Solitary confinement, Section 350, Evin prison in Tehran

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I was born in 1985 in Tehran, Iran. I started my political and human rights activism at university by founding a secular student association and publishing student magazines. Because of this, the university disciplinary committee did not allow me to study for two semesters. I was arrested by intelligence officials in 2008 and spent 38 days in solitary confinement in Evin prison (Tehran). That was the first time I was faced with psychological torture. During the repression after the presidential election in 2009, I was arrested for a second time. It was by the Revolutionary Guards ('Sepah-e- Pasdaran') and this time I spent about nine months in solitary confinement. This time marked me in many senses. Finally, because of those two incidents, I was convicted by the Revolutionary Court and sentenced to prison. After about six years in Section 350, Evin Prison, I was freed in 2014.

Solitary confinement is in fact not allowed under state or religious law in Iran. Article 38 of the constitution of Iran explicitly states that, "Any kind of torture to extort confession or acquiring information is forbidden. Compulsion of individuals to testify, confess or give a forced oath are not allowed. Such evidence, confession or oath, is lacking credibility." However, we still

witness the widespread use of these methods in Iran, particularly associated to unofficial detention centers. This also goes against international law and the Mandela rules regarding minimum conditions of detention, which consider that any isolation that lasts for more than 15 days can by itself be considered torture (Mendez, 2015; Penal Reform International, 2002).

In recent years, with an increasing number of political prisoners and prisoners of conscience in Iran (in particular after the elections that took place in 2009), the discussions about the type of treatment prisoners are exposed to, including solitary confinement is the subject of public debate. Readers can have access to memories of political prisoners, such as Iranian prisoners, Eza't Shahi, Bozorg Alavi, Safar Ghahramanian, Taghi Shahram, Vida Hajebi and the European writers Miguel Benasayag and Arthur Koestler.

Many people will have in mind the traditional methods of torture in their minds, where physical pain and suffering is used. They may find it difficult to understand psychological torture in general and the suffering of solitary confinement, in part as they are not visible. Both types of scars, physical and psychological, can be traced many years later. In his seminal review, Shalev (2008) pointed out that long-term psychological damage is mainly due to social isolation. Reduced environmental stimuli, and loss of control in daily needs. The absence of external stimuli leads to the brain stimulating itself, through dreams and hallucinations (Grassian, 1983). White torture can lead to permanent

i Similar statements can be found in Article 9 of the 2004 Act for Respecting Legitimate Freedoms and Protection of Civil Rights, Article 129 of the Code of Criminal Procedure Act of 1999 and 578 and 579 of the Islamic Penal Code, adopted section 1996. Additionally, the Court of Administrative Justice in judicial precedent No. 435/2004 explicitly prohibits defendants and convicts being housed in solitary confinement.

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impairments in brain activity including damage to the brain tissue (O'Mara, 2009). Human Rights Watch and others have reported to the US Senate Judiciary Committee that a large number of people who remained in solitary confinement are mentally ill, even though they did not have a history of mental illness, and that there are more suicides in solitary confinement (Human Rights Watch, 2009; United Nations Special Rapporteur, 2007; Grassian, 2014).

It is not the purpose of this paper to review the existing medical and psychiatric literature on solitary confinement. It would be simply impossible. Big book sellers, including Amazon, do not serve Iran. We do not have access to medical databases and only partial access to Internet providers. This paper wants to add to the existing literature on solitary confinement by describing the experience and impacts in a sample of 16 Iranian survivors.

Talking with others who have experienced solitary confinement

Method

During the period 2013 and 2014, and while I had been transferred from solitary confinement to the communal ward, I spoke with 16 male prisoners who had also been in Ward 350 of Evin Prison and had also experienced solitary confinement during the preceding five years. I talked to them following a brief semi-structured interview and tried to systematize information in as far as my own conditions of access to pen and paper and security concerns with the materials obtained allowed. These conditions were not optimal but the information during these talks was straight and honest among co-detainees. Thus, the data lacks the accuracy of an academic study, but gives unique insights as it has been done and written, in many senses, by prisoners within the prison.

The period of time that they had been in

solitary confinement was 7.2 months on average. They were all young men (average age 38.6, maximum 54, minimum 22) detained for political and non-political reasons. Half of them had had a previous experience of solitary confinement.

We define solitary confinement in Iran, at least among the people whom I interviewed and in my own experience, as being held in complete isolation with only contact with guards and sometimes interrogators for long periods of time, or being permanently held in a cell with less than one hour of access to a yard while being blindfolded.

