BMJ, consultant psychiatrist **Dr Stephen Ginn** wrote a series of BMJ articles about health and healthcare in prisons. Here he revisits this topic in this blog for the Loneliness and Social Isolation in Mental Health network to explore the issue of loneliness in prisoners in relation to their mental health.*

Prisons in context in England and Wales



Many academics, clinicians, and policymakers have never set foot inside a prison nor know anyone detained in a prison. Yet prisons nevertheless form a backdrop to our lives. We may drive past them on the way out of cities and towns and wonder what goes on inside.

Research on prisons and people who are held in prison is an area in which comparatively little activity has been undertaken, yet it is important that the needs of this overlooked and marginalised group are understood. As of May 2020 there are approximately 81,000 people held in prison in England and Wales (Office for National Statistics, 2020). The prison population of England and Wales has risen by 69% over the past 30 years (Prison Reform Trust, 2019). This rise is in part explained by people receiving longer sentences, but also by a rise in convictions for historic crimes, due to advances in forensic science resulting in a growing number of elderly people in

prisons (Ginn, 2012).

The characteristics of the people held in prisons vary substantially in different jurisdictions, as will the prison conditions under which they are held. Those described below primarily relate to England and Wales.

Characterising the prison population in England and Wales

In England and Wales people in prison are generally male – only 5% are female – and 27% of prisoners are from a minority ethnic group. The prison population is relatively young: 16% are aged 50 or over, and among this older age group, 45% have been convicted of sex offences (Ginn, 2012). Internationally

research indicates that many prisoners come from socioeconomically disadvantaged and marginalized sections of society (Tucker et al., 2019).

In England and Wales most people are in prison for short sentences, generally for non-violent crime. In 2018, a total of 59,000 people were sent to prison (Prison Reform Trust, 2019), and of these 69% (Prison Reform Trust, 2019) had committed a non-violent offence. Almost half (46%) were sentenced to serve six months or less (Prison Reform Trust, 2019). Nearly half of adults (48%) released from prison are reconvicted and returned to prison within a year of release (Prison Reform Trust, 2019).

In England and Wales many prisons are Victorian-built and overcrowded and few people would argue that they are nurturing or aesthetically pleasing places to reside: their interiors are grey and visually impoverished and even a short journey necessitates the opening and closing of multiple heavy doors (Ginn, 2012). Little individual autonomy is possible in prison; contact with friends and family is limited; food may be of poor quality; cells are frequently searched; and some people in prison – particularly people convicted of sex offences – are persistently victimized.

Such a setting exemplifies the potential influence of the built environment on mental health, not least through overcrowding. Studies investigating institutionalized populations, including people held in prison, find evidence to support an association between crowding and psychological distress, with clear longitudinal associations between changes in prison cell density and fluctuations in well-being (Evans, 2003).



Mental health problems are common in prison. In England and Wales 26% of women and 16% of men said that they had received treatment for a mental health problem in the year prior to custody (Prison Reform Trust, 2019). In 2018 there were 667 self-harm incidents per 1,000 prisoners in England and Wales (Prison Reform Trust, 2019) and in 2019 there were 87 self-inflicted deaths in prison in England and Wales (Prison Reform Trust, 2019). Women in prisons account for 19% of self-harm incidents, despite constituting 5% of the prison population (Prison Reform Trust, 2019). The age-adjusted risk of suicide in recently released prisoners is eight times the national average, and over a quarter of all such deaths occur within the first 4 weeks of release (Pratt et al., 2006). This is why this group is identified as a key risk group in the Department of Health suicide prevention strategy. (Department of Health, 2012)

Except for 63 people (Prison Reform Trust, 2019) who have received 'all of life' tariffs, all prisoners in England and Wales will one day be released, at least in theory. Most will return to the community from where they originated and – in the absence of effective intervention – any mental health or other difficulties that they faced in prison may continue.

What is it to be lonely in prison? What do we think are the causes of loneliness in prison?

