Control and choice in English prisons: developing health promoting prisons

Abstract

The 'health promoting prison' has been informed by a broader settings-based philosophy to health promotion which conceptualises health as the responsibility for all social settings. Though in its relative infancy, the notion of a health promoting prison has gained political backing from international organisations like the World Health Organisation, but the implementation of the policy rhetoric has not translated across all prison environments. The aim of this paper is to consider how key elements of health promotion discourse – choice, control and implicitly, empowerment – can apply in the context of imprisonment. These concepts were examined in three category-C (secure) prisons in England, through interviews with 36 male prisoners conducted by the first author. Analysis showed that prisoners negotiated the norms, structures and strictures of prison life by both relinquishing control *and also* by taking control, showing resistance and exercising some element of choice. The paradox is that, as most prisoners are expected to be released at some point they need to exercise some agency, control and choice, but these learning experiences may be constrained whilst 'inside'. The paper argues that if a settings approach in prison is truly to move forward, both conceptually and practically, then health promoters should seek to embed the key values of health promotion within the prison setting.

Introduction

There are some compelling arguments for promoting health in prison. First, there is a humanitarian argument, endorsed by the United Nations (1990), that individuals detained in prison must have the benefit of care equivalent to that available to the general public (Niveau, 2007). Second, there is a growing evidence base that demonstrates how well-coordinated health promoting interventions have the potential to reduce health inequalities and address the health needs of those who are the most marginalised in society (Baybutt *et al.*, 2010, Woodall and South, 2012). Third, there is a public health imperative, an argument originally made by penal reformer John Howard in the 18th Century (Ross, 2013), as those in prison often serve multiple and relatively short-term sentences meaning that prisoners' health and the public's health are inextricably "intertwined" (Williams, 2007, p.90). Despite these justifications, several commentators have suggested that embedding health promotion's philosophical values within this setting is a contradiction in terms (Goos, 1996, Smith, 2000), an oxymoron (de Viggiani, 2006, McCallum, 1995) and simply incompatible (Greenwood et al., 1999). Ideologically, health promotion is perhaps incongruous in a setting which curtails individual freedom, control and choice and, in short, prisons are *"antithetical to the principles of health promotion rhetoric"* (Smith, 2000, p.346). To date, the

position of health promotion vis-à-vis the prison and its security mandate remains unclear but there is a growing recognition that prisons should be empowering and should embrace core principles of health promotion (de Viggiani *et al.*, 2005).

The aim of this paper is to explore how values central to health promotion can apply in the context of imprisonment, given that policy developments in this area have grown considerably in recent times both in England and Wales (Department of Health, 2002, HM Prison Service, 2003) and across other European states (Scottish Prison Service, 2002, WHO, 2007). The paper specifically examines two central concepts in the health promotion discourse – control and choice – with prisoners and staff in three English prisons. These concepts are salient features within health promotion but are relatively under-explored within the prison context (Bosworth, 1999). Control and choice are also intimately intertwined with empowerment, arguably the 'the holy grail' or raison d'être of the discipline and practice of health promotion (Rissel, 1994, Woodall *et al.*, 2012b)

Background

It is now widely acknowledged that the prevalence of ill health in the prison population is higher than that reported in the wider community (Rutherford and Duggan, 2009, Senior and Shaw, 2007). Mental health problems (Fazel and Danesh, 2002, WHO, 2008), long-standing physical disorders (Plugge et al., 2006, Stewart, 2008) and drug and alcohol issues (Social Exclusion Unit, 2002, The Centre for Social Justice, 2009, Woodall, 2012b) are commonplace. A settings-based approach has been espoused as a theoretical and practical way to address the health issues faced by the prison population (Woodall and South, 2012). Settings-based health promotion is recognised as being one of the essential approaches to tackling health inequalities and promoting public health and has been mainstreamed in health promotion over the past decade (Dooris, 2012, Green *et al.*, 2000). The settings approach is underpinned by the premise that health is created and lived by people within the places of their everyday life – this includes schools, workplaces, hospitals and, by extension, prisons. The settings approach embraces ecological perspectives as it challenges a reductionist focus on single health issues which often emphasises the health behaviour of individuals, towards an holistic vision of health and well-being which is determined by a interaction of environmental, organisational and personal factors within the places that people live their lives (Dooris, 2009). The 'health promoting prison', therefore, focuses on all facets of prison life from addressing individual health need through to recognising how organisational factors and the physical and social fabric can promote and demote health (de Viggiani, 2009b). This not only includes focussing on the setting as a (temporary) home and community for prisoners, but also as a workplace for prison staff (Woodall, 2012a). The

