

Free argumentative essay on solitary confinement: humane or inhumane?

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Discursively framed as “living death,” solitary confinement is considered to be the worst punishment for criminal offenders, as medical experts have noted that such an isolating experience causes derangement of personhood on a grand scale. Indeed, one’s sense of concrete and tangible personhood depends on embodied relations to other human beings within the matrices of a shared universe in which meaningful experiences through relationships are of paramount importance. As a result, solitary confinement has time and again been scrutinized in the western world because it is a practice that, human rights activists and lawyers argue, that is abusive in intangible ways and inflicts torment and abuse onto those subject to it. Moreover, it violates the constitutional protection against cruel and unusual punishment by placing incarcerated inmates for a protracted period of time ranging from twenty-three hours a day for months at a time (Shalev 151). Prisoners are placed in a single cell and they have zero contact with fellow prisoners or the outside world, and they very rarely can contact members of the prison staff. This mode of physical and psychological segregation constitutes solitary confinement, which, like other deprivations, undercuts the legal protections afforded to individuals who are incarcerated and thus stripped of their freedom. The prohibition against degrading treatment and cruel and unusual punishment as delineated in the Eighth Amendment is unequivocally violated by the practice of solitary confinement, which calls for the courts to reconsider the issue of solitary confinement not only from a legal perspective but also through the prisms of human rights and ethics. As a result, health professionals must participate in this debate, as they are morally bound to curtail such practices that inflict enduring psychological wounds.

The practice of solitary confinement fundamentally thwarts core principles that structure liberal democracies in the modern world, as forcing prisoners to spend all of their days locked up in a solitary cell with limited contact constitutes cruel and unusual punishment. The practice of solitary confinement germinated prior to the rise of the modern prison system and has been a universal practice and feature in western prison systems that oscillate in use, often experiencing waves of acceleration according to epochal contingencies and political climate (Shalev 352). It was first systematically deployed during the mid-nineteenth century and was designed to strictly isolate convicts from the outside world and from one another. Nineteenth century discourses on crime and law rendered criminality an infectious yet curable disease, so if a criminal was isolated with the Bible and their own conscience, criminals would orient their attention inward and reform themselves into “ law-abiding citizens” (Evans). It later became clear, however, that strict isolation did not actually reform criminals. Moreover, they were costly to run and maintain, and there was scanty evidence that solitary confinement was any more effective than other forms of incarceration. Evidence began mounting regarding the debilitating health ramifications caused by solitary confinement, which fomented a heated ethical debate over whether it was humane to force certain prisoners into solitary confinement for protracted periods of time.

There are both benefits and drawbacks to the practice of solitary confinement. Within the American criminal justice system, prisoners are subject to solitary confinement if he or she needs protection or for disciplinary purposes, which spawn very different outcomes. Solitary

confinement strips the inmate of certain privileges, although prisoners in solitary confinement are allowed to have access to some items such as a television, or radio. Inmates subject to disciplinary solitary confinement do not have access to any personal items. The benefits of solitary confinement are as follows: it grants prisoners a degree of protection from the general prison population. High-risk offenders include murderers and child molesters along with former gang members often need to be separated from the general prison population, so they are sent to solitary confinement. Security protocols are enhanced in solitary confinement, which renders it far more difficult to hurt the prisoner in there. Another benefit is that it provides prison guards leverage as a mitigating tool to reduce negative behaviors. It would be quite difficult for prison guards to do so without a deterrent. Finally, it enables prisoners to serve out their full sentence in a manner that is considered morally justified.

While there are some benefits in deploying solitary confinement, legal scholars often focus on the negatives, as it is viewed as cruel and unusual punishment. When left alone, the human condition often deteriorates and results in the development of psychological and personality disorders. Solitary confinement is perceived within psychiatric discourses as a psychological stressor that is categorized as physical torture. Despite such categorization, American prison officials are unapologetic in their deployment for solitary confinement to both control and punish dangerous or difficult prison inmates. Currently, over ten thousand prisoners are subject to solitary confinement both within regular prisons as well as in supermax prisons, as they sit idly in small cells, locked up twenty three hours a day

behind steel doors. Moreover, prisoners use extensive security and extensive controls, so prisoners must live in the absence of social interaction and in the presence of “ abnormal environmental stimuli” (Metzner and Fellner 104). Paranoia has become increasingly common within the niche of the prison population subject to solitary confinement. Such heightened levels of isolation spawns various degrees of psychological harm to the prisoner, as the severity of the impact depends on the psychological state of the individual, the duration one spends in solitary confinement, and the specific contingencies and conditions with regards to access to recreational activities as well as the access to natural rather than artificial light (104). Moreover, policies related to solitary confinement do not necessarily meet all of the prison inmates’ basic needs as they are not allowed to engage in any recreation as a result. Finally, solitary confinement lacks any rehabilitative currency, which is the original purpose of jail in the first place in order to mitigate high recidivism rates. Rather than reform themselves while in solitary confinement, prisoners seek to pass the time as quickly as possible rather than self assessment.

