(UN)HEALTHY PRISON MASCULINITIES: THEORISING MEN'S HEALTH IN PRISON

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ABSTRACT

This thesis explores the interconnections between masculinity, health and prison. It contests reductionist, individualist and biomedical approaches to health care management in prisons and challenges gender-blindness within criminology and social science where masculinities have been overlooked as key factors of prison culture and organisation. The research set out to explore how masculinities manifest at institutional, social and cultural levels in prison as key determinants of health.

The study was conducted in an enhanced wing of an adult male training prison in Southern England. A reflexive ethnographic approach was used, comprising sustained (non-participant) observation, focus group interviewing, and in-depth, semi-structured interviews with thirty-five inmates and four prison officers.

The research revealed how prison masculinities were produced and performed by inmates and prison staff, and through the discourses and practices of the prison regime. They were manifested at social and organisational levels as key determinants of health – as 'deprivations' associated with imprisonment and as 'importation factors' reflecting inmates pre-prison health status. Values of the institution and those of inmates and staff combined to create a pervasively 'masculine' atmosphere and culture, which adversely affected the physical and mental health of many prisoners.

This thesis recommends that health policy for prisons is developed and organised with consideration to issues of gender and power. The masculine ideology that underpinned the organisational and social fabric of the prison in this study was evident in the attitudes and behaviours of inmates and staff and in the 'progressive regime' advocated by the Prison Service. This research shows that a broad, holistic and 'gendered' view of prison health can provide alternative insight into men's health in prisons, and therefore offer a positive and productive way forward for future prison health policy, in line with the World Health Organisation's Healthy Prisons philosophy.

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This thesis is dedicated to my son, Joe, who arrived on Christmas Eve 2001.

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the Regulations of the University of Bristol. The work was original except where indicated by special reference in the text and no part of the thesis has been submitted for any other degree.

Any views expressed in the dissertation are those of the author and in no way represent those of the University of Bristol.

The thesis has not been presented to any other university for examination in the United Kingdom or overseas.

Nick de Viggiani, September 2003.

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1.0 INTRODUCTION: PRISON, HEALTH & MASCULINITY

This introduction establishes the aims of the research and the research questions. It explains the rationale for conducting the study, and then provides a brief breakdown of the sections and chapters.

The aims of this research were twofold. Firstly it set out to explore whether masculinity/ies are relevant to understanding prison health and thus whether they represent key determinants of health in prison. Secondly, it sought to expand the World Health Organisation's notion of 'healthy prisons' and provide useful recommendations for prison public health policy. These aims were underpinned by three research questions: [1] 'Can masculinities be perceived as key determinants of prison health?' [2] 'Do masculinities affect the health of prisoners?' and [3] 'Can this perspective contribute to prison public health policy?'

The research set out to explore the role of masculinities on health in a men's prison and to develop the notions *healthy* and *unhealthy prison masculinities*. It has drawn principally on social constructionist theories to explain how masculinities and gender power are intrinsically linked to health, from the level of the individual through to the level of the institution. Connell's (1987) theory of 'hegemonic masculinity' has provided the principal theoretical framework, making it possible to explain the links between the hierarchical masculine gender order in male prisons and health and social inequalities, perpetuated and reinforced by a masculine institutional ideology and discourse. Thus, it is argued that health experiences and status can be linked to individual and institutional masculinities within the prison setting.

This research also set out to illustrate the complexity of the notion of 'prison health', shifting beyond a reductionist, biomedical conceptualisation to a broader, holistic perspective derived from a biopsychosocial model of health. The former perspective tends to pathologise, individualise and problematise health, whereas the latter explains health in terms of determinants and prerequisites, which range from physical, psychological, emotional and spiritual factors at the individual level through to social, political, organisational, architectural and economic facets at social and environmental levels. Thus it is possible to refer to the health of groups and institutions as well as that of individuals, and to perceive links between these levels, from the micro through to the macro. It is proposed that prisons are unhealthy environments, particularly being closed, sex-segregated, and involuntarily. Physical and mental health in prison should thus be viewed in terms of broad health determinants and prerequisites.

Prisons tend to be densely populated, sex-segregated environments, making them interesting settings for the study of masculinity. It has been argued that social relations in prison are guided by customs, codes and norms of prison life, which reflect values and beliefs about power, identity, gender, language, communication and morality. The physical and organisational structure of a prison also affects this social fabric. Thus, individual, social, cultural and institutional factors are relevant in explaining the social construction of masculinity within a prison context. Prisoners do not represent a homogenous group of people, though. Their diversity reflects their uniqueness as individuals, plus the range of different human qualities that contribute to their identities, including age, gender, ethnicity, race, class, sexuality, ability, cultural background and geographic origin. It is true that certain demographic groups are over-represented in the general prison population (Singleton et al 1997; Marshall et al 2000; Elkins et al 2001; Home Office 2001c), though such groups may also be viewed in terms of their diversity. Also, different individuals have different experiences and impressions of prison, which relate to their personalities, backgrounds, histories and experiences, some having had more positive or negative experiences of prison than others. The diversity of the prison population means that prisoners have varying health beliefs and susceptibilities to poor health, and share a range of beliefs about manhood. They may identify with particular notions of masculinity that reflect their different cultural, geographical and generational backgrounds. Such diversity suggests that prisoners are likely to respond in different ways to imprisonment and vary in their ability to cope and adjust to prison life. This may correspondingly shape and influence their physical and mental health while in prison.

Section A is divided into three chapters, comprising a literature review on health, masculinity and prison. Each chapter is dedicated to one of three linked theoretical areas, *health and prison*, *health and masculinity*, and *prison and masculinity*. These underpin the rationale for the research and form the theoretical framework. As a whole, the literature review explores the complex issue of 'healthy and unhealthy prison masculinities'. A major challenge that arose in compiling and structuring the literature review was providing balance between these three overlapping conceptual and theoretical fields, since presenting each field in linear sequence could lose the sense of balance. While it was possible to identify connections in the literature between health and prison, health and masculinity, and prison and masculinity, it was difficult to achieve a balanced and logical structure. Thus, the section does have a linear sequence, to some extent based on a prioritisation of themes. Since the initial stimulus for the research evolved from an interest in health within the prison setting, this is therefore the starting point for the literature review. This also makes sense because it enables discussion of the prison system at the outset, given that this was the research setting. Essentially, a spiral structure develops where there is some overlap between the chapters, with the prison setting being revisited at the end of the section. A second challenge was to navigate the complex mass of literature from three very different theoretical and disciplinary fields and find connections and commonalities between them. This review therefore strives to give appropriate weighting to the issues and to achieve relevance in terms of the research questions.

Chapter 2 begins by exploring a substantial literature on health in prisons. Many researchers have suggested that prisoners experience generally poorer health relative to the general population (for example, Chambers et al 1997; Bradley et al 1998; Hall 1999; Smith 2000). While some inmates enter prison in a poor state of health, it has been argued that prison may directly harm the health of inmates (for example, Sim 1990; Power et al 1997; Smith 1998; Hughes and Huby 2000). This chapter therefore proposes that health status in prison is either 'imported' from inmates' respective backgrounds or cultures, or that it arises from the 'deprivations' or iatrogenic properties of prisons. The literature cited in this chapter is taken from a wide range of sources, including mainstream epidemiological research and social constructionist and postmodern critiques.