Ottawa Charter (WHO, 1986) has been used effectively to conceptualise and map all facets of the health promoting prison (Ramaswamy and Freudenberg, 2007, Woodall and South, 2012) emphasising that the concept consists of more than individualistic and behavioural type interventions. In reality, however, translating the true philosophy of the settings approach into tangible activities has proved challenging (Squires and Measor, 2001).

Whilst the concept of a health promoting prison seems laudable, prisons are not primarily geared to improving health (Smith, 2000). Loss of freedom is inherently pathogenic, whilst prisons have to place to the fore concerns with public safety and thus with prison security. Indisputably, solitary confinement has a deleterious effect on health, particularly for those with pre-existing mental health issues (Shalev, 2008). Whether prisons can be salutogenic, and whether core values within health promotion *can* be applied to a prison context then, is ideologically contentious. Prisons remain settings of tremendous power inequalities (Bosworth and Carrabine, 2001), rendering empowerment, a primary construct for health promotion devoid of meaning or even obsolete. Nevertheless, the original inception of the health promoting prison regarded empowerment and enablement as key elements (WHO, 1995), but this commitment has faded in recent definitions (Gatherer et al., 2009) and in subsequent policy and strategy direction (Department of Health, 2002, HM Prison Service, 2003). This paper seeks to explore how values central to health promotion are currently applied to the context of imprisonment, and specifically to examine the concepts of 'control' and 'choice' through exploring the socially constructed realities of prisoners and prison staff in three category-C prisons. Through understanding precisely how these concepts are operationalized, if at all, from the perspectives of prisoners and prison staff, it will be of benefit to the theoretical and practical development of the health promoting prison.

Methodology

The findings reported here were part of a wider study conducted in three category-C prisons in England (XXX, 2010[1]). This primary aim of the study was to ascertain the extent to which prisoners have control over their health and to understand how the prison setting enables and/or constrains choice. Therefore the findings reported here were not incidental but arose through central questions in the inquiry. Category-C prisoners are defined as:

> *"Prisoners who cannot be trusted in open conditions but who do not have the ability or resources to make a determined escape attempt."* (Leech and Cheney, 2002, p.283)

[1] The author has been anonymised for the purpose of the peer review process.

The difficulty of 'outside' researchers entering prisons has been very well documented (King, 2000, King and Wincup, 2008, Noaks and Wincup, 2004) and this study was not exempt from these challenges. Access was negotiated through the Offender Health Research Network and senior governors in each of the prisons after the aims of the study had been presented and ethical approval was given by an NHS Research Ethics Committee.

Once permission was granted to conduct the research, the process used to select prisoners was important for obtaining a sample to represent the 'maximum variation' of experiences held by those within the prisons (Patton, 2002). This variation included demographic features, offence types, experiences of prison life (first time offenders, chronic recidivists) and sentence lengths. In each prison, distinct spatial areas (mainly residential areas, known as 'wings') were chosen for recruiting individuals into the research. These areas were determined in meetings with the primary gatekeepers and governors in each prison. After the areas had been identified and agreed, participants were recruited using recruitment materials designed to draw attention to the research and provide some preliminary information of its overall aims and general purpose. After reading the recruitment materials and informing a staff member of their interest in the study, a total of thirty-six prisoners agreed to participate. These men were provided with participant information and gave written consent. Nineteen prisoners took part in one-to-one in-depth interviews lasting between one and two hours and a further seventeen prisoners participated in a total of four focus group discussions lasting, on average, one and a half hours. No staff members were present during interviews or focus groups with prisoners.

