

SHOULD ARCHITECTS REFRAIN FROM  
DESIGNING PRISONS FOR LONG-TERM  
SOLITARY CONFINEMENT?  
– AN OPEN LETTER TO THE  
ARCHITECTURE PROFESSION

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In a profile in the November, 2012 issue of the magazine *Architect*, activist-architect Raphael Sperry, a founder of the group Architects Planners & Designers for Social Responsibility (APDSR) discussed his petition to amend the AIA's Code of Ethics and Professional Conduct to include a

FIGURE 1  
PELICAN BAY STATE  
PRISON PRISON

prohibition on “the design of (prison) spaces intended for long-term solitary isolation and execution.”<sup>1</sup> This issue is both serious and timely. It deserves contemplative attention before any action is taken. The purpose of this letter is to provide the the architecture profession a condensed analysis of the possible justification for taking the action Mr. Sperry advocates. After review and consideration, we are persuaded that Mr. Sperry’s proposal does merit action by the AIA.

Far from the prison system’s causing architects to perpetuate injustice, the design of incarceration facilities is a building type showing real creativity and concern for prisoner rehabilitation. The article in *Architect* mentions several firms engaged in such work but many others can be found to impress the observer with the variety and vitality of this specialty.<sup>2</sup> Thus, while certainly not without its structural deficiencies, charges that the American justice system is incorrigible and that it can only corrupt architects’ best intentions do not withstand scrutiny and should not form the basis for any AIA calls to action.

The proposal promoted by APDSR, however, is more targeted than this. Specifically, Mr. Sperry is asking AIA members to foreswear designing facilities for long-term solitary confinement and for the administration of the death penalty on the concept that these punishments amount to human torture, and that architects cannot make themselves part of any torture apparatus. Approval of the Sperry proposal, then, depends on two important assertions: that long-term solitary confinement is torture, and that architects, by virtue of their professional roles, have a special responsibility in this situation to oppose policy enacted by democratically elected state and federal governments. To maintain the focus and brevity of this document, the controversies surrounding the death penalty will not be addressed. We will only take up the case against solitary confinement.

Prison design for long-term solitary confinement—also called disciplinary segregation—in the United States can be traced back to the Philadelphia Prison of 1829. Though much studied and even emulated in Europe at the time, the practice fell into disrepute in the early twentieth century. It was only revived in the late twentieth century during the great rise in imprisonment and consequent boom in prison construction. In the U. S., more than 80,000 inmates live in some form of disciplinary isolation.<sup>3</sup> Approximately 25,000 of these are housed in what has come to be known as “supermax” prisons.<sup>4</sup> Though conditions differ from prison to prison, a widely accepted definition of solitary confinement is “the physical and social isolation of individuals who are confined to their cells for 22 to 24 hours a day.”<sup>5</sup> Typically, prisoners do not enter long-term

solitary confinement from initial sentencing. They are placed in solitary as a quick fix to end a variety of disruptions they cause within the prison system. Even teenagers are regularly placed in solitary for extended periods.<sup>6</sup>

Humans are fundamentally social beings. Much of our sense of reality, of emotional stability and sense of self derives from fairly constant interactions with other people. Thus, it comes as little surprise that, deprived of this crucial source of reality, people who are already displaying adjustment difficulties would quickly become even more unhinged from reality in disciplinary segregation. The permanent psychological impact of solitary confinement is well-documented.<sup>7</sup> Even those who enter disciplinary segregation with an apparently strong and stable sense of self will begin to experience a constellation of psychiatric problems in a short period of time. Isolation panic and delirium are but two manifestations of “confinement psychosis,” a medical condition typified by “psychotic reaction characterised frequently by hallucinations and delusions, produced by prolonged physical isolation and inactivity in completely segregated areas”<sup>8</sup> Symptoms of psychological distress can begin in only a few days. A report to the United Nations proposed 15 days “as the limit between solitary confinement and prolonged solitary confinement.”<sup>9</sup> Stuart Grassian found in his interviews of 49 inmates of the Pelican Bay “Supermax” prison in Northern California that “seventeen were actively psychotic... in urgent need of hospital treatment, and twenty-three others suffered serious psychopathological reactions to solitary,”<sup>10</sup> Surely, we feel compelled to conclude, a disciplinary system which results in most of its prisoners suffering severe psychological trauma is indistinguishable from torture.

