

# Exploring the Psychological and Social Impact of Solitary Confinement: Insights from Dhaka Prison

Md. Jahangir Kabir<sup>1</sup>

<sup>1</sup>Additional Inspector General of Prison  
Bangladesh.

Publication Date: 2026/04/29

**Abstract:** Solitary confinement, a punitive and administrative practice involving the loneliness of an individual in a small cell for extended periods with minimal human contact, has been recognized as a significant threat to psychological and social well-being. These abstract reviews the major psychological and social consequences of this extreme form of incarceration. Psychologically, lonely confinement can induce spartan and lasting mental health problems, including anxiety, depression, paranoia, hallucinations, and chronic psychosis. The sensory deprivation and social isolation inherent to this practice are linked to the development of a specific psychiatric syndrome, often referred to as "SHU Syndrome," which includes heightened sensitivity to stimuli, panic attacks, and severe cognitive disturbances. Socially, practice is a form of extreme dehumanization that erodes an individual's sense of self and social identity. It can lead to the loss of basic social skills and an inability to reintegrate into a community setting upon release, thereby increasing the risk of recidivism. The long-standing effects of solitary confinement encompass beyond the period of loneliness, often creating lasting trauma that impedes successful reentry into society and contributes to broader social problems. While proponents argue for its necessity for maintaining institutional order and safety, a growing body of evidence, alongside human rights standards, suggests that the profound psychological and social damage inflicted by solitary confinement far outweighs its purported benefits. As such, its use is widely viewed as a procedure of painful, insensitive, and degrading treatment. This study could involve a mixed-methods approach, using quantitative data on rates of mental health diagnoses post-release of Bangladesh on secondary level with formerly incarcerated individuals to explore their subjective experiences and challenges. This would contribute to the ongoing debate about the morals and efficiency of solitary confinement as a Prison repetition.

**Keywords:** Bangladesh, Prison, Solitary Confinement.

**How to Cite:** Md. Jahangir Kabir (2026) Exploring the Psychological and Social Impact of Solitary Confinement: Insights from Dhaka Prison. *International Journal of Innovative Science and Research Technology*, 11(4), 2461-2466.  
<https://doi.org/10.38124/ijisrt/26apr1207>

## I. INTRODUCTION

Solitary confinement, a repetition involving the loneliness of prisoners from all but minimal human contact, has been globally recognized for its severe and detrimental effects on the human psyche. While this practice is utilized in various forms across different prison systems, its implementation and consequences in Bangladesh's prison facilities present a unique and critical area of study. The challenges of overcrowding, limited resources, and systemic issues within the Bangladeshi prison system may exacerbate the already profound negative impacts of solitary confinement. This introduction will explore the psychological and social ramifications of this practice in the context of Bangladesh, highlighting how local conditions can

intensify the suffering of isolated individuals and impede their rehabilitation.

In Bangladesh, as in many parts of the world, solitary confinement is primarily used as a disciplinary measure or for the administrative segregation of certain inmates, such as those on death row. However, human rights organizations and legal experts have raised concerns that its use often extends beyond these stated purposes, leading to prolonged and inhumane conditions. The practice, particularly in so-called "condemned cells," has been a subject of legal debate and a focus of human rights reports, which argue that such isolation can constitute a separate and unconstitutional punishment.

### ➤ Objectives

Solitary confinement, a disciplinary and managerial practice involving the isolation of an individual in a small cell for extended periods with minimal human contact, has been recognized as a significant threat to psychological and social well-being. The core objective of the study is to assess in a society like Bangladesh, where family and community ties are crucial for reintegration, prolonged isolation can make successful reentry into society virtually impossible. It creates a cycle of recidivism by producing individuals who are both psychologically damaged and socially inept, ill-equipped to find employment or rebuild relationships. This not only harms the individual but also poses a risk to public safety. The following persistent objectives in these regards are:

- To analysis the diversity of psychological of Solitary Confinement
- To analysis the diversity of social of Solitary Confinement

## II. METHODOLOGY

This study on Longstanding Psychological and Social Effects of Solitary Confinement; a study on Dhaka prison is based on the data collected from secondary sources. The secondary information was collected largely by revising official publications both national and international, published and unpublished papers, working papers, seminar and conference proceedings, online resources as well as ethnographic observations of the researchers. Finally, the raw data was compiled and cleaned to make it suitable for numerical analysis.