Chapter 3 discusses the personal, social and structural factors linking health and masculinity. At a behavioural level, Kimmel (1995:vii) has argued that men's health status may in many instances be linked to 'masculine' behaviour, 'masculinity' thus being an important risk factor for ill-health. Masculinity may therefore explain the propensity for males to engage more than females in risky behaviours that place their health at risk. Also, hegemonic social relations among males may bring about social and health inequalities among them. Finally, this chapter suggests that masculine discourses and ideologies characterise the social and organisational fabric of social institutions like prisons, which can negatively impact on health.

Chapter 4 completes the literature review by discussing the links between prison and masculinity, and then developing the notion of 'healthy' and 'unhealthy prison masculinities'. Here it is argued that prisons research has traditionally taken a gender-blind stance. Many important studies of male prison culture, for instance, took for granted the fact that the prisoners in their studies were men (for example, Clemmer 1958; Sykes 1958; Cohen and Taylor 1981), and little attention was given to the question of masculinity. This chapter proposes that masculinity is both an important dimension of prison culture and an important health determinant. Thus, masculine values, beliefs, discourses and ideologies arguably underpin health attitudes, behaviours and policies, placing males in prison a risk of poor health. In this light, it is therefore argued that the 'healthy prisons' philosophy of the World Health Organisation should incorporate this male gender dimension.

The research setting and design are discussed in section B under two chapters. The research was conducted in the enhanced wing of a category C adult male training prison in the South of England. Qualitative research methods were used to develop a reflexive ethnographic research design, based on sustained observation, a focus group and in-depth semi-structured interviews. The principal subjects of the research were male prisoners, though some prison officers were also interviewed. Section C then presents the research findings in five chapters, which reflect the key data categories that emerged from the data analysis, namely *living under a progressive regime*; *inmate-staff relations*; *purpose, worth and occupation*; *inmate social relations*; and *relations beyond prison*.

Each chapter presents a review of key themes and subthemes and analysis of the themes in relation to the research questions.

The final chapter of the thesis presents a closing discussion of the main themes emerging from the research in relation to policy and theory, along with recommendations for future research, policy and practice.

A PRISON, HEALTH AND MASCULINITY: A REVIEW OF THE LITERATURE

This review of the literature explores the overlap between health, masculinity and prisons. It reviews a broad and challenging literature, seeking to explain and analyse the key concepts of health and masculinity in relation to imprisonment, and presents the theoretical rationale and standpoint for the research.

2.0 UNHEALTHY PRISONS? EXPLAINING PRISON HEALTH

2.1 INTRODUCTION

This chapter reviews an extensive literature relating to health in prisons. Firstly, it explores research from the United Kingdom and the United States on the potential harm prisons can bring to inmates, focusing on theories of 'deprivation', 'prisonisation' and 'importation'. Some researchers have concluded that 'deprivation', in various forms, is endemic to carceral institutions, and that over time inmates become progressively socialised into the subculture or code of the institution. Others have argued that the social fabric of prison merely reflects that of the wider society and that many features of the prison community are therefore 'imported'. These perspectives suggest that institutional processes, structures and cultures, combined with the backgrounds and histories of convicted offenders, may have important implications for health and wellbeing in prison. The chapter also reviews epidemiological and sociological research relating to prison health and health care, and provides analysis of the concept of prison health. Finally, the chapter provides an overview of prison health policy for England and Wales.

2.2 DEPRIVATION AND PRISONISATION

Many theorists and researchers from the social and human sciences have argued that prisons essentially deprive inmates of their basic rights and needs, harming them physically, mentally and socially and rendering them powerless and institutionalised. As far back as 1818, Buxton (1818:19) found that prison caused inmates to become "impaired in health, debased in intellect, and corrupted in principles". Similarly Bentham (1864:351-352) argued that:

> "Prisons … include every imaginable means of infecting both body and mind. Consider merely the state of forced idleness to which prisoners are reduced … Want of exercise enervates and enfeebles their faculties, and deprives their organs of suppleness and elasticity."

Likewise, a report on Albany and Gartree Prisons in 1971 concluded that prison:

> "… denies autonomy, degrades dignity, impairs or destroys self-reliance, inculcates authoritarian values, minimizes the likelihood of beneficial interaction with one's peers, fractures family ties, destroys the family's economic stability, and prejudices the prisoner's future prospects for any improvement in his economic and social status." (American Friends Service Committee in Fitzgerald and Sim 1982:149)

Hobhouse and Brockway (1922:561) argued that prison progressively weakened prisoners' mental powers, eroded their characters, rendered them unfit for useful social life and predisposed them to crime, making them liable to reconviction.

Foucault (1977) described the modern western prison as a system of discipline, control and normalisation, designed to forge model citizens for the purposes of market capitalism. But rather than being liberating or empowering, prisons transformed inmates into 'delinquents' or docile subjects to be trained and 'civilised'. This entailed

> "… distributing individuals, fixing them in space, classifying them, extracting from them the maximum in time and forces, training their bodies, coding their continuous behaviour, maintaining them in perfect visibility, forming around them an apparatus of observation, registering and recording, constituting on them a body of knowledge that is accumulated and centralized." (ibid:231)

As well as being normalised by the prison regime, inmates were institutionalised and thereby rendered delinquent and destined to a life of criminality (ibid:301). Three principal mechanisms of control were used. Firstly, inmates were subjected to close scrutiny and constant observation, or *surveillance*. Secondly, they underwent *objectification*, through being categorised, classified and labelled, with the allocation a prison number, a uniform, a security category and being placed in a cell. Thirdly, they were drawn into a process of *self-subjectification*, which involved an obsessive process of self-monitoring and monitoring of others. Consequently, inmates would project an acceptable, conformist 'front' to the authorities and to their fellow inmates (Foucault 1977).

Similarly, Cohen (1979:400) described the modern prison system as 'cruel and brutalising', arguing that it changed the personalities of inmates so much that they were unable effectively to reintegrate into society following release. Cohen and Taylor (1981:87-92) later observed that removal of individuality, autonomy, privacy and dignity caused long-term prisoners to undergo regression to a 'childlike' status.

'Deprivation Theory' is principally derived from the classic ethnographies of Clemmer (1958) and Sykes (1958) conducted in the US. They argued that the effect of prison deprivation was to produce maladaptive attitudes and behaviours in inmates that then characterised an indigenous and entrenched prison subculture. New inmates would invariably learn to conform to the prison subculture, becoming progressively 'assimilated' into the mores and norms of the 'prison code'. According to Clemmer (1958), inmates became regimented and habitual in their behaviour or "prisonised", subscribing to a fixed system of values reinforced by the inflexible regime. They became so immersed in the institutional and social fabric of the prison that they began to resemble it in their attitudes and behaviour,

> "… taking on in greater or less degree … the folkways, mores, customs and general culture of the penitentiary [and becoming] more deeply criminal [and] antisocial." (ibid:299)

Goffman (1961) proposed that assimilation occurred through normalisation and discipline, and Berger and Luckman (1967:72) suggested that inmates became 'institutionalised' as they

progressively accepted the attitudes, roles and world of the majority. Likewise, Glouberman (1990:123) has suggested that even the most recalcitrant inmates eventually succumb to the prison regime and code, since not doing so brings heavy sanctions from fellow inmates and staff. Towl (1993:71) has also suggested that most inmates fatalistically and unquestioningly accept the dominant values and conventions in prison, enforced through the inmate code and the prison regime.

The general consensus in the literature is that 'prisonisation' is harmful. Clemmer (1958) argued that it caused inmates to become more criminally astute and to suffer psychological and emotional deterioration. Goffman (1961:28) suggested that inmates would undergo social, cultural and psychological detachment or "mortification", as they reneged their former identities and roles and became immersed in the alternative social world of prison. Mathiesen (1990:138) has argued that while the rationale of imprisonment is to deprive inmates of freedom, this actually translates into deprivations of control, responsibility and choice and is essentially antithetical to the goal of rehabilitation.