Conditions of detention

The physical space and facilities of solitary confinement vary, but there were some key elements that configure the experience of detainees (in brackets is the number of the interviewee):

- Size of room and bathroom: "The first few days, my cell was relatively large, so that in the morning I could walk around it, in a corner of the cell, the bathroom was separated by a wall, but then I was transferred to a tiny cell that was about 2 feet by 4 feet without a wash basin and toilet. Each time I wanted to go to the toilet, I should drop out paper for this purpose from under the door until the guards realized..."
- No human interaction: "Loneliness too bothered me, I wanted to talk to someone. I talked to the officer who was in charge of food distribution, about receiving more or less food until eventually he was forced to speak. Sometimes I would tell a lie that I needed the toilet which would force a prison officer to talk to me, at least, one sentence, but talking was very hard and sometimes they did not answer my questions".
- Social isolation: "I was 42 days in solitary confinement. During this period, only two

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- or three times for less than five minutes was I able to talk with my family. After I was transferred to the general ward, I realized that I was lucky that I had that possibility because others even over a period of months had no contact with their family."
- Cultural isolation: "The first two-three months, not even religious books were in my cell. It was very bad. In the yard or in the trash outside the cell, I looked for a piece of paper so I could sneak away with myself. It was the fourth month after repeatedly insisting, I got once a newspaper and in the last month I was allowed to go to the cell where there was a television."
- Lack of intimacy: "Once in a cell, behind the sink, I found a pack of matches and turned one of them to for entertainment (sic). After a few minutes the guards rushed into my cells and asked how did I get matches?...then I realized that in the cells, there must be a camera ... and, after searching, I found a small camera somewhere near the ceiling."
- Sensory overload Troubling sounds: The
 detainees reported highly disturbing
 sounds: voices and screaming in the
 hallway, the sound of the religious Ashura
 mourning ceremonies, and the sound of
 the air conditioner. "We had to hear the
 religious ceremonies that were broadcasted
 from the speakers."
- Sensory overload light: The guards, at night, turn off cell lamps and only one lamp was lit as a night light". "For twenty-four hours a day, lamps were lit in my cell in a way that, to sleep at night, I have to put my head under a blanket or sleep blindfolded."
- Sensory deprivation Blindfold: All prisoners on arrival at the detention center were blindfolded. The blindfold was also used during interrogations and in the yard. It was sometimes even used in the cell.
 "After entering the prison, they gave me a

- piece of fabric that was used as a blindfold. I felt very bad, could not see anything. Everywhere I went, someone took my arm firmly, dragging and leading me. Later, I learned I could do up my blindfold enough to see the front of my foot. After many times of nearly falling over and hitting the ground, the guard allowed me to use the blindfold only in the yard and, when I went into the bathroom, I did not have to be blindfolded inside the cell."
- Natural light: "During the nearly three years that I was in solitary confinement I was moved to a different cell several times. The worst was that the cells had no windows facing out and there was no natural light into the cell." This was not a general experience and it was used as a special way of punishment. "There was a fairly large window near the ceiling of my cell covered with lattice steel. Sunlight came into my cell. Sometimes I heard the sound of doves and threw grains of rice through the window. Trying to give them food, was a kind of entertainment for me."
- System of rewards: Food quality and buying things were conditioned and only possible with the authorization of the interrogation team. "I was detained in several detention centers. In some, under harsh conditions, the food quality was so bad that it was not edible, but, at the last place of detention, with softer conditions, food quality was much better -even for lunch roast chicken was served with yogurt."
- Breaking identity: Detainees had to wear
 prison clothes. Some prisoners said that
 they were deprived of having a shave or hair
 cut for a long time even when explicitly
 asking so. For others, without apparent
 logic, it was the opposite and prison
 officials at specified times, cut completely
 their hair and shaved their faces. "Usually
 once a month shaving was carried out, even

- after I was transferred from solitary confinement to the multiplayer cell ... "
- Yard: "We were usually imprisoned during the hours of the day, but we could leave the cell and walk in the yard or corridor area in certain circumstances, the ability to do so and the frequency and duration would be subject to permission from the [chief] interrogator." "Every day, half an hour in the morning and in the evening, we were forced to walk in the yard with several people together in a straight line, back and forth. We were not able to see each other as they did not allow removal of the blindfold at all." "For about 10 days, we did not leave the cell except for interrogation and bath, and then every day, for 10 minutes I went into the vard. In some cases, after some days of regular walking, prisoners were suddenly faced with restrictions without any logic". In summary, the main elements that configured life in solitary confinement were the size of the cell, sensory deprivation (solitary confinement in the cell, blindfolded in the yard), sensory overload, deprivation of social contact, lack of intimacy, attacks to identity and individuality and a system of

Impacts

Solitary confinement deprives your senses, but most than anything banns colors. Because of blindfolds and because of the monotonous tones of what surrounds you. Colors are at the heart of emotions and feelings. Quoting Koestler: "When this morning, for the first time I looked out of the window and saw a green field landscape filled with flowers and trees, it was all a dream. The main issue is that the trees and flowers have color. Only after that, you notice the monotony of black and white and its impact" (Koestler, 2006 pp 238-9).

rewards and punishment with no clear rules.