We are far from alone in this conclusion. The Inter American Court of Human Rights has similarly stated in several cases that prolonged

solitary confinement, in itself, may violate Article 5 of the American Convention on Human Rights: “prolonged isolation and deprivation of communication are in themselves cruel and inhuman treatment, harmful to the psychological and moral integrity of the person, and a violation of the right of any detainee to respect for his inherent dignity as a human being. Such treatment, therefore, violates Article 5 of the Convention...” The UN Human Rights Committee has objected to “... the practice of solitary confinement which affected the physical and mental health of persons deprived of freedom and which amounted to a cruel, inhuman and degrading treatment.” Perhaps the most comprehensive statement against solitary confinement was expressed by The Istanbul Statement on the Use and Effects of Solitary Confinement, adopted on December 9, 2007 at the International Psychological Trauma Symposium, Istanbul.

*It has been convincingly documented on numerous occasions that solitary confinement may cause serious psychological and sometimes physiological ill effects. Research suggests that between one third and as many as 90 per cent of prisoners experience adverse symptoms in solitary confinement. A long list of symptoms ranging from insomnia and confusion to hallucinations and psychosis has been documented. Negative health effects can occur after only a few days in solitary confinement, and the health risks rise with each additional day spent in such conditions. Individuals may react to solitary confinement differently. Still, a significant number of individuals will experience serious health problems regardless of the specific conditions, regardless of time and place, and regardless of pre-existing personal factors. The central harmful feature of solitary confinement is that it reduces meaningful social contact to a level of social and psychological stimulus that many will experience as insufficient to sustain health and well being.<sup>11</sup>*

Despite the United States’ ratification in 1994 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment passed by the United Nations in December 1984,<sup>12</sup> the U. S. Supreme Court has steadfastly refused to engage the issue of solitary confinement as torture. In cases involving solitary confinement, it has in modern times repeatedly reasserted the state’s interests over those of prisoners and the right of the prison administration to institute whatever punishment deemed necessary, including solitary.<sup>13</sup> Thus, its use is still sanctioned by the high court making its torturous features a continuing issue here.<sup>14</sup>

The frequent use of disciplinary segregation, its predictable effects on inmates’ psychological states, and its resulting identification with torture poses a dilemma for professionals whose work engages the American

penal system. Medical professionals, who are charged with safeguarding individuals' well-being, are wholly unable and unwilling to certify who is and who is not able to withstand the psychological stresses of solitary confinement. Though in some cases, such medical intervention might be a blessing, singling out individuals as too psychologically fragile for solitary implicitly certifies the rest as fit to withstand its rigors—and this is simply antithetical to physicians' ethics.<sup>15</sup> As a result, such decisions are left for prison administration solely. Similarly with architects. The AIA Code of Ethics' Ethical Standard 1.4 specifies that "members should uphold human rights in all their professional endeavors." Since any mainstream interpretation of human rights includes the right not to be tortured, and since long-term solitary confinement can be counted on to inflict substantial psychological pain, a recognized form of torture, the logic behind asking architects to forego design of prison facilities for long term solitary confinement appears to be a straightforward extension of the AIA's existing Code of Ethics. We recommend that the AIA adopt Mr. Sperry's proposal. It is a stand that is long overdue.

#### ENDNOTES

1. Karrie Jacobs, "Prison Break," *Architect*. Nov 2012. 134-141.
2. Jim Lewis, "Behind Bars...Sort of," *New York Times Magazine*, June 10, 2009. See also: <http://weburbanist.com/2011/09/23/not-just-jail-12-modern-futuristic-fascinating-prisons/> (November, 2012).
3. Angela Brown, Alissa Cambier and Suzanne Agha, "Prisons Within Prisons: The Use of Segregation in the United States," *Federal Sentencing Reporter*, v24n1, October 2011. 46.
4. Daniel P. Mears, "Evaluating the Effectiveness of Supermax Prisons," Urban Institute Justice Policy

Center, March 2006, 4.