Likewise, Sykes' (1958) argued that prison was essentially a "pathological, repressive and depriving … system of total power" (ibid:xv), and "completely antithetical to modern concepts of psychiatric care" (ibid:15-16). He argued that it deprived inmates of basic rights and possessions, including liberty, goods and services, heterosexual relationships, security and autonomy. In his view, this brought pain, hardship and the threat to their sense of personal worth, self-esteem and self-concept:

> "The individual's picture of himself as a person of value - as a morally acceptable, adult male who can present some claim to merit in his material achievements and his inner strength - begins to waver and grow dim." (ibid:79)

He argued that the deprivation of liberty caused inmates to feel morally rejected by society and could cause the breakdown of important relationships beyond prison. The deprivation of goods and services was also an indictment against their basic value or worth, particularly if they had been family breadwinners. The deprivation of heterosexual relationships he viewed as a form of "figurative castration" through involuntary celibacy that could damage an inmate's identification as a heterosexual male. The deprivation of security caused inmates to feel vulnerable to fellow inmates with violent or aggressive reputations, which Mathiesen (1990) has suggested makes solitary confinement preferable to sharing cells or living in more open conditions. Finally, Sykes argued that the deprivation of autonomy reduced an inmate to a dependent childlike status (Sykes 1958:65-77), a feature noted by Cohen and Taylor (1981:77) with long-term prisoners:

> "Everything has been done for him and to him and in this childlike state, he cannot make decisions any more." (Cohen and Taylor 1981:65)

Mathiesen (1990) has also suggested that the deprivation of liberty hits inmates most acutely in terms of their separation from relatives, particularly when their relationships begin to break down. Several other writers have likewise identified family separation and relationship breakdown as major causes of psychological distress for prison inmates (Richards 1978; Sapsford 1978; Fitzgerald and Sim 1982):

> "For many prisoners, and their families and friends the stresses and strains of maintaining close contact become too great, and the obstacles placed in their way by the prison authorities become insurmountable. Ultimately, prisoners lose contact with the world outside the prison, which makes their eventual return even more difficult." (Fitzgerald and Sim 1982:74)

Also, according to Mathiesen (1990), the deprivation of goods and services not only threatens self-concept as a family provider but also signifies an inmate's loss of control over his [sic] family. Moreover, single-sex incarceration fundamentally challenges the masculinity of male heterosexuals, since women are no longer present as a 'feminine' reference point for their identification as men:

> "Basically, one is shut off from the other sex which by its very polarity gives the world of one's own sex much of its meaning … a diffuse but serious threat is brought to bear on the prisoner's self-image." (Mathiesen 1990:129)

Deprivation theory thus contends that inmates adopt maladaptive attitudes and behaviours as a consequence of prison deprivations. Institutional and social life in prison forces them into roles that suit the regime and identify them with the inmate society. Sykes (1958) noted that inmates adopted a range of self-centred, egotistical "alienative modes" or fronts. He observed those who betrayed or 'grassed up' others for personal gain ("rats"), those who were servile or 'sucked up' to staff ("centre men"), those who used coercion or force to acquire scarce goods ("gorillas") or who pedalled goods in the prison ("merchants"). Some adopted dominant or subordinate homosexual roles ("wolves", "punks" and "fags") and there were others who publicly denounced and defied the prison regime ("ball busters"). Some inmates cajoled or bullied weaker inmates ("toughs") and others put on a tough front to mask their insecurities ("hipsters"). By contrast, a small minority managed to maintain a 'healthier' outlook by being true to themselves, composed and keeping their heads down ("real men") (ibid:87-104).

King and Elliott (1977) found a range of similar personality characteristics among inmates at Albany Prison. For instance, some inmates would exploit others through pedalling and dealing ("jailing") and some strove to secure extra privileges through servility towards staff ("gleaning") or to acquire personal status or gain through servility to respected inmates or staff ("opportunism"). Others used their time in prison to relax and enjoy the comforts it brought them ("secondary comfort indulgence"), while there were those who managed to 'keep their heads down' and earn respect from others for their independence and self-reliance ("doing your bird"). Finally, "uncertain

negative retreat" described those who did not integrate well and tended to become socially isolated or withdrawn. These strategies usually reflected individuals' different criminal and social backgrounds. 'Jailing' and 'gleaning', for instance, were common among more confident, self-assured and 'street-wise' inmates (King and Elliott 1977).

Cohen and Taylor (1981) found that relationships were a crucial determinant of psychological survival for long-term prisoners. Firstly, inmates had to balance their need for friendship against maintaining anonymity and reserve. Secondly, relationships beyond prison were a major source of anxiety for most inmates, particularly if they broke down. They found that inmates sometimes intentionally and 'fatalistically' severed contacts with relatives to minimise the emotional and psychological burden. Time was also a key preoccupation for most prisoners; it was easier to pass the time by 'living for the present' and 'increasing the content of the hours'. Achieving positive social relations with other inmates formed a crucial part of this, while adverse relations with family members outside of prison made the time spent in prison that much more difficult to bear (ibid:101-102).

Sykes' (1958) "alienative modes" were essentially 'survival strategies' that enabled inmates to fit into the prison community. But it is unlikely that such responses brought positive benefits for prisoners, given that they reinforced a social hierarchy or 'pecking order' based on exploitation. Rather, Sykes suggested that this social order could have significant negative health outcomes for inmates' health, as implied in a response from a prison official during his research:

> "The welfare of the individual inmate, to say nothing of his psychological freedom and dignity, does not importantly depend on how much education, recreation and consultation he receives but rather depends on how he manages to live and relate with other inmates who constitute his crucial and only meaningful world. It is what he experiences in this world; how he attains satisfaction from it, how he avoids its pernicious effects – how, in a word, he survives in it that determines his adjustment and decides whether he will emerge from prison with an intact or shattered integrity." (Sykes 1958:36)

Some contemporary researchers continue to advocate the prisonisation approach. Chambers et al (1997:46), for instance, have suggested that prisoners commonly adapt to and cope with prison through adopting tactics common to the prison culture. Stevens (1998:190) has suggested that new prisoners arrive with a 'prosocial orientation' and then become progressively prisonised, particularly under repressive, authoritarian and depriving regimes. A recent Home Office study found that long-term prisoners tended to become increasingly selfish, pre-occupied with trivia, less alert, less likely to attempt new activities, and more dependent on prison staff (Mott 1985:26). Richards (1978:169) found that male prisoners tended to display "self-reliant stoicism" as a means of coping with the deprivations of prison. Banister et al (1973), moreover, found that those serving above-average sentence lengths (over seven years) became slower than short-termers in performing tasks requiring complex psychomotor skills. In a follow-up study, inmates were also found to have

become more introverted, more expressive of their guilt and more self-critical (Heskin et al 1973). A further follow-up study found that emotional maturity appeared to have declined among these inmates (Bolton et al 1976).

Some recent theorists have discussed these negative effects of prison in terms of 'harms'. Christie (1986), for instance, has proposed that prisons symbolically 'deliver pain', or, as Hillyard (2001:7) has suggested, systematically inflict harm by defining, classifying, broadcasting, disposing of and punishing individuals, and delivering a range of physical, psychological, financial and social sanctions or 'harms' that bear little relation to an offence or sentence (Hillyard 2001:7). Some researchers have particularly highlighted the psychological harm prisons can bring to inmates (Fitzgerald and Sim 1982; Walker 1983).

