

[Home](#) > [Debate](#) > [Blogs & Opinions](#) > Yes it's solitary

## Yes it's solitary

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Correctional institutions are entrusted with several responsibilities, such as keeping prisoners in custody, and of ensuring that order, control, discipline and a safe environment is maintained. In addition, such institutions are obliged to provide decent conditions that meet prisoners' needs, helping prisoners address their offending behaviour through the provision of positive regimes, and helping them to become responsible citizens upon their return into the community (Ministry for Home Affairs and National Security, 2019). There is therefore a need to find a balance between maintaining order, control, and discipline whilst also providing the right conditions for a prisoner to become rehabilitated.

Solitary Confinement emerges as one of the punishments that the law courts in Malta can give with respect to criminal offences (Criminal Code, 1854). Article 9 of the Criminal Code specifies the instances that Solitary Confinement can be applied by the Criminal Court in Malta (Criminal Code, 1854). Prior to applying this punishment, the Criminal Court must be satisfied that the person convicted is fit to undergo the punishment, even if necessary, through medical examination. Should, throughout the application of the punishment, the medical examiner feel that the prisoner is not fit to undergo the punishment, the punishment will be suspended until the medical examiner feels the prisoner is fit to resume the punishment (Criminal Code, 1854). SC may only be applied when specifically mentioned as punishment for a crime.

Whilst it is understandable that measures must be taken to protect persons being held in institutions from causing harm to themselves or others, the practice of SC has been criticized by experts who note that it fails to achieve its intended objectives, and that it may even worsen the problems it was designed to solve (Haney, 2018).

I am against Solitary Confinement (SC) in all its forms, a position dictated by the broad-ranging empirical evidence that exists. I do recognize that managing a prison and reacting to criminal behaviour is a complex matter. I also subscribe to the position that prisons in the current format are harmful to humans and detrimental to wellbeing. Data keeps trickling in that our prison system, the same as happens in many other countries, is not leaving the desired effect. But what I am immensely concerned about is SC. Addressing SC, as a start, is of the open ce and long overdue.

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prison.

Academics, policy makers, practitioners, politicians need to sit around a table and find alternative ways of retaining order and stability within the prisons system. The Criminal Code, Prisons Regulations and the CSA Inmates Handbook that dictate the use of SC needs to change. SC has been criticised by experts all over the World who note that it fails to achieve its intended objectives. Not only that, it may even worsen the problems it was designed to solve.

Until there is a change in legislation and regulations take place, checks and balances of how, when and in what circumstances this method is used needs to remain monitored, scrutinised and evaluated. In my opinion, SC should never be part of the court's sentencing and more so should not be used as a disciplinary sanction. SC impacts the human person on all possible levels, most of it permanently or long-lasting. SC is ineffective and from where I stand it's a desperate measure. It does not do the job it is meant to do. It does harm which results in making the situation worse rather than better. So, logic dictates that if it doesn't work, and it causes harm, why do we still implement it?

Needless to say, that the Government and the Correctional Services Agency (CSA) are to be applauded for the work done in the Forensic Unit (MCH) and the commitment there is to improve the infrastructure of the Old Prisons, minimizing drastically drug trafficking in the Old Prisons, investment in inmates training and the outlay in the training of the staff. All these positive steps are overshadowed by an antiquated disciplinary activity that takes the form of SC.

Why am I contesting such a practice?