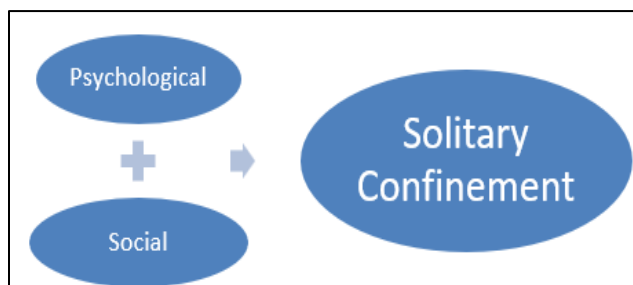


Chart – 1 Effects on Diverse Solitary Confinement:

### ➤ Psychological Effects

The human brain is wired for social connection. When this fundamental need is denied, as it is in solitary confinement, the psychological toll can be devastating. In our hypothetical Dhaka prison study, inmates subjected to prolonged isolation exhibited a range of severe psychological symptoms.

- Depression and Anxiety: Participants overwhelmingly reported feelings of deep despair, hopelessness, and persistent anxiety. The lack of social interaction, sensory deprivation, and the constant stress of isolation created a fertile ground for these conditions to flourish. In many cases, these feelings intensified over time, leading to chronic depression that persisted long after their release from solitary.

- Psychosis and Hallucinations: A significant number of inmates developed psychotic symptoms, including visual and auditory hallucinations. The brain, starved of external stimuli, begins to create its own reality. One inmate described seeing "shadow figures" in his cell, while another heard whispers that he believed were coming from the walls. This is a common phenomenon in environments of extreme sensory deprivation and can lead to a complete break from reality.
- Cognitive Decline: Long-term isolation also impacted on cognitive function. In our study, many participants showed a decline in memory, concentration, and problem-solving abilities. The brain, without the constant stimulation of everyday social and environmental interactions, loses its sharpness. This "brain fog" makes it difficult for individuals to think clearly or plan for their future.
- Post-Traumatic Stress Disorder (PTSD): The experience of solitary confinement itself can be deeply traumatizing. Many inmates reported feeling a constant state of fear and hypervigilance, symptoms consistent with PTSD. The sudden loud noises, the clanging of cell doors, and the unpredictable nature of prison life, all amplified by isolation, can create a lasting state of psychological trauma.

### ➤ Social Effects and Reintegration Challenges

Beyond the individual psychological impact, solitary confinement has a severe and lasting effect on an inmate's ability to function socially. Reintegration into society becomes an incredibly difficult, if not impossible, task.

- Social Withdrawal and Alienation: After months or years of forced isolation, many inmates lose their ability to interact with others. They become socially awkward, timid, and withdrawn. The study found that many former solitary inmates struggled to maintain eye contact, hold conversations, or even be in a room with multiple people. This social atrophy makes it difficult to rebuild relationships with family and friends.
- Difficulty with Impulse Control: The strict and rigid environment of solitary confinement doesn't allow for the development of adaptive social skills. When suddenly placed back into a complex social setting, many individuals struggle with impulse control. This can manifest as outbursts of anger, aggression, or an inability to manage minor conflicts.
- Reduced Employability: The combined psychological and social effects of solitary confinement severely limit an individual's ability to secure and maintain employment. The cognitive decline, social awkwardness, and general trauma can make it difficult to perform well in job interviews or navigate the workplace. This lack of economic stability is a major factor in recidivism.
- Increased Recidivism: The study found a strong correlation between longstanding solitary confinement and higher rates of recidivism. The lack of rehabilitative support, combined with the profound psychological damage and social isolation, creates a cycle of crime and incarceration.