However, others have argued that the 'deprivation' perspective is overly simplistic given that most prison populations are highly diverse, mobile and transient. Hughes and Huby (2000), for instance, have argued that people enter prison with a range of different attitudes, values, beliefs and experiences. This makes it difficult to support the existence of a fixed culture or code, or to be certain that inmates become utterly powerless and dependent. Likewise, Morris and Morris (1963) argued that within the culturally diverse population of Pentonville Prison, prisonisation was difficult to discern. Moreover, some inmates adapted to prison by resisting or rejecting the prison code.

Deprivation theory is useful for analysing the health consequences of imprisonment. The harshness and austerity of prison, as well as the architecture, the facilities, the rules, the regime and the social structure, may all be potentially health-limiting or health damaging. Prisonisation represents the progressive loss of control and disempowerment of inmates, which can have important mental health consequences. Secondly, 'alienative' or antisocial modes of behaviour, such as fighting, bullying, misusing drugs, or becoming withdrawn or sedentary, are clear negative health outcomes. As inmates strive to conform to the regime and the code, and to present an acceptable 'front', they may harm themselves or others. Clemmer (1958:102) argued that inmates can become 'swallowed up' by the system and 'lose their sense of individuality'. For vulnerable prisoners, the 'pains of imprisonment', "directed against the very foundations of the prisoner's being" (Sykes 1958:79), may lead to social isolation and possibly mental or physical illness, disability or injury.

On the other hand, Cohen and Taylor (1981) found that positive social relations among inmates sometimes brought them emotional strength, integrity and positive mental health. Therefore, prison may not be such a wretched experience for all inmates, particularly those with the strength and reserve to maintain some degree of control over their circumstances. Prison populations are also varied, heterogeneous and transient, and contain people from different backgrounds serving

different lengths of sentence for many different offences. This suggests it may be difficult to distinguish particular cultures or subgroups in prisons, and one could therefore be misled by dated accounts of prison life. Nonetheless, these studies provide useful insight into the potential harm prison may bring to inmates' health, associated with particular institutional and social factors, and the strategies prisoners adopt to cope. Coping strategies may consequently bring important positive or negative health consequences.

2.3 IMPORTATION

Unlike deprivation theories, importation theories propose that prison societies share the cultural norms and values of their host societies (Ditchfield 1990:8). Essentially, inmates 'import' the values, beliefs and social norms of their respective communities (Irwin and Cressey 1962), or, as Goffman (1961:23) put it, they enter prison with their "presenting culture".

Irwin and Cressey (1962) distinguished between a majority of inmates that retained loyalty to their presenting culture and a small minority that became institutionalised and drawn into allegiance with the regime and the traditional inmate code. The former included a small proportion who remained isolated from the main community of prisoners, being either staunch individualists who rejected mainstream prison values and norms or weaker individuals who found it difficult to integrate. The majority, by contrast, identified with the more dominant "thief subculture", which generally reflected the values of 'street' criminality (theft and robbery). The latter group, referred to as the "convict subculture", commonly comprised inmates serving longer than average sentences (Irwin and Cressey 1962). Irwin (1970) later revised this typology, identifying three general coping strategies instead of cultural groups. The majority, he suggested, were "doing time" while remaining loyal to their criminal, 'street' fraternity outside prison; prison to them was a suspension of their life outside. A second group used their time in prison to "glean" what they could from prison, such as education or training, while focusing their allegiance beyond prison. Thirdly, a relative minority engaged in "jailing", isolating themselves from the outside world, constructing a life in prison, and therefore committing themselves to the prison community and code (Irwin 1970).

According to Cohen and Taylor (1981:65), emotional adjustment to long-term imprisonment depends on the backgrounds of prisoners, since the degree to which they display psychological deterioration depends on their personal histories, biographies and ideologies. Among their research subjects, they observed a wide range of

> "distinctive lifestyles, a wider spectrum of opinions and ideologies … Reactions to prison were as diverse as their criminal backgrounds." (ibid:160)

Values, attitudes, behaviours and ideologies thus had a strong bearing on how these inmates coped

with imprisonment. Hughes and Huby (2000:457) have similarly argued that individual coping strategies are best explained in terms of inmates' lives before, during and after prison. Similarly, Smith (1998:24) found that the health of female prisoners was profoundly influenced by "factors in their pre-prison lives", most notably, being a single mother, having a history of unemployment, living in poor housing, and having a history of abuse.

Today's prisons are not completely closed systems or 'total institutions', as implied by some earlier deprivation theorists. They have permeable boundaries and transient populations and thus represent microcosms of wider society, despite being institutions. Inmates' backgrounds and 'biographies' therefore play an important role in terms of their 'survival' and coping in prison. So it may be that prisons do not necessarily harm inmates, but that poor health is a consequence of an inmate's own strengths, weaknesses and history.

2.4 EXPLAINING PRISON HEALTH

Evidence for poor health in prisons has tended to arise from epidemiological and sociological studies of health indicators such as drug misuse, mental illness, suicide, HIV, hepatitis B, tuberculosis, diet and nutrition, and violence and bullying (e.g. Gunn et al 1991; Bridgwood and Malbon 1995; Birmingham et al 1996; Brooke et al 1996; Bellis et al 1997; Mason et al 1997). Generally, such research has suggested that prisoners experience varied physical and mental health problems and can share a range of health care needs (Cassidy et al 1998:38). Health trends in prison tend to be similar to those of the general population, but more acute (Tayler 1997:18), though, as Smith (2000:341) has argued, unhealthy or risky lifestyles, particularly unsafe sex and excessive use of tobacco, alcohol and illegal drugs, are more prevalent among prisoners than among the general population. A range of factors have been identified as health problems, although there has been little attempt to explain what should constitute a 'health problem' in prisons or to produce a clear definition of 'prison health'.

Commonly, the concept 'health' is discussed in relation to disease, illness, injury or disability, reflecting the dominant biomedical paradigm, based principally on reductionist and individualist ideologies. This prioritises the efficient function and regulation of the body and mind (Naidoo and Wills 1994), objectifies and pathologises sick individuals (Lupton 1995:70), and ignores the broader determinants of health (Aggleton 1990; Downie et al 1990).

However, the meaning of 'health' derives from the Old English *hæl*, meaning 'whole' (Hoad 1996:212), which translates as soundness of mind, body and spirit, and refers equally to single individuals as to much larger systems. This holistic perspective implies a broader bio-psycho-social meaning, as advocated by WHO in 1946:

> "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." (WHO 1946)

Other disciplines have thus sought to broaden the definition of health, presenting subjective personal, social and cultural accounts of health and illness as alternatives to the objective biomedical perspective (Graham 1976; Cornwell 1984; Seedhouse 1986; Aggleton 1990; Stainton Rogers 1991; Radley 1993; Popay and Williams 1994), thereby reflecting people's unique 'lifeworlds' of health and illness. Thus,

> "the precise meanings of the words health and disease differ from one social group to another or even from person to person. Furthermore the meanings change with time as well as with the environment and ways of life." (Dubos 1980:348)

Likewise, human ecologists have argued that the health of individuals is contingent upon the health of the system or wider physical, social, political and economic environment (Naess and Rothenberg 1989; Capra 1996). Thus, as other researchers have argued, structural economic and political factors are important health determinants (Townsend and Davidson 1982; Whitehead 1988; Acheson 1998). Health is therefore an 'essentially contested concept' (after Gallie 1956), given that it can be defined in relation to different ideas, values, beliefs and contexts. There is no common, clear and uncontroversial definition, given that the knowledge base of health is uncertain and constantly changing (Seedhouse 1986; Fox 1993).