Recruiting prison staff for research purposes can often be more problematic than accessing prisoners (Crawley and Sparks, 2005). A sampling framework was designed to draw staff participants from various prison departments, devised with assistance from the primary gatekeeper in the prisons. The framework identified individuals with diverse job roles within the setting so that illumination of the prison as a 'whole' institution could be achieved. Nineteen prison staff, with diverse job roles, also took part in short semi-structured interviews as part of the study.

Data analysis

The use of thematic networks (Attride-Stirling, 2001), was adopted to organise the analysis. Thematic network analysis builds on key features of other forms of qualitative data analysis, but is unique in that the aim of the analysis is to construct web-like matrices. Thematic networks systematically organise initial codes into basic themes. Themes often emerged from the data itself (inductive) or from prior theoretical understandings of the area under

study. Although researcher judgement is crucial to determining thematic categories, Ryan and Bernard (2003) have proposed techniques for arriving at a theme. Repetition of key issues in the raw data, for example, is one of the simplest forms of theme identification. Once basic themes are identified they are grouped to form organising themes and then an overarching global theme is produced which succinctly encapsulates aspects of the data. NVivo 7 software was used to aid the analysis.

Findings

Control

This section presents the themes in relation to prisoners' perceived levels of control within the setting. It demonstrates that while prison policy and structures can constrain autonomy and can disempower individuals, prisoners, under certain circumstances, may also establish some control over their situation.

Prisoners losing and relinquishing 'control'

There was universal acceptance that on entering the prison, individuals lost a sense of control. Some prisoners described their institutional existence as dominating and oppressive which caused overwhelming threats to their sense-of-self. A myriad of factors contributed to this, with *"bang up"* – the colloquial term for individuals being locked and confined within their prison cell – epitomising a fundamental loss of personal control. The prison was perceived as being constraining and restrictive with the regime that managed prisoners' daily activities acting as a powerful and dominant controlling mechanism. The structured nature of the regime situated individuals in a routine that relentlessly resulted in feelings of monotony and boredom, creating a sense that day and night were indistinguishable. Several prisoners explained how the regime programmed individuals into performing ritualised tasks and activities at precise moments each day. Sleeping, eating, socialising and working – activities which were mainly governed by the men prior to their sentence – were dictated by the establishment. This process eradicated perceptions of autonomy, choice and control, One prisoner, for instance, was able to relay the exact schedule of his day and also the schedule of the other prisoners. This, as one example, highlights the rigidity of the regime and the repetition of daily experiences:

> *"If you're working, your day will be: up generally around about quarter to eight for your breakfast, at work and on the wing for about eight o'clock, if you're going to education it's nine o'clock, if you're doing other particular jobs in the prison it could be anything ranging from eight o'clock to nine o'clock. You go to work, you're back on the wing for about half past eleven, you're banged up for a short while, you get your*

dinner, you're opened up at half past one, back to work again. Banged up again around half past four, 'cos that's when they do the head count in the prison, the roll check. Your next meal is usually around half past five, and if you're working you get association time [time out of cell] on an evening between six thirty and seven thirty."

Intentional challenges directed at the prison regime were characteristic signs of prisoners who were clutching on to their status as autonomous agents and resisting the routine imposed upon them. Yet, many were adamant that the most effective method of managing the prison sentence was to relinquish personal control and to conform to the regime. Prisoners suggested that attempts to resist the system and establish personal control could have unfavourable implications. Indeed, incessant resistance could be physically and mentally taxing and could become detrimental to facilitating positive relations with staff or gaining early release. Therefore, complying with the regime became the norm for many prisoners especially those who were serving longer sentences.

Prisoners who relinquished their sense of personal control within the prison were passive and submissive, and comfortable in being controlled under the regime. These men recognised the lack of power they had within the prison and were relatively satisfied with having their agency removed and their actions governed by the establishment. Many welcomed the controlling nature of institutional life and were happy to succumb without any form of resistance.