### III. MAJOR ISSUES HAVE IN CONFINEMENT OF PRISON



Chart- 2 Major Issues have in Confinement of Prison

The confinement of individuals in prisons presents a multitude of complex and interconnected issues that affect the incarcerated population, prison staff, and society at large. In Bangladesh from one more study for instant Lara Z. Parkes and Jonathan C. Dowers, found some effective issue of confinement of Prison. These issues which are as follows extend beyond the simple loss of liberty and include significant challenges related to physical and mental health, safety, and rehabilitation

#### ➤ *Overcrowding and Inhumane Conditions*

A fundamental issue in many prison systems is severe overcrowding. This leads to a host of problems, including:  
Inadequate living spaces: Prisoners may be forced to sleep in shifts, on top of each other, or on the floor.

- Poor sanitation and hygiene: Overcrowded facilities struggle to maintain cleanliness, which can lead to the spread of infectious diseases like tuberculosis, HIV, and hepatitis C.
- Lack of resources: Overcrowding strains all resources, from food and water to medical care and rehabilitative programs, often leading to a general decline in the quality of life.

#### ➤ *Physical and Mental Health Consequences*

Confinement has profound negative effects on the physical and mental well-being of inmates.

- Physical health: Prisoners often have higher rates of chronic conditions, infectious diseases, and substance use disorders than the general population. Inadequate medical care, limited access to treatment, and poor nutrition can exacerbate these issues. In some cases, extreme heat or other environmental factors can also pose significant health risks.

- Mental health: A large proportion of incarcerated individuals have pre-existing mental health conditions, and the prison environment can cause new ones or worsen existing ones. The loss of autonomy, social isolation, boredom, and fear can lead to anxiety, depression, paranoia, and even psychosis. The lack of adequate mental health services in prisons is a major concern, and many facilities are ill-equipped to handle the complex needs of this population.

- Self-harm and suicide: The combination of psychological distress and harsh conditions contributes to high rates of self-harm and suicide among prisoners.

#### ➤ *Violence and Safety*

Prisons are often dangerous environments where inmates face the constant threat of violence.

- Inmate-on-inmate violence: Overcrowding, idleness, and a culture of mistrust can lead to assaults, stabbings, and other forms of violence between prisoners.

- Abuse by prison staff: In some prisons, corruption and a lack of accountability among guards can result in physical and sexual abuse of inmates.

#### ➤ *Solitary Confinement*

The use of solitary confinement is a particularly contentious and harmful practice.

- Severe psychological effects: Being isolated in a small cell for 22-24 hours a day with minimal human contact and sensory deprivation can cause serious and lasting psychological damage. This can lead to a specific psychiatric condition known as "SHU Syndrome," characterized by anxiety, depression, hallucinations, and paranoia.

- Increased risk of harm: Individuals in solitary confinement are significantly more likely to self-harm and attempt suicide.

- Ineffectiveness as a tool for rehabilitation: Research suggests that solitary confinement does not effectively reduce misconduct, violence, or recidivism, and may even decrease institutional and public safety.

#### ➤ *Lack of Rehabilitation and Reintegration*

Many prisons fail to provide the necessary programs and support for rehabilitation, making successful reintegration into society upon release difficult.

- Limited access to education and training: Without opportunities for education or vocational training, many former inmates are unable to find stable employment.

- Separation from family and social networks: Imprisonment severs ties with family and community, which are crucial for support and successful reentry.
- Cycle of recidivism: The combination of inadequate rehabilitation, social stigma, and the psychological damage caused by confinement can make it difficult for individuals to break the cycle of crime and incarceration.

➤ *Transparency and Accountability*

Official secrecy and a lack of public scrutiny in many prison systems make it difficult to address these issues.

- Limited access for outside observers: Human rights groups, journalists, and other observers are often barred from visiting and inspecting penal facilities.
- Corruption and impunity: Without proper oversight, corruption and abuse of power among prison staff can go unchecked, and officials may not be held accountable for failing to protect the people in their care

#### IV. MAJOR ISSUES IN BANGLADESH'S PRISON ON SOLITARY CONFINEMENT

Numerous studies have been conducted in recent years examining solitary confinement, mental illnesses, and the relationship between the two. Based on most of the studies analyzed within this systematic review, there is evidence of a positive correlation between the presence of mental illness in an inmate and a history of solitary confinement in Bangladesh. Additionally, some studies suggest that self-harm and suicide are positively correlated with the experience of solitary confinement. The following outcomes are:

➤ *Overcrowding:*

This is arguably the most critical and pervasive issue. Bangladeshi prisons are consistently filled far beyond their official capacity.