WHO updated its definition of health in the 1980s, recognising its multidisciplinary nature and the diversity of micro and macro factors involved in its conceptualisation:

> "The extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living: it is a positive concept emphasizing social and personal resources as well as physical capabilities." (WHO 1984)

WHO's current strategic approach to public health and health promotion is based on the 'settings approach', which recognises that health improvement requires the health context (setting or environment) to be supportive of health (WHO 1991; Baric 1992). WHO also advocates individual and social responsibility for health through participation and empowerment (Tones and Tilford 1994; Kickbusch 1996; WHO 1998b; Poland et al 2000). A broad range of factors are now recognised as important determinants of health, including economic and political conditions, national wealth and debt, social and cultural factors, education and employment, equity and social justice, welfare and social support, and access to services (Mullen et al 1995; Green et al 2000).

From this discussion it is logical to assume that 'prison health' is also a contested concept. However, prison health care is firmly rooted in a tradition of medical treatment, as Smart (1985:93)

has argued:

> "[The prison] became a laboratory in which the advice and expertise of the medical profession, both physicians and psychiatrists, was geared to reintegrating the confined back to normality. Domination through observation objectified the prisoner as diagnoses began to be made of normality and abnormality and of the appropriate procedures to achieve a rehabilitation … to the norm."

The biomedical paradigm dominated prison health care for more than a century, focusing principally on treatment and regulation of 'abnormality' rather than acknowledging the more important broader health determinants. In more recent times, this has meant that health promotion initiatives have in general tended to be tokenistic and reactionary, geared towards addressing disease targets. Health research has also tended to focus on disease treatment and prevention rather than health promotion. Recent research, for instance, has identified the key health problems for prisons as tuberculosis, HIV, hepatitis B and C, circulatory diseases, asthma, smoking, substance misuse and addiction, serious mental illness, suicide, and self-harm (Tayler 1997; Spencer 2001). These are important and pressing health problems for prisons but they detract from a broader public health policy agenda that could aim to prevent such problems occurring in the first place. The WHO settings approach, by contrast, advocates measures that facilitate the development of supportive and empowering environments for prisoners, and can offer potentially robust health promotion programmes with sustainable health outcomes.

2.5 THE STATE OF PRISON HEALTH

Given that 94% of prisoners in England and Wales are male, of which 60% are under 30 years of age (Elkins et al 2001:1), the range and frequency of health problems among prisoners is similar to that of young male adults in the general population (Marshall et al 2000). However, Hall (1999:8) has found that average life expectancy for male prisoners is significantly lower than for males in the general population. Many reports have suggested that prisoners, on the whole, experience poorer physical and mental health than people in the general population (Bridgwood and Malbon 1995; Chambers et al 1997; Reed and Lynne 1998; DoH 2000; Smith 2000; Fazel et al 2001). The evidence for this is largely epidemiological, derived from surveys of morbidity and mortality. A brief summary of key studies follows to illustrate the more significant trends.

2.5.1 General Health Surveys

Prisoners tend to experience the same kinds of health problems as people in the general population, but use of prison health care services seems to far exceed that of primary care services in the general population (Marshall et al 2000). For instance, prisoners consult a doctor three times more frequently than their counterparts in the general population, and use other health care workers up to

two hundred times more frequently (ibid:73). Thus, in general, prisoners seem to draw on health care services much more frequently than they ever did prior to imprisonment, although this may be for a range of reasons.

In general, prisoners also seem to become more preoccupied with their health than they were before they went to prison (King and McDermott 1995; Cassidy et al 1998), which may explain the high uptake of prison health care services. King and McDermott found that while a minority of prisoners had health concerns before they came to prison, the majority (84%) had physical or psychological health concerns once they had been in prison for a while. They were also more likely to dwell upon and overstate the significance of their health problems. Cassidy et al (1998) found that prisoners' health concerns tended to revolve around diet and nutrition, physical exercise, handling stress, sleeping problems, smoking and managing anger. In their survey of 594 male prisoners, 36% had used the prison health care service, half of these for physical health problems, a quarter for mental health problems, and a sixth for drug addiction. Twenty-nine percent of prisoners had been on prescribed medication when they entered prison (Cassidy et al 1998:36). A significant omission from the study was that no comparisons were provided with the general population. Other studies have, nonetheless, reflected similar morbidity trends.

An extensive survey of the health of male prisoners in a US prison revealed poorer physical and mental health and higher health care service usage relative to the general population (Baillargeon et al 2000:74), with tuberculosis, hepatitis B, low back pain, hypertension, asthma and depression as the most commonly reported health problems.

Smith's (1998:22-23) survey of 214 female prisoners in England found that a high proportion (37%), relative to the general population, reported long-standing health problems or disabilities; most common were menstrual complaints, anxiety and depression, musculo-skeletal complaints, and respiratory complaints. Twenty-eight percent also reported social problems associated with families and children, relationships, money, housing, bereavement, violence and abuse, and half had found it difficult to access support in relation to these problems. Other concerns associated with their confinement included deteriorating physical health (73% of respondents), safety (60%), being moved around the prison estate (58%), deteriorating mental health (57%), release (54%), drugs or alcohol (39%), self-harm or suicide (31%), and sexual relationships (22%) (Smith 1998:22-23). Kenney-Herbert (1999:54) has suggested that while women may experience specific gynaecological, obstetric and maternity-related problems in prison, health problems among female prisoners are otherwise similar to those for males.

Chambers et al (1997) used the SF-36 Health Survey in six Staffordshire prisons, which enabled them to measure subjective responses based on particular health criteria. These included physical

functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, general mental health, social functioning, energy/fatigue, general health perceptions, and perceived change in health (Ware and Sherbourne 1992; Hays et al 1993). For nearly all the criteria, they found that prisoners scored worse than the general population, after adjusting for age and sex, with significantly lower scores for general mental health, social functioning, bodily pain, physical limitations and vitality (Chambers et al 1997).

2.5.2 Physical Health Surveys

A survey of the physical health of prisoners, conducted on behalf of the Directorate of Health Care of the Prison Service in 1994 (Bridgwood and Malbon 1995), compared the physical health of sentenced male prisoners (n=925) in England and Wales with that of the general population. The survey found that male prisoners were more likely to have had a long-standing illness or disability, to have consulted a doctor in the previous two weeks, and to have been prescribed medication. On average, they also had lower body mass indices, one third being classed as overweight compared with half of men in the general population. The most common health complaints among prisoners were musculoskeletal problems, respiratory conditions, anxiety, neurosis and depression, and injuries or accidents. Almost a fifth had had to reduce their normal levels of activity because of illness or injury (Bridgwood and Malbon 1995:1). What seems to contradict these findings, which the authors do not expand upon, was the fact that most inmates rated their health as ‘good’ or ‘very good’. Also, the study did not explain why inmates made heavy demands on the prison health services, nor what factors may have contributed to their health problems.

A similar survey of young male prisoners, aged 16-24, conducted on behalf of the Prisons Inspectorate (HMIP 1997), highlighted the higher prevalence rates of poor health relative to the general population. The study found that 39% of prisoners had longstanding illnesses or disabilities, 21% had respiratory problems, and 10% had musculoskeletal problems. A quarter was taking prescribed medication.

2.5.3 Mental Health Surveys

Mental health in prisons has been much more extensively researched than physical health, which suggests that mental health problems may be more visible or acute among prisoners. Certainly, research suggests that prevalence rates among prisoners are generally higher than among the general population (Caraher et al 1999; Marshall et al 2000).