When asked about their mental state, most prisoners (11/16) said that they suffered some kind of severe emotional breakdown, labelled in their own words as depression, anxiety or permanent irritability. Symptoms varied: "My sleep time increased sharply, I eat anxiously, I feel that my confidence was very low, there was no energy in my body and I still feel very tired during most of the day."; "I had little appetite, couldn't eat, my sleep time was much reduced, I was always tired and I think this was due to a special feeling of helplessness: you cannot do anything. You do not have any control and thus you lose confidence and without even being aware, you give up."; "As more days passed, there was more tension and anxiety and my nerves were failing. To try to relax, I punched a wall."; "Especially in the first one or two months, I had difficulty in sleeping, nightmares; I saw I was falling from height when I was asleep. At the time my sleep was disturbed and I had insomnia."

Also a majority (9/16) complained of cognitive symptoms, and especially long-term amnesia, lack of concentration and inability to think. "I could not concentrate since the first day of the confinement and this lasted all the time since". "Just after few days it was like everything was erased. I had a kind of amnesia. I could not remember my home phone number and still, after that time, my amnesia for essential things remain. I can't remember names and numbers".

Most of them (8/16) expressed aggressive feelings of which only a minority (3/16) ever had had at least once before. "I do not remember that I was so nervous and with rage before solitary confinement but I had unsurmountable feelings several times during that period."

Half of the detainees (7/16) recognized openly having planned or tried to commit suicide during their time in solitary confine-

ment. "At the end of the first month, I tried to kill myself using a plastic spoon that came with the meal to cut my veins, I tried to commit suicide. The psychological suffering was not at all tolerable. But it didn't work, the plastic spoon could not deeply cut my vessels and finally broke."

Additionally, some people (3/16) referred to having hallucinationsⁱⁱ. "After 30 days, one night I was sitting in the cell, I heard behind me the sound of my mother's praying. I turned around, but there was nothing."; "After four months, I began to see a luminous thing in my cell. I got up several times at night thinking that there was a form, a kind of special case, to find nothing."

Table 2 summarizes the results. Symptoms are self-declared and do not follow a clinical interview. They are the expression of distress in the own words of my co-detainees, with the positive aspects and the limitations that this means.

thrown in a corner as a mattress. Knee pain was more pronounced in the last days of captivity." Damage to the kidneys, eyesight, pain in the back, severe dizziness and rapid tooth erosion were also mentioned by survivors. "My teeth were severely eroded during that time."

For most of them (11/16) there were also physical problems that they previously had that had got worse in solitary confinement. This included reduced eyesight, more intense stuttering, knee pain, neck pain, hypertension, diabetes, prostate, colon colitis, kidney stones and heart disease disorders among prisoners were also mentioned. "I used to wear glasses but it was forbidden during solitary confinement, I could not use my glasses. After 4 months I was transferred to the general ward and got my glasses, I noticed that my eyes were weaker and had lost vision." I think that lack of access to toilets was one of the reasons which worsened my prostate disease".

Table 1: Frequency of Symptoms reported.

Self-declared symptoms	
Emotional breakdown ("Depression" "Anxiety")	78%
Cognitive Symptoms ("Amnesia", "Lack of concentration" "Inability to think")	64%
Aggressive feelings	57%
Suicide ideation / attempts	50%
Hallucinations	21%

Physical state during solitary confinement

Everybody (16/16) said that they had physical problems that had arisen during solitary confinement. Among these, deterioration of joints, especially in the feet, and knee pain. "I had to sit or sleep on the floor for days and nights. I had a lot of pain in my legs and knees. The floor was just a flat carpet and we used only a blanket that was

"During the period of solitary confinement, my stuttering got so much worse that the interrogation lasted several hours longer than usual".

ii I had an experience myself when one night I began to see besides me a well-known killer in Iran who had been arrested at that time. I felt that he stared me for hours and hours. I thought the interrogators had sent him to stay in my cell to put pressure on me. After many days, I realized that it was only an hallucination.