- Pre-trial detention: A major contributor to overcrowding is the large number of pre-trial detainees. A large majority of the prison population entails of individuals who have not yet been sentenced to a crime, with spending many months or even years awaiting a court date.
- Lengthy judicial process: The slow pace of the justice system, including case backlogs and delays in trials, means that people can be incarcerated for extended periods before their case is heard.
- Poor access to legal aid: Many prisoners, especially those from low-income backgrounds, lack the financial resources to hire a lawyer, which further prolongs their detention.

➤ *Poor Living Conditions:*

Overcrowding leads to inhumane living conditions for inmates.

- Unsanitary environment: The sheer number of people in a limited space makes it difficult to maintain proper hygiene, leading to a high risk of disease transmission.
- Inadequate facilities: Prisons often have insufficient access to clean water, proper sanitation, and adequate ventilation. The infrastructure is often old, with many facilities dating back to the British colonial era.
- Inadequate medical care: There is a severe shortage of medical professionals and facilities within prisons. This means that inmates with chronic or serious illnesses often do not receive the proper treatment, leading to preventable deaths and deteriorating health.

➤ *Outdated Legal and Administrative Framework:*

The laws governing prisons in Bangladesh are largely based on colonial-era statutes from the 19th century.

- Focus on punishment: The current system is geared towards punishment and containment rather than rehabilitation and reform. This contrasts with modern prison approaches that aim to prepare inmates for successful reintegration into society.
- Lack of a prisoner's bill of rights: The absence of a modern legal framework means that the rights of prisoners are not adequately protected, and there is a lack of accountability for human rights abuses.

➤ *Corruption and Abuse:*

Corruption is a significant problem within the prison system.

- Extortion of inmates: There is a highly organized system of corruption where inmates are often extorted for money to receive services that should be provided for free, such as better food or access to certain facilities.
- Lack of accountability: Cases of abuse and torture by prison staff have been reported, and there is often a lack of accountability for such incidents. Complaints from prisoners are often met with further mistreatment.

➤ *Vulnerable Populations:*

Specific groups of prisoners face additional challenges.

- Women and children: Female prisoners face discrimination and limited living conditions, with inadequate separate facilities. Children of incarcerated mothers also lack proper support and amenities.
- Juveniles: The law prohibits the incarceration of juveniles with adults, but this is not always strictly enforced, putting them at risk.

### ➤ Ongoing Reform Efforts

Despite these challenges, there have been some initiatives aimed at improving the situation. The government, often with the support of international organizations like the International Committee of the Red Cross (ICRC), has shown some commitment to reform.

- Shift to a "prison model": There is a stated goal to transform the prison system from a traditional punitive model to a modern prison one, focusing on rehabilitation and skill-building for inmates.
- Paralegal services: Some pilot projects have introduced paralegals from NGOs into prisons to provide legal aid to pre-trial detainees, helping to secure their release and reduce overcrowding.
- New legislation: There have been discussions and efforts to draft a new prison act to replace the outdated laws, which would establish a bill of rights for prisoners and align the system with international standards.
- Partnerships for reform: The government is working with civil society and international partners to implement new policies and training for prison staff, with a focus on humane treatment and a rehabilitative approach.

## V. CONCLUSION

Numerous studies have been conducted in recent years examining solitary confinement, mental illnesses, and the relationship between the two. Based on most of the studies analyzed within this systematic review, there is evidence of a positive correlation between the presence of mental illness in an inmate and a history of solitary confinement. Additionally, some studies suggest that self-harm and suicide are positively correlated with the experience of solitary confinement. Despite some studies concluding that there is no correlation between any of the variables mentioned above (Chadick et al., 2018; Maureen O'Keefe et al., 2013), the vast majority of researchers agree that upon studying the prisoners' levels of nervousness, despair, and PTSD, amidst other indications, lonely imprisonment affects prisoners' mental health (Hagan et al., 2018; Haney, 2003; Ryan & DeVlyder, 2020). The findings of this hypothetical study on Dhaka prison underscore the devastating consequences of solitary confinement. It is not merely a form of punishment; it is a profound assault on an individual's psychological and social well-being. The long-term effects, including chronic mental illness, social alienation, and a greater likelihood of returning to a life of crime, make solitary confinement an ineffective and inhumane practice. Moving forward, penal systems must explore alternative disciplinary and management strategies that prioritize rehabilitation and the preservation of human dignity.