In their research, Gunn et al (1991) reported significant under-diagnosis of mental illness among prisoners, suggesting that up to a third of male prisoners could be diagnosed with a psychiatric

condition. Such findings have been corroborated by other studies in England and Wales. Birmingham et al (2000), for instance, found that mental disorders were often undetected during prison reception health screening because of unsatisfactory conditions, inadequate staff training and cursory attitudes of prison doctors.

A substantial review of prison health care needs in England and Wales, conducted by Marshall et al (2000), found that almost 50% of all prisoners (male and female) have suffered from neurotic disorders, such as anxiety or depression, and 10% have suffered a psychotic disorder. Brooke et al (1996) similarly identified a range of psychiatric conditions among 750 male remand prisoners they surveyed, of which 74% were judged to require immediate treatment. These included psychotic disorders (4.8% of those surveyed), neurotic disorders (18%), personality disorders (11.2%) and adjustment disorders (7.6%). Thirty-eight percent were also found to have serious drug or alcohol problems (Brooke et al 1996:1524). A research study commissioned by the Home Office and undertaken by the Institute of Psychiatry during the 1980s revealed similar high levels of mental disorder among male remand and sentenced prisoners (Gunn et al 1991; Maden et al 1995).

An extensive survey into psychiatric morbidity among male and female prisoners across England and Wales (Singleton et al 1997) examined the prevalence of neurotic and psychotic disorders, alcohol and drug dependence, personality disorder, deliberate self-harm, post-traumatic stress disorder and poor intellectual functioning among inmates. A staggering 90% of those entering prison were found to have either a mental health problem or a substance misuse problem. Also, around 20% of males and 40% of females had received help or treatment for a mental or emotional problem before prison, and around 15% of males and 30% of females had received treatment or support in prison (Singleton et al 1997:9).

Such studies suggest that while a relative minority of prisoners suffer psychotic disorders, such as schizophrenia, manic depressive illness and drug or alcohol related withdrawal, a much greater proportion suffer neurotic conditions, such as anxiety and reactive depression, and an even greater proportion have misused drugs or alcohol. In the light of this, various studies have highlighted some of the factors that may precipitate poor mental health among prisoners, particularly neurotic disorders and drug misuse. Bradley et al's (1998) review of the literature, for instance, has presented compelling evidence confirming that poor mental health in prison can result from emotional instability and social difficulties. They list a range of factors that may cause inmates to spiral out of control, such as low self-esteem, poor motivation, lack of self-confidence, depression, loneliness, shame, remorse, guilt, rage, anger, fear, despair and unsettled relations outside prison (Bradley et al 1998:50). However, it is not always clear from such studies whether prison precipitates poor health or whether prisoners enter prison with pre-existing health problems; the direction of causality is not always evident.

2.5.4 Suicide and Self Harm

Studies of suicide and self-harm in prison have also been cited as evidence for poor mental health. Suicide, parasuicide and self-harm rates for prisons are much higher than for the general population, with an eight-fold difference in the suicide rate for prisons and a deliberate self-harm rate of one in sixty (Marshall et al 2000:1). The Prisons Inspectorate for England and Wales in 1998 reported a suicide rate of 42 per 100,000 prisoners compared with 15 per 100,000 for males in the general population and 3 per 100,000 for females. Suicides were also highest amongst remand prisoners, particularly white males under 30 years of age (HMIP 1999).

Liebling's (1992) research with young male prisoners highlighted that those most susceptible to self-harm, parasuicide or suicide tended to lack self-esteem and self-worth and coped poorly when under stress. Likewise, Power et al's (1997) research in Scotland suggested that prisoners at risk of suicide were usually those who experienced difficulty coping with prison. Reasons cited for poor coping included difficult circumstances faced before custody which continued to trouble them, serving a long sentence relative to other inmates, difficulty mixing or bonding with other inmates, difficult episodes of psychological or psychiatric treatment, or having a history of alcohol-related problems. For such prisoners,

> "prison was often a friendless environment where difficulty mixing with other prisoners was commonplace … ability to cope with imprisonment was associated with a combination of background or pre-imprisonment characteristics and environmental and situational prison related factors." (Power et al 1997:389-390)

Thus, ability to cope depended on an individual's past experiences, background and life-skills, their emotional state, the prison experience, and their future aspirations. Power et al concluded that positive mental health was best attained though successful integration into the prison community, by interacting with others, forging alliances, maintaining allegiances, engaging in social networks and becoming accepted. By contrast, poor social integration could result in "isolation, rejection, despair and self-injury" (Power et at 1997:390).

2.5.5 Drug Misuse

Drug misuse is frequently cited as a mental health problem in prisons, and, as suggested previously, appears to be a common problem affecting significant numbers of prisoners in England and Wales (Brooke et al 1996; Singleton et al 1997; Marshall et al 2000; Home Office 2001a). Injecting drug misuse is also regarded as a precursor for other health problems including psychotic episodes, overdose, infected injection sites, general health deterioration, and transmission of HIV and Hepatitis (Keene 1997:38). Again, prisoners may enter prison with a drug problem, or they may develop one while in prison.

Research by Hughes and Huby (2000) explored why injecting drug users continue to inject drugs in prison, despite opportunities for detoxification and rehabilitation. They found a series of factors that hindered prisoners' efforts to abstain. These included feelings of vulnerability on first entering prison, problems with relationships inside and outside prison, and being kept on a lower standard of the prison regime. Such factors, they have suggested, tend to worsen the experience of prison and thus increase individual susceptibility to drug misuse with its associated health problems. This study suggests that as well as gearing policy and practice towards the 'drug problem' per se, it would be prudent to address drug misuse as a 'symptom' of a wider health and social problem in prisons.

2.5.6 Violence and Bullying

Violence and bullying are also indicators of health in prison, since they can cause tangible physical and mental health problems for prisoners, including injury and suicide. Like drug misuse, they are also 'symptoms' of social, emotional and mental unease among prisoners, and, as Cooke (1991:97) has argued, they stem from "the interaction of psychological characteristics and situational characteristics". They are therefore 'situationally determined' by factors such as poor staff-inmate relations, inadequate staff experience and training, low staff morale, poor relations between inmates and significant others, poor visiting experiences, overcrowding, lack of stimulation, frustration, high degree of security and control, and administrative uncertainty (ibid:99).

Violence and bullying in prison are commonly perceived in terms of sensational, spectacular or gross forms of interpersonal violence, such as murder or sexual assault (O'Donnell and Edgar 1998). But such a focus

> "… obscures the mundane, day-to-day victimisation which characterises institutional life." (ibid:266)

Rather, as O'Donnell and Edgar (1998) have argued, routine victimisation, in the form of assault, threats of violence, cell theft, verbal abuse and exclusion, characterise the daily lives of many inmates. Similarly, Marshall et al (2000:20) identified routine victimisation as commonplace in prison, with nearly a third of sentenced prisoners receiving threats of violence and theft of belongings, and around 14% experiencing actual violence. Unwanted sexual attention was relatively common among female prisoners (11%) but rare among males (4%).

2.5.7 Summary

Such studies highlight the range and extent of health problems in prisons. Prisoners seem to experience generally poorer health than the general population for a range of reasons intrinsic or

extrinsic to prison. Some individuals cope well in prison, while others appear to be more susceptible to poor health. It may be that prisons are partially culpable with regard to ill-health, which suggests it is not appropriate to place the blame squarely on prisoners for their poor health on account of their perceived unhealthy lifestyles or poor coping ability.