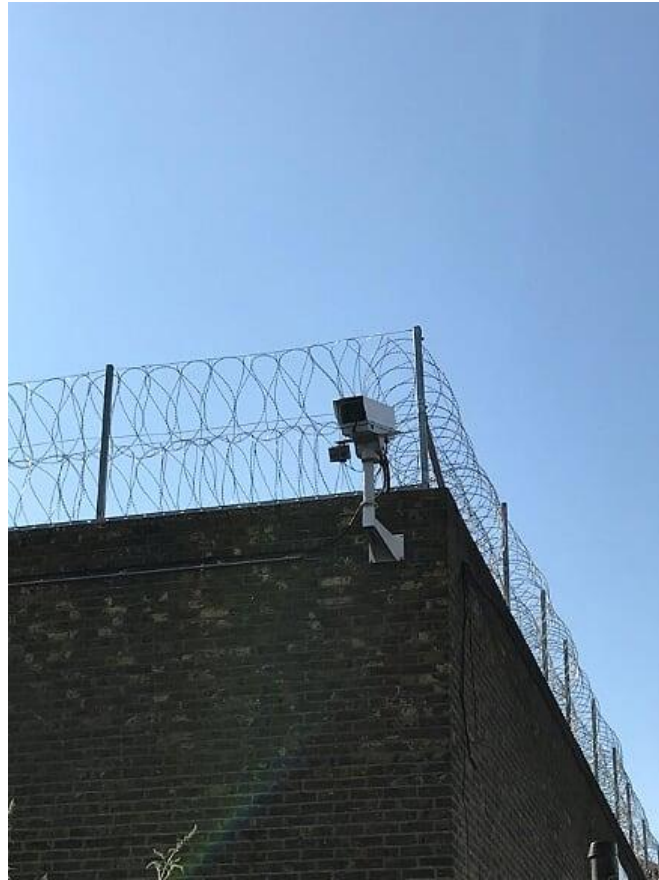
On a typical day 18,000 people held in prison in England and Wales are housed in cells holding too many people, and 1 in 5 prisoners report that they are locked in their cells for as much as 22 hours of the day (Prison Reform Trust, 2019). With this proximity to others in mind, might prison be a place where strong social bonds may easily be formed? Perhaps for some, but loneliness is in fact a challenge for people held in prison, including those in solitary confinement (O'Donnell, 2016).

Incarceration is a time when relationships are broken, and bad news (such as bereavement, financial problems, or infidelity) is not uncommon (Brown and Day, 2008). People in prison are isolated from family and friends and may find making new friends in prison challenging, particularly given the stigma of some crimes. In a study of 479 men in prison in North-West England, approximately a sixth of interviewees described problems forming or maintaining relationships (Tucker et al., 2019). In a 1997 review of the history of imprisonment in the United States and the role of psychology in the development of prison punishment, a prison administrator in the US penal system was quoted as referring to prison as a "barely controlled jungle where the aggressive and the strong will exploit the weak and the weak are dreadfully aware of it" (Hanley, 1997). The administrator goes on to explain: "Some learn to find safety in social invisibility by becoming as inconspicuous and disconnected from others as possible. These prisoners retreat deeply into themselves, trust virtually no one, and adjust to prison stress by leading isolated lives of quiet desperation."

In *The Society of Captives* (Sykes, 1958), an influential prison research text (Reisig, 2001), Sykes writes of loneliness as one of the 'pains of imprisonment'. These pains are deprivations beyond the loss of liberty that define the experience of incarceration and have a profound effect on the sense of self of the person held in prison.

"The pains of imprisonment, however, cannot be viewed as being limited to the loss of physical liberty. The significant hurts lie in the frustrations or deprivations which attend the withdrawal of freedom, such as the lack of heterosexual relationships, isolation from the free community, the

withholding of goods and services, and so on. And however painful these frustrations or deprivations may be in the immediate terms of thwarted goals, discomfort, boredom, and loneliness, they carry a more profound hurt as a set of threats or attacks which are directed against the very foundations of the prisoner's being. The individual's picture of himself as a person of value ... begins to waver and grow dim. Society did not plan this onslaught, it is true, and society may even "point with pride" to its humanity in the modern treatment of the criminal. But the pains of imprisonment remain and it is imperative that we recognise them, for they provide the energy for the society of captives as a system of action."



