

## Prozac in Prison

Philip Horner

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Canst thou not minister to a mind diseas'd,  
Pluck from the memory a rooted sorrow,  
Raze out the written troubles of the brain,  
And with some sweet oblivious antidote  
Cleanse the stuff'd bosom of that perilous stuff  
Which weighs upon the heart?

William Shakespeare (*Macbeth*, Act 5, Scene 3)

I read recently that suicide attempts are common at the Guantanamo Bay prison facility. The military keepers no longer call them suicides. They call them acts of manipulative self-injurious behaviour. According to them, prisoners are only resorting to suicidal gestures to get better living conditions and extra privileges. I doubt the military's psychiatrists have ever been locked-up for 23 hours a day in a metal box in conditions of intense heat and humidity. I have, in the New Hampshire State Prison's (NHSP) Receiving and Diagnostics Unit, and I contemplated ending it all many times. I never acted on those thoughts. I knew that manipulative self-injurious behaviour would result in a trip to the tank.

The suicide tank is shock therapy for suicidal prisoners. "If you don't like your life now, we'll show you just how bad life can get." The tank is a bare room with windows to the hall where a guard stands. Creature comforts consist of exactly one foam mattress on the floor, a four foot square canvas blanket, and a strong-cloth jumpsuit. There is no toilet or running water. Meals are soft foods passed through a slot in the door. The patient is stripped and left in the tank alone to think about the meaning of life, and the final judgement. This is called "stripped and strong" in prison jargon. There are cleats embedded in the floor, so the really recalcitrant guys can be tied down. Most prisoners relent after a few days of these "better living conditions and extra privileges". I doubt they treat suicidal prisoners much differently at Guantanamo Bay.

It is not the hope of better living conditions that motivates suicidal acts in prison. It is the lack of hope. I am not surprised by reports of a high incidence of depression amongst detainees at Guantanamo Bay. I hear one-fifth of Camp Delta's 660 inhabitants are taking Prozac or some other anti-depressant drug. That sounds like about the same level of anti-depressant

use as here at NHSP. This is an enigma. Prisoners are supposed to live in depressing conditions as a matter of public policy. Then again, as a ward of the state, a prisoner is to be maintained in reasonable health, physical and mental, as a matter of public policy. If a prisoner is depressed, the state will not make his life less depressing. It will give him an anti-depressant.

I have been there too. The first two years at NHSP, I took anti-depressants. Pills to make the unbearable bearable. My mental health counselor prescribed the medication. Once a week I climbed the razor-wire enclosed metal stairs to her office on the third floor of the prison's aging main building. The office was air-conditioned. It had a comfortable chair and a few plants. Posters with inspirational sayings adorned the walls. "The longest journey begins with a single step." The counselor had a welcoming smile. She smelled of perfume. "So, how are things going?" she would ask. I would sit for a minute, stare at my hands clenched on my lap, and fight the feelings provoked by the absurd contrast between this room, with its reminders of normality, and the reality of life in prison. Then the tears would come. I would cry for the shame I felt, for the unintended but irreversible harm my acts had caused, for the loss of my reputation, my profession, my possessions, and for the loss of the presence and comfort of family and friends. The counselor would listen. She would offer words meant to comfort and console. She would adjust my anti-depressant medication. She would give me a return appointment. I would dry my tears, thank her, and return to my dreary cell.

In retrospect, I feel sorry for her and all employees of the state whose job it is to console those being punished by the state. There was nothing my counselor could do to materially alter my situation. Society would not allow it. Outside these walls, her professional efforts might be directed towards overcoming the stinginess of fate and making her client's life more tolerable. But, prison is an environment made harsh by decree. Prison counselors, however compassionate, are part of the wall that stands between the despondent prisoner and the things that would make life more bearable.

The presence of Prozac in prison is emblematic of society's ambivalence about the official infliction of pain. Prison represents a sort of half-hearted punishment, a life of discomfort through intentional dullness that must remain, by law, tolerable. Incarceration must not utterly break the prisoner. The realities of prison life; prolonged material deprivation, few intimate relationships, and life under compression are all factors known to push human beings toward psychiatric pathology. So when they do, and to prevent acts of manipulative self-injurious behavior, there's Prozac.

**ABOUT THE AUTHOR**

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