Prisoners reclaiming 'control'

A number of respondents did not lament their time within prison; in fact, prison provided a stable and, in the words of a number of respondents, "healthy" structure to their life, enabling individuals to regain some control over their health. This was especially the case for those men who regarded themselves as originating from deprived and disadvantaged localities. For these respondents, the prison was viewed as a venue to recover and revitalise from the problems previously faced in the community, offering a viable opportunity to 'reclaim' control over their health. Prisoners who classified themselves as 'recreational' drug users and excessive drinkers, for instance, often took the chance to detoxify whilst inside. One man, for example, shared his story:

"Yeah, a lot come in on drugs who if they hadn't have come in they wouldn't be alive today, myself being one of them, the drug taking, the drinking, not living healthy. In jail it's the other side of the coin, I don't touch anything, I don't drink, I don't touch drugs, I'm a lot healthier than what I was before I came in here."

The prison had a protective influence for many men and some conceded that this was an unfortunate reflection on their previous circumstances. For these men, imprisonment was not seen as punishment but as a welcome interruption from their life in the community:

> *"I was always feeling ill when I was out, waking up and feeling sick, either withdrawing from the drugs or drinking too much, so the only time I'm healthy is when I'm in prison… I reckon if I'd stayed out there living the life I was living I'd be dead by now….coming to prison has saved my life."*

Prisoners exerting 'control'

In addition to 'reclaiming' control, a number were able to exert some control over parts of their sentence, managed through diversionary tactics. Cognitive-escapism, for example, was used by prisoners as a means of exerting some sense of control and as a method of psychological retreat from the prison.

Drugs were used by several prisoners as a way to provisionally escape institutional life. A few participants discussed how they had used drugs inside prison as a way to escape the anxiety and stress when confined within their cell. These respondents suspected that many prisoners made conscious decisions to use drugs in order to buffer the psychological effects of imprisonment and to offset the possibility of mental deterioration. Once prisoners had experienced the benefits of taking illegal drugs, however, they often became preoccupied with finding more supplies. This could lead to a downward spiral where susceptible prisoners could easily be exploited by drug dealers within the institution who actively preyed on them:

> *"You get guys that hook people in, they'll give them a couple of freebies, have a 'head change' as they call it, 'it takes the bars away'. Then bam! They need more and it explodes and it's sad to see."*

Artistic pursuits, such as drawing and sketching, were performed by a small number of men as a way to 'escape' psychologically. Other prisoners used the process of writing to friends and family as a short-term interruption from institutional life. Similarly, one man described the process of writing poetry and short stories as a diversionary tactic. Escaping through books and novels from the prison library was also common. Some prisoners chose to read fantasy novels which had little relevance to their social reality:

> *"I read books. The books that I choose to read are fantasy and things like that, they take my head out of prison while my body is still in prison, my head is away in the little world of the book."*

Perception of 'choice'

Like the multifaceted accounts of 'control' within prison, individuals' perceptions of choice tended to be intricate. Social realities differed when prisoners were invited to discuss their perceptions of choice within the setting; however, prisoners tended to respond in two discrete ways. First, and as has already been alluded to, the prisons' structures, policies and regimes restrained and controlled individuals' capacity to make decisions. From this perspective, the respondents implied that the setting offered relatively few choices and this led to reactions such as anxiety and frustration. Frequently, this frustration was amplified because prisoners argued that these choices could be freely made prior to incarceration, thus re-emphasising their loss of power and displacement from society.

Conversely, some prisoners suggested that the experience of being in prison provided a sense of opportunity that could be harnessed for personal development. This had some liberating and empowering effects, as several men were able to access more services and support within the prison than outside in the community. Chronic recidivists suggested that the modern day prison offered offenders more choice than it has in the recent past:

> *"There's certainly more in prisons now than what there was… I can only compare it to when I was in last time which was twenty years ago. Obviously it's come forward leaps and bounds."*