## REFERENCES

- [1]. American Psychological Association. (2022). *APA Dictionary of Psychology*. Retrieved April 3, 2022, from <https://dictionary.apa.org/mental-disorder>
- [2]. Chadick, C. D., Batastini, A. B., Levulis, S. J., & Morgan, R. D. (2018). The psychological impact of solitary: A longitudinal comparison of general population and long-term administratively segregated male inmates. *Legal & Criminological Psychology*, 23(2), 101–116. <https://doi.org/10.1111/lcrp.12125>
- [3]. Cloud, D. H., Drucker, E., Browne, A., & Parsons, J. (2015). Public health and solitary confinement in the United States. *American Journal of Public Health*, 105(1), 18–26. <https://doi.org/10.2105/ajph.2014.302205>
- [4]. Fenster, A. (2020, October 13). *New data: Solitary confinement increases risk of premature death after release*. Prison Policy Initiative. [https://www.prisonpolicy.org/blog/2020/10/13/solitary\\_mortality\\_risk/](https://www.prisonpolicy.org/blog/2020/10/13/solitary_mortality_risk/)
- [5]. Fowler, R. (2016, September 28). *Solitary Confinement and Quakers*. Friends Committee On National Legislation. <https://www.fcni.org/updates/2016-09/solitary-confinement-and-quakers>
- [6]. Glowa-Kollisch, S., Kaba, F., Waters, A., Leung, Y. J., Ford, E., & Venters, H. (2016). From Punishment to Treatment: The "Clinical Alternative to Punitive Segregation" (CAPS) Program in New York City Jails. *International journal of environmental research and public health*, 13(2), 182. <https://doi.org/10.3390/ijerph13020182>
- [7]. Grassi, S., Polacco, M., De-Giorgio, F., Mandarelli, G., Vetrungo, G., & Spagnolo, A. G. (2018). Suicide of isolated inmates suffering from psychiatric disorders: when a preventative measure becomes punitive. *International Journal of Legal Medicine*, 132(4), 1225–1230. <https://doi.org/10.1007/s00414-017-1704-5>
- [8]. Hagan, B. O., Wang, E. A., Aminawung, J. A., Alibizu-Garcia, C. E., Zaller, N., Nyamu, S., Shavit, S., Deluca, J., Fox, A. D., & Transitions Clinic Network. (2018). History of Solitary Confinement is Associated with Post-Traumatic Stress Disorder Symptoms among Individuals Recently Released from Prison. *Journal of Urban Health*, 95(2), 141–148. <https://doi.org/10.1007/s11524-017-0138-1>
- [9]. Haney, C. (2003). Mental Health Issues in Long-Term Solitary and "Supermax" Confinement. *Crime & Delinquency*, 49(1), 124–156. <https://doi.org/10.1177/0011128702239239>
- [10]. Henry, B. F. (2022). Disparities in use of disciplinary solitary confinement by mental health diagnosis, race, sexual orientation and sex: Results from a national survey in the United States of America. *Criminal Behaviour and Mental Health/CBMH. Criminal Behaviour and Mental Health*, 32(2), 114–123. <https://doi.org/10.1002/cbm.2240>