Coping with solitary confinement

After all the conversations, we reflected on how each one tried to face confinement. It was a general qualitative observation that two elements were especially relevant: a political or religious belief and previous experience of solitary confinement. Both things did not change things dramatically, but made it slightly easier to deal with. Both were elements that helped us to cope. Politically or religiously motivated persons had somewhat less emotional impacts or could find meaning and calm them, even with harsher conditions. Also having previous experience helped people to assume routines and orient themselves. Although no statistical data support both assertions, in our conversations in prison both were shared thoughts of all of us.

Conclusions

Although all kinds of torture are forbidden in Iran, in practice, solitary confinement is used as a way of obtaining confessions by police forces and intelligence officials routinely, for political and non-political prisoners. In addition, because of the lack of inspections, the country's hidden detention centers and prisons are beyond the control of monitoring systems and judges. As a result, there is no registration either of the detention nor how was it carried. Victims cannot prove what had happen to them and the conditions in solitary confinement in court. This was also my case once freed, after six years in prison. International organizations recommend and international law prescribes systematic monitoring and inspection of detention centers, prisons and all places where people are deprived of their liberty. This needs to be effectively implemented in Iran. Solitary confinement is torture. Its destroys the soul and the body.

We hope that this study, done in very difficult conditions and assuming many

security risks of all of the fellow co-detainees who shared their views and experiences, will help to give insight in the situation of Iran and in the impacts of solitary confinement as an inhuman condition that must be abolished by international law.

References

- Anson, V. (2009). White torture. In an interview with Blaze Hoseinpour on the site Rooz Online. Retrieved from http://www.roozonline.com/persian/news/newsitem/archive/2009/agust/18/article/0112e980714.html
- Arasteh, Modabber, Sharifi Saqez, & Bayan. (2008).

 "The prevalence of psychiatric disorders in the
 Central Prison of Sanandaj", Journal of Fundamentals of Mental Health, No. 4, pp 316-311.
- Arrigo, B., Leslie Bullock, J. (2008). "The Psychological Effect of solitary confinement on Prisoners in super max units", International Journal of Offender Therapy and Comparative Criminology, 52. 6, 622-40.
- Atkinson, R.L., et al (1987). Atkinson & Hilgard's Introduction to Psychology (Second Edition). Translator: Baraheni, Mn et al., Tehran: Roushd Print XXI.
- Koestler, A. (2006). Interview with Death (Witness Spain), Translator: Deyhimi, N; Deyhimi, Xerxes. Tehran: Ney Publishing, Second Edition.
- Grassian, S. (1983). Am J Psychiatry. 1983 Nov; 140(11):1450-4.
- Grassian, S. (2006). Psychiatric effects of solitary confinement. Journal of Law and Policy, 22(617), 325–383.
- Human Rights Watch (2009). Mental Illness, Human Rights and us prisons. Retrieved from https://www.hrw.org/news/2009/09/22/mental-illness-human-rights-and-us-prisons
- International Organization for Penal Reform, The. (2002). In prison practice: the application of international regulations in the prison. Tehran: Rah-e Tarbiat.
- Palahang, H. et al (2002), Journal of Psychiatry and Clinical Psychology, Volume 8, Number 13, pp 64-57.
- Hakimyoun, I. (2007), Iranian intelligence and security agencies until the end of Reza Shah, Tehran: Institute for Iranian Contemporary Historical Studies.
- Mazaheri, M., et al (2011), "The prevalence of personality disorders among female prisoners of Zahedan prison", Journal of Research in Medical Sciences, Vol. 13, pp. 55-52
- Mendez., J. UN Special Reporteur Statement on Solitary Confinement, 44570 § (2011). New York.
- Mendez., J., & Mendez, J. (2013). Thematic Report-Standard Minimum Rules for the Treatment of Prisoners needs updating (Vol. 42285). Washington: United Nations.
- National service frame work for mental health (2004). Samaritans Information Resource Pack, 2004, Retrieved from: www.mentalhealth.org.uk O'Mara, S. (2009). Torturing the brain: on the folk

- psychology and folk neurobiology motivating 'enhanced and coercive interrogation techniques'. Trends cogn sciences, Vol.13, Issue:12. pp 497-500.
- Pérez-Sales P. (2016). Psychological torture. Definition, evaluation and measurement. Routledge Books.
- Shalev, S. (2008). A sourcebook on solitary confinement. London: Mannheim Centre for Criminology. London School of Economics and Political Science.
- Shams, A. (2007), General Science prison. Tehran: Rah-e Tarbiat
- Shariat, SV et al. (2006), "The prevalence of psychiatric disorders in male prisoners of Qasr prison in Tehran", the Faculty of Tehran University of Medical Sciences, Volume 63, Number 3, pp 36-25
- United Nations Economic and Social Council (2015). United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules). Retrieved from: http://www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_24/resolutions/L6/ECN152015_L6_e_V1503048.pdf