Many viewed the setting as offering a variety of pertinent and applicable options for personal development and several prisoners suggested that they had considerable opportunities to learn new vocational skills and develop educational competencies. In some cases, prisoners suggested feeling socially excluded within free society, often commenting that access to training, education and healthcare was restricted by a plethora of barriers (including stigma, financial constraints and transport issues). As opportunities to gain qualifications and skills in their home communities were often scarce, several men viewed the prison as potentially providing more options than they could reasonably expect to find outside in the community. Many recognised the need for the limits placed on individual choice whilst in prison, but also acknowledged that outside of prison there were similar constraints:

> *"I've done wrong I'm in jail…alright you can't make so many choices, but you haven't got that many choices anyway."*

Most staff implied that individuals arrived into prison from deprived communities, often with no qualifications or occupational skills. Several staff were adamant that the prison environment was one of the only legitimate settings where these men could learn worthwhile competencies and to address their health care needs. One member of staff insisted that the

prison offered individuals relevant choices and opportunities, particularly in gaining accreditation and awards:

> *"Most of them [prisoners] don't have much in the way of qualifications when they come out of school, their opportunity is when they come to jail."*

Discussion

By design, imprisonment removes elements of control and choice from individuals; at least those choices which might endanger the public and jeopardise the safe running of the institution (Pryor, 2001). This study clearly showed how control and choice were removed from individuals through the prison regime. The regime acted as a means of disciplinary power by imposing particular occupations and regulating the cycles of repetition (Foucault, 1977), causing anger and frustration in some of those interviewed. The example of prisoners reciting with precise detail their daily timetable and social conditions suggested that time in prison was cyclical rather than linear (Medlicott, 1999), demonstrating what Giddens (1984) referred to as a discursive level of consciousness which inevitably compromised prisoners' mental well-being through repetition and monotony. Indeed, Smith (2002) and Godderis (2006) suggest that the removal of simple routine choices (i.e. when to eat, sleep etc.) is a constant reminder of the lack of agency prisoners have over their lives.

Foucault (1977, p.202), however, suggested that the experience of prison life does not produce *"homogenous effects"*. This study has shown how the perception of control and choice varied between individuals, with prisoners suggesting that the setting allowed opportunities to 'reclaim' control over their health. This finding resonates with the views of Wacquant (2002, p.388) who has cautioned against viewing prisons merely as *"distortive and wholly negative"* as the prison may also act as a *"stabilizing and restorative force"*, especially for those at the bottom of society's hierarchy. The findings reported here show that many men were not perturbed to be imprisoned as it provided respite and limited their access to drugs and alcohol. This consequently reduced the amount of substances they were able to consume in comparison to their life in the community. Thus as Crewe (2005, p.474) notes:

> *"The depressing irony, then, is that while some prisoners find drugs a respite from prison, others find prison a respite from drugs: a chance to improve their physical and psychological health, to recover some status and to repair the state of their personal relationships."*

The concern is that once released from the prison the majority of these men will return back to communities where violence, economic hardships and social problems may be

reencountered (Woodall *et al.*, 2012a). When removed from the protection and shelter of the prison, many men will return to 'criminogenic environments' (de Viggiani, 2009a), where poor environmental and social conditions such as drug misuse, offending and anti-social behaviour are integral to the area.

The findings also showed some men were able to exert control in an environment where it is often assumed that control is completely removed. Structuration theory, proposed by Giddens (1984), is useful in examining how prisoners have agency (the ability to act freely), despite the structural constraints imposed upon them. Indeed, structuration theory *"has special resonance in prisons"* with its emphasis upon the organisation of time and space (Sparks et al., 1996, p.81). Giddens (1984) states that agency is rarely negated completely and that human beings constantly have the capacity to 'act otherwise' even under the most extreme conditions. Engaging in illicit drug taking, for example, demonstrated agency as it allowed prisoners some element of control and power over their situation. By drawing upon Giddens' structuration theory, a more fruitful understanding of resistance, control and power in the prison setting emerges. This kind of theoretical perspective rejects the explicit and implicit claims that prisoners are mortified and stripped of their identities as a result of imprisonment (Jewkes, 2002) and conflicts with Foucault's (1977) ideas, where the power and agency of inmates are de-emphasised (Carrabine, 2004, Sibley and van Hoven, 2009).