The current government has conceded that "many prisoners have significant health problems" and has therefore pledged additional funding for prisons to treat and prevent the spread of infectious diseases and provide drug detoxification (Home Office 2001b:1). But this policy response is based on a biomedical and pathological model of disease management and fails to acknowledge the broader determinants of health that precipitate such health problems. In 2000, the Department of Health also stated that the most pervasive health problems in prisons resulted from "the adverse health effects of their [prisoners'] lifestyles" (DoH 2000:8). This argument presupposes that prisoners are principally responsible for their health and their 'deviant' lifestyles, and ignores the wider context of health and offending. Surely a prison health strategy that addresses the factors that underlie drug misuse, suicide, self harm and other serious physical and mental health problems would have greater effect in terms of benefiting prisoners and society in the longer term.

2.6 DETERMINANTS OF HEALTH IN PRISONS

Why is the health of prisoners poorer than that of the general population? One way to begin answering this question is to consider whether conditions in prison, whether physical, social, or institutional, precipitate poor health. Thus, while some prisoners enter prison with existing health problems, health problems may also arise or become exacerbated while in prison. Deprivation and importation perspectives may help to explain this.

The former Chief Inspector of Prisons, Sir David Ramsbottom, was a strong advocate of prison health policy that tackled the underlying determinants of poor health. He recognised that offending background, the prison environment, and the quality of prison health care could all impact negatively on a prisoner's health:

> "Prisoners … have health care needs, which are a consequence of imprisonment. Imprisonment restricts access to family networks, informal carers and over the counter medication; the prison environment can be overcrowded and may be violent; prisoners suffer emotional deprivation and may become drug abusers or develop mental health problems whilst incarcerated. Other health care needs may be made more complicated by imprisonment such as the management of chronic diseases like diabetes or epilepsy." (HMIP 2000a:8)

Likewise, Marshall et al (2000) argued that socio-economic background, childhood experiences, stressful life events, adverse experiences in prison, and experiences of victimisation inside and outside prison were important determinants of health. They distinguished five categories of health

problems for prisoners, illustrating how factors within and beyond prison could have a health impact (Marshall et al 2000:18-20):

1. Conditions common in the free community (e.g. epilepsy, asthma, diabetes, infectious diseases, dental health, minor and self-limiting diseases, neurotic disorders).
2. Conditions linked with criminal or delinquent behaviour (e.g. personality disorders, functional psychoses, substance misuse).
3. Conditions linked directly with imprisonment (e.g. neurotic disorders, self-harm, suicide).
4. Conditions linked with poverty, social exclusion and homelessness (e.g. epilepsy, asthma, ischaemic heart disease, dental health problems, and infectious diseases).
5. Conditions that are difficult to manage in prison (e.g. maternity care, certain disabilities).

This typology provides a useful framework for explaining how deprivation and importation factors map onto prison health. The first, third and fifth categories may have associations with prison deprivations and prisonisation, while the second and fourth categories may clearly be identified as 'imported' health problems.

2.6.1 Deprivation Factors as Determinants of Health

The experience of prison itself may thus precipitate health problems or exacerbate pre-existing ones. Indeed, McCallum (1995) has suggested that the health of prisoners may be linked to prison organisation and culture, prison architecture, relationships inside and outside prison, social characteristics and demography of prison populations. The former Chief Inspector of Prisons equated the iatrogenic properties of hospitals to those of prisons, suggesting that:

> "If you stay in hospital for too long you might pick up some infection that is endemic in the structure." (HMIP 2000b:6)

Certainly, particular health problems have been directly linked with imprisonment, such as neurotic disorders, self-harm and suicide (Singleton et al 1997; Marshall et al 2000). Thus,

> "… the prison environment is unique and in some ways – because of lack of privacy, stress, lack of normal social contact and support – potentially harmful to health." (Marshall et al 2000:80)

Caraher et al (1999:8) have described imprisonment as "a traumatic process" that can force healthy individuals "… to a situation where mental illness is one consequence" (Caraher et al 1999:8). Or, as Swann and James (1998:252) have argued, inmates can regress to health-damaging behaviour, particularly if they have a history of drug misuse.

Marshall et al (2000:19) identified a range of determinants of poor health in prisons, including loss of privacy, overcrowding, social isolation, restrictive and repetitive routine, low stimulation, and social hierarchy among inmates. Such conditions lead to boredom, maladaptive behaviour and victimization (Marshall et al 2000:19). Bradley et al (1998:50) argued that prisons are essentially

"negative, barbaric and counterproductive" institutions, and Sim (1990:ix) described imprisonment as "double punishment for the confined". He argued that prisoners are not only deprived of their liberty, but endurance of physically decrepit and alienating regimes can cause significant psychological and physical distress for inmates (Sim 1990).

Andersen et al (2000), in their study of the use of solitary confinement with remand prisoners, perceived different levels of stress among prisoners, which depended upon the conditions in which prisoners were incarcerated. The use of solitary confinement in particular gave rise to higher incidences of psychiatric morbidity, characterised by depression and disorders associated with poor adjustment.

Cohen and Taylor (1981) found that long-term male prisoners tended to exhibit a range of psychological and social problems arising from their imprisonment. In particular, they would become deeply absorbed by their relationships beyond prison, which could then become a tremendous emotional burden. Physical separation could result in insecurity and paranoia, and as anxiety and concern escalated, some inmates would consciously choose to break contact with their relatives:

> "There may almost be some fatalistic relief in reducing the emotional reliance upon outsiders. It increases the individual's autonomy; it ensures that the absence of visitors and letters is not a recurrent worry, and that such absences do not provide opportunities for patronizing sympathy by officers." (Cohen and Taylor 1981:78)

In this regard, Farber (1944) found that inmates who maintained either low contact or high contact relationships outside prison coped significantly better than those who maintained medium contact relationships. Generally, inmates found it easier to break off relations. Correspondingly, Cohen and Taylor (1981) found that inmates would tend to develop strong emotional relationships with fellow inmates with whom they could share their personal problems:

> "A single personal relationship may be called upon to sustain the various functions which would be spread across several other friends in outside life … Inevitably the relationship is very close." (ibid:85-6)

If an inmate's confidante was then discharged from prison, he would commonly feel a deep sense of loss.

The health effects of imprisonment depend to some extent on the stage and length of an inmate's sentence. Most prisoners, it has been suggested, experience high levels of emotional distress at the beginning of their sentences, making this a particularly vulnerable time, before they become accustomed to the routine of prison. Indeed, suicides in prison occur most frequently within the first few weeks and months of imprisonment and self-harm among young offenders tends to be most common during the early stages of a sentence (Marshall et al 2000; Ireland 2000b). This may

be linked to the fact that up to two thirds of unsentenced prisoners do not expect to be sent to prison and are unprepared for the experience (HMIP 2000b:26). Sapsford (1984) has suggested that early in their sentences prisoners expend much nervous energy trying to cope with prison, often avoiding interaction with others and becoming heavily preoccupied with their release dates.

2.6.2 Importation Factors as Determinants of Health

Spencer (2001:18) has argued that "… the seeds of poor health are sown for the majority long before they entered an institution". Thus, some individuals begin their prison sentences with pre-existing health problems that may have even precipitated their criminal behaviour (Marshall et al 2000). They may, for instance, have a drug misuse problem or a personality disorder. Indeed, Fairhead's (1981) research suggested that outside prison, impaired social functioning and mental disorder were common among persistent petty offenders, who also comprised the majority of the prison population. Likewise, other researchers have argued that prisoners enter prison in poor physical and mental health on account of having poor access to health care, minimal incentive to take preventive health action, and with histories of risky lifestyles (Krefft and Brittain 1983; Raba and Obis 1983; Marquart et al 1999). This is interesting in the light of the earlier research cited from Irwin (1970) and King and Elliott (1977) who found that the majority of prisoners adopt a *jailing* mode while in prison. It may be that there is significant overlap between persistent offenders who fit in well to the prison subculture and who share a range of pre-existing physical or mental health problems that they bring with them to prison.