Solitary confinement presents a serious challenge for medical ethics, as prisoners who are subjected to solitary confinement for prolonged periods of time have exhibited mental illnesses with varying degrees of severity. Such ramifications suggest that the use of solitary confinement As such, the very conditions of solitary confinement exacerbate the symptoms of mental illness and are often attributed for heightened rates of recidivism (Metzner and Fellner 104). Despite the fact that prisoners in solitary confinement exhibit symptoms of serious mental illness, prison rules greatly restrict the

access of prisoners to mental health services. The deployment of isolation, or segregation within prison discourses, from a critical standpoint is executed in order to warehouse and confine prisoners suffering from serious mental illness. Physicians and public health experts working in American prisons continue to face various challenges that include subpar working conditions, dual loyalties to employers and patients, and the tension between prison rules and culture against rational medical practices (Matzner and Fellner 104). Medical experts have increasingly confronted the onslaught of serious mental illness caused by long periods of solitary confinement. However, there remains a dearth of scholarly inquiry regard this unique category of ethics regarding the isolation of prison inmates who have serious mental problems.

The health effects of solitary confinement are directly related to the lack of socialization that inmates are allowed to engage in. According to medical experts, “ the self is essentially a social structure and it arises in social experience. After a self has arisen, it to some certain sense provides for itself its social experiences, and so we can conceive of an absolutely solitary self. But it is impossible to conceive of a self arising outside social experience. When it has arisen we can think of a person in solitary confinement for the rest of his life, but who still has himself as a companion, and is able to think and to converse with himself as he had communicated with others” (Mead 140). A consensus has been reached that solitary confinement causes severe psychological damage, which are manifested in various observed symptoms: depression, which varies from low mood swings to clinical depression; anxiety, which culminate in extreme panic attacks; anger, which manifests

as unprovoked anger or mild irritability; perception distortions; psychosis, and various cognitive disturbances that range from the inability to concentrate to confusion with basic mental processes (Shalev 156). Beyond just psychological effects, medical studies have reported a range of physiological consequences as well. The lack of access to natural sunlight and fresh air combined with periods of sedentary inactivity result in cardiovascular, gastrointestinal, and genitourinary ailments; acute fatigue; and migraine headaches. Other physical symptoms are joint pains; insomnia; weight loss; poor appetite; and the exacerbation of medical problems the individual had prior to being subjected to solitary confinement. More radically, Stuart Grassian, a psychiatrist from Harvard, studied the impact of solitary confinement for more than twenty years. He concluded that the symptoms exhibited by isolated prisoners constitute a distinct medical condition (Grassian, as cited by Shalev, 157).

Another postulation against solitary confinement is based on rights enshrined in the American Constitution regarding the pernicious effects of solitary confinement as commensurate with cruel and unusual punishment. Courts have generally been more likely to intervene in prison practices if there is evidence of physical violations of human decency. Courts have rendered that deprivation of soap, clothing, and hot running water in prison isolation fomented conditions that were “constitutionally intolerable” (Wright, as cited by Shalev, 159). However, enabling isolated prisoners to take a shower only one out of every five days was constitutional in practice. As such, solitary confinement did not meet the litmus test for cruel and unusual punishment unless there was more proof of deprivations taking

place.

Guantanamo Bay, as health professionals have become involved in various practices which has cultivated public debate over the morality and ethics in how detainees are treated. Moreover, international legislative bodies have also increasingly reconsidered whether or not solitary confinement should be practiced even for the most heinous criminals. Solitary confinement spawns several adverse health effects, which is why, critics argue, it should be used sparingly. A group of international experts drafted the Istanbul Statement on the Use and Effects of Solitary Confinement, which invoked psychological research and provides a concise and coherent overview of the position of the international community on the practice of solitary confinement (“Istanbul Statement on the Use and Effects of Solitary Confinement”). These efforts put forth by the international community has fueled the debate that has persisted into the present day regarding solitary confinement. Health professionals must be more actively involved in the consideration of routine prison practices evident in American prisons. Moreover, medical discourses elucidate the need for the courts to revisit this issue and reassess the official legal position regarding solitary confinement. The debate over solitary confinement has widened and forced the public to engage in a meaningful dialogue about the ethical and moral issues conjured up by the practice of solitary confinement.

Many people consider solitary confinement as the most difficult and psychologically damaging ways to do prison time. Others, however, advocate for the practice because it provides safety for those who are vulnerable and at-risk of being attacked by fellow inmates. By considering and assessing the

pros and cons of solitary confinement with regards to the impact of the practice on human health, individuals can determine whether or not it constitutes cruel and unusual punishment. Solitary confinement spawns serious psychological consequences, which has propelled human rights activists and American legal experts to push for prison reform and the gutting of segregation practices within prisons. Indeed, physicians and human rights activists bear the responsibility of confronting the practice of segregation in prison at the micro and macro levels.

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