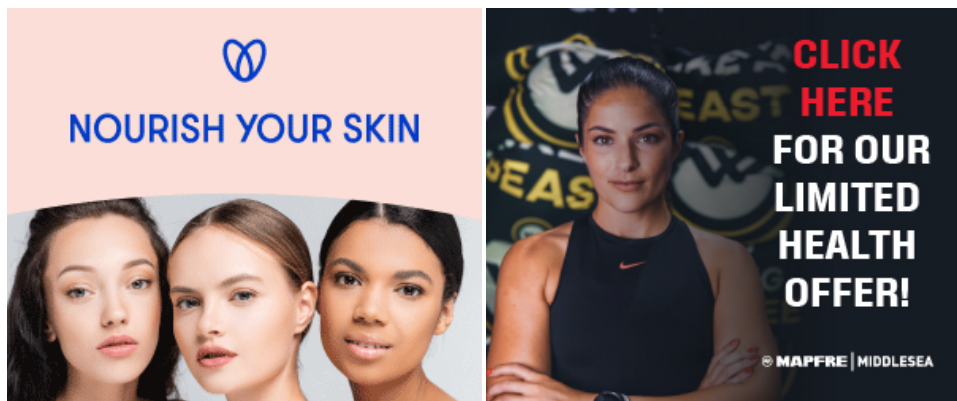
1. One psychologist conducted a study of 100 randomly selected prisoners being held in a Californian super-max prison in 2003. He found that almost all the prisoners in SC experienced high anxiety levels, irrational anger and irritability, mental confusion, and heightened sensitivity to external stimuli (Haney, 2003). Many people in SC become so desperate that they experienced a psychological breakdown, often resulting in serious self-harm and, in the worst cases, suicide.
2. The cost to run this system are exorbitant financially. For example, are citizens willing to wait for the national health services because resources are directed to mitigate the harmful effects of SC on prisoners? But there is also another 'cost', that of having to deal with revengeful attitudes against society; broken families; mothers whose children end up like this. For what? Are we ready to pay tax money to hurt a locked-up prisoner?
3. Persons placed in SC who have pre-existing mental health problems or disabilities are even more vulnerable to the adverse effects of their experience. (Coates, 1843; Beck, 2015; Haney, 2003).
4. Research studies have identified numerous adverse psychological reactions that result from being placed in SC (Arrigo & Bullock, 2008; Cloyes et al., 2006; Grassian, 2006; Haney, 2003; Haney & Lynch, 1997; Smith, 2006). These reactions have been summarised in a review published in the Annual Review of Criminology Journal: The specific symptoms include stress-related reactions (such as decreased appetite, trembling hands, sweating palms, heart palpitations, and a sense of impending emotional breakdown); sleep disturbances (including nightmares and sleeplessness); heightened levels of anxiety and panic; irritability, aggression, and rage; paranoia, ruminations, and violent fantasies; cognitive dysfunction, hypersensitivity to stimuli, and hallucinations; loss of emotional control, mood swings, lethargy, flattened affect, and depression; increased suicidality and instances of self-harm; and, finally, paradoxical tendencies to further social withdrawal. (Haney, 2018, p. 287).
5. Whilst there is agreement among experts that longer periods of isolation entail significantly worse effects for the person, studies have found that adverse reactions can occur when persons are placed in confinement for relatively shorter periods of time. One study of detainees in Denmark found that "acute isolation syndrome" occurred after only a few days. This involved prisoners experiencing concentration problems, restlessness, sleeping problems, memory failures, and an impaired sense of time (Koch, 1986).
6. Social psychology has offered explanations for the detrimental effects of solitary confinement. Social contact with others is a fundamental requirement for wellbeing, particularly by allowing people to ground their thoughts and emotions in a meaningful context (Fischer et al., 2003; Tiedens & Leach, 2004; Saarni, 1999). This can explain why social deprivation has a debilitating effect on those who are kept in solitary confinement, in some cases destroying their ability to function normally once they are back in society.

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period ends (Haney, 2018).

Whilst there is a need for measures that protect individuals and staff from harm, as well as for disciplining persons who disobey the rules when in institutions, the use of solitary confinement should not be considered as an option, this is because of the varied and severely detrimental psychological and neurological effects that have been documented in numerous empirical research studies. Furthermore, the use of solitary confinement may in fact worsen the behaviour of those who go through the experience, leading to aggressive outbursts and an inability to integrate back into the prison population or society.



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