5. United Nations General Assembly Department of Public Information, “Special Rapporteur on Torture tells Third Committee Use of Prolonged Solitary Confinement on Rise, Calls for Global Ban on Practice,” *GA/SHC/4014*, October 18, 2011.

6. “The New York City Department of Corrections, for example, reported that in fiscal year 2012, which ended in June, more than 14 percent of all adolescents were held in at least one period of solitary confinement while detained. The average length of time young people spent in solitary confinement at Rikers Island was 43 days.” —“US: Teens in Solitary Confinement” Human Rights Watch, October 10, 2012. [www.hrw.org/news/2012/10/10/us-teens-solitary-confinement](http://www.hrw.org/news/2012/10/10/us-teens-solitary-confinement)

7. Stuart Grassian’s report on his career study is perhaps the most complete: “Psychiatric Effects of Solitary Confinement,” *Journal of Law and Policy*, v22, n325 325-383. For other studies on the health effects of solitary confinement, see Peter Scharff Smith “The Effects of Solitary Confinement on Prison Inmates. A Brief History and Review of the Literature” in *Crime and Justice* vol. 34, 2006 (pp. 441-528); Craig Haney “Mental Health Issues in Long-Term Solitary and ‘Supermax’ Confinement” in *Crime & Delinquency* 49(1), 2003 (pp. 124-56); Stuart Grassian “Psychopathological Effects of Solitary Confinement” in *American Journal of Psychiatry* 140, 1983 (pp. 1450-4). Even attempts to justify solitary appear not to stand up to scrutiny. See November 29, 2010 “ACLU and Experts Slam findings of Doc Report on Solitary Confinement.” [www.aclu-co.org](http://www.aclu-co.org) which criticizes a report written by Maureen O’Keefe et al. entitled “One Year Longitudinal Study of the Psychological Effects of Administrative Segregation,” Denver: State of Colorado, October 31, 2010.

8. Scott, G. & Gendreau, P. “Psychiatric implications of sensory deprivation in a maximum security prison.” *Canadian Psychiatric Association Journal*, v14, 1969: 337-341. 338.

9. United Nations General Assembly Department of Public Information, “Special Rapporteur on Torture tells Third Committee Use of Prolonged Solitary Confinement on Rise, Calls for Global Ban on Practice,” *GA/SHC/4014*, October 18, 2011.

10. Grassian, 349.

11. Available at: [http://www.univie.ac.at/bimtor/dateien/topic8\\_istanbul\\_statement\\_effects\\_solconfinment.pdf](http://www.univie.ac.at/bimtor/dateien/topic8_istanbul_statement_effects_solconfinment.pdf)

12. Part 1 Article 1 of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment states: “For the

purposes of this Convention, the term ‘torture’ means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.” [http://www.un.org/ga/search/view\\_doc.asp?symbol=a/res/39/46](http://www.un.org/ga/search/view_doc.asp?symbol=a/res/39/46)

13. Hilary McConnaughey, “Punishment Narratives: Tracking Supreme Court Jurisprudence Concerning Solitary Confinement,” *Colgate Academic Review*, v8, fall 2010. McConnaughey concludes, “In sum, the Supreme Court expanded the concept of solitary confinement so that it is warranted for a variety of infractions and can be an expected part of a person’s sentence.” (99).

14. Recent Supreme Court attitudes toward solitary confinement reverse, somewhat, the opinion expressed in the nineteenth century, when it observed that solitary confinement “was an additional punishment of the most important and painful character.” *IN RE MEDLEY*, 134 U.S. 160 (1890) <http://laws.findlaw.com/us/134/160.html>

15. Jeffrey L. Metzner MD and Jamie Fellner Esq. “Solitary Confinement and Mental Illness in U. S. Prisons: A Challenge for Medical Ethics,” *Journal of the American Academy of Psychiatry and the Law Online*, v38n1 104-108. March 2010