

# [Review of solitary confinement: history, impacts and alternatives](https://assignbuster.com/review-of-solitary-confinement-history-impacts-and-alternatives/)

## Abstract

Solitary confinement is used as a form of punishment for prisoners who disobey rules in a prison facility. Solitary confinement can be traced to the Quakers as a form of punishment for sinners. Today’s solitary confinement prevents contact with others for 23 hours out of the day, which is reported to lead to physical and/or psychological problems. This type of punishment is recognized by many organizations as a form of torture and also as a violation of the prisoner’s Eighth Amendment. This paper will review solitary confinement definition, history, types of physical and mental side effects, along with suggested alternative forms of punishment.

Key terms: solitary confinement, isolation, psychological problems, and physical problems

Solitary Confinement

Solitary confinement is defined as the social isolation of a person, thereby preventing contact with others for up to 23 hours a day. Solitary confinement is also known as segregation, isolation, or restrictive housing. This confinement is practiced in most prison systems. Prisoners can be held either for a short period of time or a long confinement periods. Other terms used to describe this type of confinement are segregation and restrictive housing. Segregation is further defined and as administrative, disciplinary, or punitive and is used to punish prisoners for failure to obey rules of the prison. Involuntary protective custody can also be used to isolate and protect vulnerable individuals such as LGBTQ and gang members from other prisoners. In some states solitary units are called security housing units, intensive management units, or restricted housing units. Many states and federal prison systems also have what is known as supermax prisons. These prisons consist primarily of solitary confinement cells. Irregardless of the term used to identify the exclusion of prisoners from social contact, the goals are the same. This paper will discuss and explore the history, the problems, and the alternatives to solitary confinement.

The history of solitary confinement can be traced to the 1700s with the Quakers. The Quakers were a religious group, that believed individuals placed in solitary confinement with a Bible would lead to repenting of sins and rehabilitation. Solitary confinement was then used in jails based on the Quakers beliefs. In 1829 a solitary confinement prison was built in Pennsylvania, and was visited by Charles Dickens who believed that the practice of solitary confinement was worse than torturing a body (Wykstra, 2019). The U. S. Supreme Court in 1890 heard a case regarding an individual awaiting execution in solitary confinement was a violation of the individual’s rights under the Constitution and that earlier solitary confinement had devastating results on individuals. The practice of solitary confinement had ceased by the early 1900s because it was improper, not ineffective, and was costly. However, solitary confinement returned in 1983 as a result of four guards being injured and two killed by prisoners in the federal prison in Marion, Illinois. This led to the spread of solitary confinement to other prisons in the United States.

Kiebala & Rodriguez (2018) reported that solitary confinement has become the first approach for managing not only major problems, but also for minor prisoner problems. Calambokidis (2017) also reported an overall increase in the use of solitary confinement, even after research supported prisoner harm related to isolation. Solitary confinement has also been used when regular cells are not available and for pre-trial investigations. For those prisoners with mental illness, isolation has been used as a way to control behavior and prevent further disruption of prison life. Nolan and Amico (2017) found it difficult to determine the exact number of prisoners in solitary confinement, but estimated that between 2014 – 2015 roughly 66, 000 prisoners were confined to isolation. There are as many prisoners in the United States in solitary confinement compared to the entire prisoner for the United Kingdom (Nolan & Amico, 2017).

Many of the problems experienced by prisoners held in solitary confinement are due to the lack of social isolation, inability to exercise, and inhumane treatment. Solitary confinement cells are about the size of a parking space with a bed, a built in toilet, and a sink. A light is left on at all times in these cells. Prisoners in solitary confinement are allowed one hour outside of their cell. The one hour is spent moving around in a small area or placed in a cage. Some prisoners are even restrained during their one hour release from solitary confinement. Prisoners are allowed to shower three times a week and are escorted to the shower by correctional officers in shackles. All solitary confinement prisoners are fed breakfast, lunch and dinner in their cell through a little hole in the door.