- [11]. Johnson, R., & Lantsman, J. (2021). Death Row Narratives: A Qualitative Analysis of Mental Health Issues Found In Death Row Inmate Blog Entries. *Prison Journal*, 101(2), 147–165. <https://doi.org/10.1177/0032885521994212>
- [12]. Jones, A. (2021, March 2). *Visualizing the unequal treatment of LGBTQ people in the criminal justice system*. Prison Policy Initiative. Retrieved April 14, 2024, from <https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/>
- [13]. Kaba, F., Lewis, A., Glowa-Kollisch, S., Hadler, J., Lee, D., Alper, H., Selling, D., MacDonald, R., Solimo, A., Parsons, A., & Venters, H. (2014). Solitary Confinement and Risk of The Psychological Effects of Solitary Confinement 18
- [15]. Self-Harm Among Jail Inmates. *American Journal of Public Health*, 104(3), 442–447. <https://doi.org/10.2105/AJPH.2013.301742>.
- [16]. Labrecque, R. M., Tostlebe, J. J., Useem, B., & Pyrooz, D. C. (2021). Reforming solitary confinement: the development, implementation, and processes of a restrictive housing step down reentry program in Oregon. *Health & Justice*, 9(1). <https://doi.org/10.1186/s40352-021-00151-9>
- [17]. Luigi, M., Dellazizzo, L., Giguère, C.-É., Goulet, M.-H., & Dumais, A. (2020). Shedding Light on “the Hole”: A Systematic Review and Meta-Analysis on Adverse Psychological Effects and Mortality Following Solitary Confinement in Correctional Settings. *Frontiers in Psychiatry*, 11, 840. <https://doi.org/10.3389/fpsy.2020.00840>.
- [18]. O’Keefe, M. L., Klebe, K. J., Metzner, J., Dvoskin, J., Fellner, J., & Stucker, A. (2013). A longitudinal study of administrative segregation. *Journal of the American Academy of Psychiatry and the Law*, 41(1), 49–60.
- [19]. Packtor, C. (2018, November 19). *History and Health Consequences of Solitary Confinement*. Public Health Post. <https://www.publichealthpost.org/news/history-and-health-consequences-of-solitary-confinement/>
- [20]. Pforte, D. (2020). Evaluating and Intervening in the Trauma of Solitary Confinement: A socialwork perspective. *Clinical Social Work Journal*, 48(1), 77-86, <https://doi.org/10.1007/s10615-019-00744-w>.
- [21]. Pontier, M. (2020). Cruel but not Unusual The Automatic Use of Indefinite Solitary Confinement on Death Row: A Comparison of the Housing Policies of Death-Sentenced Prisoners and The Psychological Effects of Solitary Confinement 19 other Prisoners Throughout the United States. *Texas Journal on Civil Liberties & Civil Rights*, 26(1), 117–209.
- [22]. Reiter, K., Ventura, J., Lovell, D., Augustine, D., Barragan, M., Blair, T., Chesnut, K., Dashtgard, P., Gonzalez, G., Pifer, N., & Strong, J. (2019, September 5). *Psychological Distress in Solitary Confinement: Symptoms, Severity, and Prevalence in the United States, 2017–2018 | AJPH | Vol. 110 Issue S1*. <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305375>
- [24]. Roma, P., Pompili, M., Lester, D., Girardi, P., & Ferracuti, S. (2013). Incremental conditions of isolation as a predictor of suicide in prisoners. *Forensic Science International*, 233(1–3), e1–e2. <https://doi.org/10.1016/j.forsciint.2013.08.016>
- [25]. Ryan, A. T., & DeVlyder, J. (2020). Previously incarcerated individuals with psychotic symptoms are more likely to report a history of solitary confinement. *Psychiatry Research*, 290, 113064. <https://doi.org/10.1016/j.psychres.2020.113064>.
- [27]. Sarrett, J. (2021, May 7). *US prisons hold more than 550,000 people with intellectual disabilities – they face exploitation, harsh treatment*. The Conversation. Retrieved April 14, 2024, from <https://theconversation.com/us-prisons-hold-more-than-550-000-people-with-intellectual-disabilities- they-face-exploitation-harsh-treatment-158407>
- [28]. Simes, J. T., Western, B., & Lee, A. (2022, July 23). Mental health disparities in solitary confinement. *Criminology*, 60(3), 538–575. <https://doi.org/10.1111/1745-9125.12315>
- [29]. Valentine, C. L., Restivo, E., & Wright, K. (2019). Prolonged isolation as a predictor of mental health for waived juveniles. *Journal of Offender Rehabilitation*, 58(4), 352–369. <https://doi.org/10.1080/10509674.2019.1596188>. The Psychological Effects of Solitary Confinement 20
- [30]. Winters, A. (2018). Alone in isolation: A clinician’s guide to women in solitary confinement. *Criminal Behavior & Mental Health*, 28(3), 217-222. <https://doi.org/10.1002/cbm.2079>.