The [Comparative Penology \(COMPEN\) project](#) is a research project at the Institute Of Criminology, University Of Cambridge, studying prisons in England and Wales and Norway. In a blog post reporting on unpublished work from the project (Laursen, 2019), anthropologist Dr Julie Laursen describes the accounts of people held in prison regarding loneliness upon entry to custody, both during their sentence and after release:

"In phase one interviews, where interviewees have recently entered custody, loneliness is often connected to the sudden separation from friends, family and partners on the outside.

In *phase two* interviews, interviewees are often more settled into their sentences, and sometimes, but not always, find themselves embedded in social life in prison with fellow prisoners they can talk and relate to. However, this social life is often described as *'unnatural'* or *'like being in a*

theme park where everything's artificial'. At this stage, interviewees are less preoccupied with the life they left behind, but often with the life that awaits them post-release including an anxiety about being lonely once released.

In phase three interviews ... a common theme ... is the desire to 'make good' or 'go straight' and lead conventional lives with family, employment, housing and stability. This desire is often embedded in a narrative about the pain of having to sever ties with old acquaintances, because interviewees are striving to desist from drug use and crime. This decision can foster loneliness, isolation and struggles, which is a consistent theme in studies exploring 'the pains of desistance.'

So what are prisoners' views on the causes of their loneliness? In a US study, 356 men in prison in the United States and 501 men from the general population were asked to reflect on their past loneliness experiences and to complete a questionnaire listing a set of perceived causes of loneliness (Rokach, 2001). The study found that that men in prison perceived the causes of their loneliness differently from men in the general population. The general population scored significantly higher than the criminals on personal inadequacies and unfulfilling intimate relationships, and significantly lower on social marginality. The author's reflection was that one might expect people held in prison to score higher than the general population on all three of these factors, but the differences observed may be explained by a lack of insight on the part of people held in prison and unwillingness to disclose shortcomings and the need for support.

An Italian study investigating the well-being of women in Italian prisons involved 37 semi-structured interviews to explore sources of support both from external networks and support within the prison. This qualitative study identified loneliness as a 'prison disease', linking feelings of loneliness to a lack of psychological support; depression; long empty days lacking in activities; and separation from family members (Esposito, 2015).

How common is loneliness among people held in prisons? What are the risk factors for loneliness? What consequences have been established?

Research into the prevalence of loneliness in prisons tend to study non-representative samples, and results are unlikely to be generalizable to other penal settings. However, validated measure of loneliness have been used in this work, such as the New York University Loneliness Scale (NYULS) (Rubenstein et al, 1982), versions of the UCLA Loneliness Scale (Russell , 1982) (Russell, 1996), and the Social and Emotional Loneliness Scale for Adults (SELSA) (DiTommaso and Spinner, 1993). This work has identified issues such as low mood, past trauma, and victimisation whilst in prison as risk factors for loneliness. Further details about the assessment scales that measure loneliness can be found [here](#).

A 1991 study of 58 women held in a women's prison in a Midwestern state in the USA (Desmond, 1991) found mean scores of 20.12 (SD = 6.48) on the NYULS and a mean score of 45 (SD = 10.47) on the Revised UCLA loneliness scale. This study set out to describe the relationship between loneliness and social interaction in women prisoners and found no support for the hypothesis that frequency of family visits was inversely associated with loneliness. Women reporting having a friend in the prison considered themselves less lonely than those without a friend. Loneliness was correlated with the number of friends a woman held in prison reported as having.

In a 2004 British study of 103 adult men held in prison (age >21) and 117 young men held in prison (aged 18-21 years) from 2 prisons in the UK, Revised UCLA Loneliness scores were 42.5 (SD = 8.8) and 45.8 (SD = 10.3) respectively (Ireland and Power, 2004).

In a 2012 US study of 261 male prisoners from 8 US prisons, mean UCLA Loneliness Scale scores were 14.96 in those aged under 55 and 14.02 in those aged over 55 (Merten et al., 2012). Findings suggested that depressed mood among incarcerated men was associated with feelings of loneliness and low valuation of life.

