

How Does Solitary Confinement Affect Prisoners Mental Health?

It is said that approximately 80,000 - 100,000 people are currently undertaking the punishment of solitary confinement. Solitary confinement is a form of punishment within prison, if a prisoner is to misbehave they will be placed in a single cell where they will have no contact with other inmates, strict measures to control contraband and extra security (equipment and more guards). Prisoners are legally allowed to be held within solitary confinement for up to 21 days or 10 days for young adults. The aim of this essay is to explore how a prisoner's mental health can be affected by being held in solitary confinement, which will be explored through studies and articles which have researched this subject matter.

Grassian (1983) conducted an observation on 14 prisoners at Walpole state prison, who had been exposed to relative sensory deprivation, which was done by placing them in solitary confinement. They ended up finding that there was a consistent psychopathological syndrome linked with solitary confinement, the key parts of the syndrome are: massive free-floating anxiety, Hyper-responsivity to external stimuli and difficulty with concentration and memory. To critique this research, the population validity is low as only a small amount of participants are studied and it is not ethnocentric making the research hard to generalise. However, it has high ecological validity, due to the study taking place in solitary confinement, this only begins to show the negative impact solitary confinement has on prisoners mental health, as it is causing them to undertake a form of sensory deprivation.

Similarly, in a later study, researchers found that 7.3% of inmates of New York City's prison committed self harm after experiencing solitary confinement (Lewis, Glowa-Kollisch, Hadler & Lee, Alpher, Selling, MacDonald, Solimo, Parsons & Venters 2014). Within this study the researchers collected secondary data from New York City's jail records, from January 1st 2010 through to January 31st 2013, about the amount of prisoners who decided to self-harm during their prison sentence. This longitudinal study clearly showcases that a large amount of prisoners are being affected by solitary confinement, which presents how it has negatively impacted people's lives. Although, it was studied for a long period of time which gives us more reliable results, the study uses secondary data which may have been misinterpreted by the researchers leading to invalid results. Needless to say, they concluded that solitary confinement should be taken out of the prison system in order to help improve the mental health of prisoners.

Anderson, Sestoft, Lillebæk, Gabrielson, Hemmingsen & Kramp (2001) conducted a longitudinal self report to compare the levels of stress in solitary confinement and non solitary confinement among remand prisoners as to incidence of psychiatric disorders in relation to prevalent disorders. 133 remand prisoners experienced solitary confinement and 95 experienced the non solitary confinement condition. They found that the psychiatric disorder developed significantly higher in the prisoners who have experienced solitary confinement (28%) than in non solitary confinement (15%). To critique this a self report does not always collect reliable data due to people falsely reporting themselves due to social desirability bias. More participants may have had the psychiatric disorder in the solitary

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confinement condition but did not want to admit it due to their reputation of being someone strong or scary within the prison. Even though these results do help to showcase that solitary confinement has a negative impact on a prisoners mental health, it is not a strong piece of evidence supporting the argument that solitary confinement has a negative impact on our mental health, thus this theory should be rejected when drawing a final conclusion.

Solitary confinement can be considered a form of sensory deprivation, Smith (2006) conducted a study which presented the different experiences associated with solitary confinement (anxiety, confusion, paranoia, depression, hallucinations, headaches, insomnia, difficulty in concentrating, dizziness, distortion of the sense of time, severe boredom, and impaired memory), which reinforces the results that Grassian (1983) found, which clearly shows that these experiences linked with solitary confinement are not zeitgeist, which reinforces this constant theme that solitary confinement has a negative affect on our mental health.

Similarly, another key results found by Grassian (1983) was: "You feel you are losing something you might not get back.". This showcases the severity of solitary confinement from a first hand perspective of a prisoner, the qualitative data gives us insight into what the punishment was like for that particular inmate. Haney (2003) conducted a study on 100 inmates in California Pelican Bay Supermax prison and found that 91% of the prisoners suffered from anxiety and nervousness; 70% "felt themselves on the verge of an emotional breakdown"; 77% experienced chronic depression, which supports Grassian's qualitative findings, and showcases how people's experiences link to the negative impact on their mental health.

Research clearly showcases how the punishment of solitary confinement has a negative impact on prisoners mental health. However, the studies conducted has used small sample sizes from usually only one country (ethnocentric) making it hard to generalise the results. Needless to say, this form of punishment has lead prisoners into having anxiety, hallucinations, self harm and impaired memory. Due to this we should consider taking away this form of punishment and put in a new system instead which would not have such a high impact on a person's mental health.

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