According to Cloud, Drucker, Browne, and Parsons (2015), the United Nations sees solitary confinement as torture anytime a prisoner is isolated for more than 15 days. Plus, the Eighth Amendment of the United States Constitution protects individuals from cruel and unusual punishment. Prisoners often suffer physically and psychologically from solitary confinement. Little research has been performed on the physical effects of solitary confinement. However, Williams (2016) reported that a lack of sunlight experienced by prisoners in solitary confinement can lead to insufficient amounts of Vitamin D, which is essential for the absorption of calcium. A lack of Vitamin D from the sun places also places the prisoners at risk for broken bones, arthritis, falls, and death. Plus, the lack of walking and other physical activities contributes to other physical and mental health problems such as high blood pressure, diabetes, heart disease, and depression. Williams (2016) further reported that sensory problems exist in isolated prisoners. Problems with depth perception has been found in prisoners confined in solitary and for prisoners with mental illness the lack of frequent sound and visual stimulation has led to further psychological problems. The lights left burning all hours of the day and night in the cell leads to sleep problems and the sleep problems can further lead to mood disturbances and behavioral problems. In the older prisoner population, memory loss and confusion resulted from isolation.

Bennion (2015) reported that many prisoners in solitary confinement without a mental illness experienced problems with mental illness after the release from solitary confinement, and those with a mental illness become more mentally ill during and after isolation. Calambokidis (2017) also reported that extensive solitary confinement can lead to psychological problems caused by social isolation and sensory deprivation. Prisoners released into communities after solitary confinement are reported to have problems with light, community noises, and contact with others according to Gordon (2013). This population has been reported to suffer from dilemmas with temper outbursts. Not only is there an increase in mental illness, but California reported that 2% of the prison population was in solitary and of this 2% that 42% of these prisoners committed suicide over a four year period (Bennion, 2015).

Many countries have denounced and stopped using solitary confinement as a method of punishment for prisoners. The United Nations and many other human rights, social justice, and public health organizations throughout the world have called for a change in the penal system’s punishment method. There are alternatives to solitary confinement that would eliminate the torture that prisoners experience during their times of isolation and improve behavior.

The first solutions should be to outlaw solitary confinement as a method to control prisoners’ behaviors. There are many alternative solutions that could be used and these solutions should fit the prisoner’s behavior. For minor prisoner problems a loss of privileges may be a successful deterrent. These privileges such as recreational or yard activity, television and music privileges, or loss of phone and visitation privileges could be lost for a few days or weeks, if the offense is really worth punishing. For a more complicated offense a prisoner could be confined to their own cell for a maximum of 24 hours, with additional punishment based on each prisoner’s problem. These complicated offenders should have their duties increased to keep them busy and/or a loss of group activity. For serious offenses, the prisoner’s parole date could be postponed, which may force the inmate to think before any behavioral outbursts.

Besides loss of privileges and postponed parole dates, it is important to consider the backgrounds of prisoners with behavioral and aggressive issues. The most important method to correct behavioral and aggressive issues is to identify the problem and plan for educational opportunities. Many prisoners would benefit from anger management programs, assistance with understanding and identifying normal coping skills, communication skills, and how to resolve conflicts. Educational programs in these areas should be included for those prisoners who violate or disrupt prison life because of their behavior. For prisoners with existing mental illnesses, treatment and counseling needs to continue to prevent and control behavioral or aggressive issues.

In conclusion, solitary confinement is torture and violates individuals Eighth Amendment rights. Isolation as punishment does not lead to positive effects and many times leads to further behavioral problems. Solitary confinement causes physical and psychological issues and for those who are already mentally ill, solitary confinement increases their mental suffering. Statistics show that the suicide rates increased dramatically for prisoners who spent time in solitary confinement. Alternative safer methods are available to control prisoners’ behaviors. The time to ban solitary confinement is NOW!

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