In a US sample of 235 men and women from prisons in Rhode Island and Massachusetts who met criteria for DSM-IV major depressive disorder, the mean UCLA Loneliness Scale score was 19.2 (SD = 6.0) (Kao et al., 2014). In this study the authors explored the relationship of past physical, sexual, and crime-related trauma to current perceived loneliness. Their findings suggested that both overall trauma and specific types of trauma are linked to perceived social support and loneliness among incarcerated persons with major depressive disorder.

In a 2016 Turkish sample of 23 female prisoners in Kandira, Turkey prior to introducing a recreational intervention, the mean pre-intervention UCLA loneliness score was 44.78 (SD = 8.83) (Basaran, 2016).

In a 2017 Dutch study (Smet, 2017) 93 older prisoners in 16 prisons in the Dutch-speaking region in Belgium were interviewed, and 75.3% identified themselves as lonely.

A study of 60 Australian male people in prison on remand, measuring loneliness scores using the UCLA Loneliness Scale Revised, found that people with a high loneliness score reported higher levels of psychological distress (including depression), hopelessness and suicide indicators (current ideation, cognitive markers, historical markers) than those with low scores (Brown and Day, 2008).

A study of social and emotional loneliness and victimization among a sample of 241 adult male prisoners in the UK (Ireland and Qualter, 2007) using the multidimensional SELSA scale, sought to investigate the cross-sectional associations between loneliness and experiences of being the victim or perpetrator of bullying in prison. The tool used, the SELSA, refers to 'social loneliness' as 'aleness' or the physical absence of other people; and refers to 'emotional loneliness' as the absence of a close emotional attachment. In this study those who were victims of bullying were more likely to have higher scores on social loneliness. The researchers hypothesized that the lack of a social network represented a risk factor for victimization. Emotional loneliness was associated with the type and amount of victimization reported: that is, people who reported multiple types of victimization presented with higher levels of emotional loneliness than people reporting one type only of victimization. Lack of a social network on 'the inside' may expose individuals to bullying, and the more they are bullied, the lonelier they may feel.

How does loneliness impact on mental health?

In David Vincent's recent book, *A History of Solitude* (Vincent, 2020), he describes solitary confinement in prison as originally conceived as an enriching and spiritually meaningful experience. People held this way were visited regularly by a chaplain, and the process was intended to result in genuine repentance. There

is no evidence that this notion was ever anything other than fanciful, and the above cross-sectional evidence of associations of loneliness with low mood, past trauma, and victimisation appear to support Leibling's view that the social isolation and loneliness experienced in by people held in prison can be regarded as form of prison-induced stress (Leibling, 1999). These stresses, together with an individual's vulnerability and situational triggers, are hypothesised as placing a prisoner on a pathway from thoughts and feelings of suicide, through self-injury and failed suicide attempts towards completed suicide (Liebling, 1999).

What can we do to address loneliness in prisons?

In my search of Google Scholar using the search terms "loneliness prison" and "loneliness prisoners" I found only one study evaluating an intervention to address loneliness among people in prison. This Turkish interventional study aimed to investigate the effect of recreational activities on the self-esteem and loneliness scores of female people held in prison. It was not randomised, and instead measured group scores before and after the 12-week recreational programme (90 minutes a day; 2 days a week). A reduction in loneliness after the programme's recreational activities was found, with the mean UCLA Loneliness score as 44.78 (SD 8.83) pre-intervention and 37.96 (7.69) post-intervention (Basaran, 2016). Further trials are indicated in this population, using co-production in the development of interventions to reduce social isolation and loneliness in prison settings, with the potential to improve mental wellbeing (Basaran, 2016).

Conclusion

Loneliness is described as one of the 'pains of imprisonment'. Whilst there is limited evidence describing the prevalence of loneliness in prisons, and samples are not representative, the above research suggests strongly that loneliness in prisons is widespread. The causes of loneliness in prison are only speculated upon in the literature, and there is insufficient longitudinal research to investigate this. Cross-sectional studies suggest that past trauma, low mood, victimisation in prison, and lack of a social network are risk factors for loneliness, but the temporal relationship between these factors remains unclear.

As prison mental health is relatively under-researched, this is an area requiring research attention and funding, particularly in relation to interventional studies. In view of the elevated risk of suicide in recently released prisoners, and the prevalence of self-harm in prisons, this should be regarded as a priority area.

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