The notion of choice in prison has also been explored and addresses Bosworth's (1999) argument that the concept has been neglected in relation to imprisonment. These findings challenge previous understanding and demonstrate a more nuanced view of choice in category-C prisons. For example, pre-prison backgrounds and social circumstances played a role in the men's negotiation of prison life and the perception of choice within the institution. Frequently, individuals from deprived backgrounds found the selections presented to them inside the prison as being beneficial in improving their personal development and supportive of their rehabilitation. Prisons thus acted as 'holding spaces' within which offenders *could* exert some personal choice, and *could* exercise some self-determination and relative freedom. Indeed it is prison where offenders need to start making choices if they are to emerge as 'good citizens' and reintegrate successfully back into the community on their release.

Fundamental values within health promotion, such as control, choice and empowerment, are often perceived to be obstructed within prisons as these collide with security imperatives. This study revealed the multiple ways in which control and choice were withdrawn from individuals through various structural constraints, revealing the immense power inequalities

between the prisoner and the system. However, it also showed a more nuanced understanding of how control and choice within prison is experienced. Whilst empowering prisoners to take control and to make their own decisions has never been an accepted pursuit in prison systems, even regarded as *"morally questionable and politically dangerous"* (The Aldridge Foundation and Johnson, 2008, p.2), there is a growing recognition that prisons should be *"supportive and empowering"* (de Viggiani, Orme, Powell and Salmon, 2005, p.918). If prisons are to embrace health promotion and support a settings approach, then adopting core values is critical to attaining this. Yet, 'power over' individuals can be particularly damaging to health and contribute to a loss of control and disempowerment (Woodall, 2010). Within the prison context, this is difficult to evade as prisons *must* keep the public protected. Nonetheless, this 'power over' must be proportional and kept to an absolute minimum in line with protecting the public.

Empowerment is central to becoming the author of one's own life and being able to control the forces that exist in pathogenic and criminogenic environments. The paradox is that prisons are by their nature disempowering yet are tasked with creating more empowered individuals capable of taking control of their lives on release. Partnership working is critical to the settings-based approach within health promotion (Scriven, 2012) and a major challenge to addressing the problems prisoners face on release is to facilitate connections with other settings. Solidifying and establishing links between the prison and community organisations are, therefore, crucial to the overall success of public health efforts with this socially excluded sub-section of the population. This signifies the need to consider a joined-up settings approach, where the prison setting is not a considered as a detached organisation, but exists as part of a wider interconnected social system (Corcoran and Bone, 2007, Naidoo and Wills, 2000)

Conclusion

This paper explored how two concepts central to health promotion discourse currently apply in the context of imprisonment in three prisons in England. Some have argued that England and Wales lead Europe in policy developments and integration between prison and public health services (Gatherer and Fraser, 2009), and so the findings presented here may not be representative of the situation in other countries where policy and practice may be less well developed (Casey and Mannix McNamara, 2009). Nevertheless, the paper is timely given that calls have been made more generally to re-examine health promotion efforts in prison (Douglas *et al.*, 2009, Woodall and South, 2012).

The health promoting prison is, in comparison to other settings for health promotion, still in its infancy. Major developments have been achieved so far, mainly under the leadership of WHO Europe. However, if a settings approach in prison is truly to move forward, both conceptually and practically, then health promoters should seek to embed the key values of health promotion within the prison setting. The premise for this argument is that prisoners can be conceptualised in two discrete ways – as 'citizens in prison' or as prisoners (Svensson, 1996). A contemporary prison system, embracing the values of health promotion and the settings approach, should embrace the former rather than the latter and equip individuals with the necessary skills to reintegrate successfully back into society. Prisoners often wish to take control and make choices which are beneficial for their own health and rehabilitation and yet systemic barriers can inhibit such decisions. Conditions in the prison setting must empower prisoners through offering responsibilities, choice and control over *their* long-term rehabilitation process rather than deskilling and disempowering those who are imprisoned.

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