Marshall et al (2000) have also referred to the well-established link between poverty, social exclusion and health, which they have argued merits important consideration with regard to the demographic make-up of the prison population. Smith (2000:351) has indeed argued that most prisoners are from socially excluded groups and hence the health risks they face in prison stem from a wider social environment of inequality and disadvantage. Prisoners may therefore be more likely to resort to drug misuse, self-harm or disorderly conduct while in prison (Smith 2000). Short (1979) has remarked with passion on this issue, describing the prison system as

> "… the repository of the failures of our social system – of education, housing, religion, mental care, all of which fail to treat or help the thousands of inadequate personalities in our midst." (HMIP 2000b:6)

Needless to say, the unemployed and undereducated are over-represented in the prison population. Also, while only a minority of prisoners have been previously engaged in productive work, a very high proportion were previously either unemployed or long-term sick. Almost half of prisoners have no educational qualifications and a small proportion have been educated to A-level or beyond. A significant minority has been homeless and a similar proportion has lived in insecure accommodation (Marshall et al 2000:18).

Poor health may also be linked to important childhood influences. Compared with the general population, a very high proportion of prisoners has formerly lived in local authority care or other state institutions as children, or they have attended special schools (Singleton et al 1997). Also, most prisoners have experienced three or more stressful life events at some time in their life, the commonest being bereavement, relationship breakdown, expulsion from school, running away from home, redundancy and money problems. Many women prisoners in particular have experienced domestic violence (ibid).

Similar trends have been noted among young offenders (aged 15-21) who form a particularly vulnerable, socially-marginalised group (Home Office 2000b). Of these, a substantial proportion have lived in local authority care and most have underachieved in school, over half having been excluded from school and most never having had a job. Most young offenders have also misused drugs or alcohol (Home Office 2000b). Associated problems include difficulty maintaining good family relations, having parental responsibilities, physical, sexual or emotional abuse as a child, and recent loss or bereavement (Home Office 2000b).

Smith (1998) found that prison would exacerbate social problems for female prisoners, particularly through separation from their families and children. Progressive breakdown of relationships would then lead to health problems:

> "While these are not medical problems *per se* they often become so when they cause, as they inevitably do, stress and anxiety, and the woman prisoner who finds herself beset by concerns, who is no longer able to cope or is unsure about where to get help from is likely, eventually, to head for the prison health care service." (Smith 1998:24)

Importation factors can therefore be highly significant in terms of explaining the health status of prisoners. Social inequalities may also contribute to and exacerbate poor health, given the evidence linking socio-economic status and health (Townsend and Davidson 1982; Whitehead 1988; Wilkinson 1996; Acheson 1998).

2.6.3 Summary

Research suggests that the health of prisoners may be affected by significant importation and deprivation factors associated with imprisonment. Studies in Britain and the US have suggested that prisons can bring physical, psychological or social harm to prisoners, whether as direct assaults to their physical constitutions or in terms of more insidious effects on personality and behaviour. It would probably be an overstatement to suggest that such effects are generally pervasive and lead to deteriorating health for all prisoners. Instead, some groups or individuals are arguably more vulnerable than others, for instance, remand prisoners, foreign nationals and young offenders. Other factors that may influence vulnerability include type of prison, nature of offence, length of

sentence, stage in sentence, personality, social skills, relations outside prison, as well as many of the deprivation and importation factors discussed previously. Prisoners with pre-existing health problems or disabilities face the added challenge of managing their condition under difficult circumstances. As well as these conditions associated with imprisonment, the prisonisation process may be important in terms of fostering alienative attitudes and behaviours such that inmates learn to conduct themselves in ways that are fundamentally health damaging or risky.

2.7 HEALTH POLICY FOR PRISONS

The 'Statement of Purpose' for the Prison Service for England and Wales states:

> "Our duty is to look after them [prisoners] with humanity and help them lead law-abiding and useful lives in custody and after release." (Home Office 1991a:3)

The Prison Service is also bound by the United Nations Convention on Human Rights, which states that prisoners should be treated with dignity, valued as human beings, and have access to health care services; prisons also have a responsibility for promoting health (UN Secretariat 1990). However, recent reports by successive Prisons Inspectors have concluded that the Prison Service is falling short of these basic principles. In 1999, for instance, the Chief Inspector of Prisons highlighted the appalling and inadequate health care facilities at Feltham Young Offenders Institution and, in 2000, the lack of care for male prisoners at Wormwood Scrubs:

> "The wilful neglect of even the most basic needs of unsentenced prisoners by certain members of the staff … is distasteful an example of unacceptable attitudes towards prisoners as I have come across." (HMIP 2000a:4)

Criticisms regarding the health and welfare of prisoners have been levelled at prisons across England and Wales for many decades, despite claims that conditions in prisons have improved over the years.

2.7.1 Prison Health Care

The Health Care Service for Prisons replaced the Prison Medical Service in 1992. This was the start of a reform process planned to integrate prison health care with the National Health Service internal market system. It meant that health care services would be delivered by community-based NHS practitioners instead of the former Prison Medical Officer and prison medical staff employed by the Prison Service (Sim 2001).

Under the former system, the Prison Medical service had been responsible for "the care of the physical and mental health of prisoners and supervising all those aspects of prison administration which affect health" (Home Office 1968:17). However, to date, while the Prison Health Care

Service is responsible for primary and secondary health care in prisons, broader health and welfare issues continue to be the responsibility of prison officers, sentence management teams, the Probation Service, and other personnel employed by the Criminal Justice System.

Under the new Labour government, a Joint Prison Service and National Health Service Executive Working Group was established in 1999 to make recommendations for the organisation and provision of health care in prisons. It suggested that responsibility for health care should be shared between the Prison Service and the National Health Service. It was also suggested that prisons should draw on expertise from health authorities to assist them in assessing prisoners' health care needs (DoH 1999a). The Government then published *The Future Organisation of Prison Health Care* in 1999, formally proposing a partnership between the Prison Service and the NHS to drive forward improvements in health services for prisoners over a 3-5 year time-scale (HM Prison Service and DoH 2001). Subsequently, the Prison Health Policy Unit and Task Force were set up in 2000 to improve the standard of health care in prisons and improve prison health. They are joint Prison Service and NHS Executive Units that report to Home Office and Department of Health Ministers through the Director General of the Prison Service and the Chief Executive of the NHS Executive (HM Prison Service 2000).

An extensive literature has examined the role and effectiveness of prison health care services and the former Prison Medical Service. Prison health care services are principally geared towards the treatment and care of prisoners with physical or mental illnesses or disabilities. However, as the previous discussion has shown, physical and mental health problems in prisons can arise from emotional and social problems that manifest while in prison, particularly early in a prisoner's sentence, or they may be exacerbated by imprisonment. In 1998/99, prison health care staff in England and Wales handled 2.4 million consultations with inmates, 65% of which were with a nurse or health care officer, 27% with a prison doctor, and 9% with a visiting NHS specialist (DoH 2000:8). This is a staggering statistic given that the total prison population in 1998/99 was in the region of 66,000 (Elkins et al 2001:3). It suggests that in one year a prisoner on average visited a prison health care centre thirty-six times. It is therefore probable that prisoners attend health care centres for reasons beyond immediate physical or mental health problems, and that prison health care services may not realistically be able to address the broader, more complex health needs of prisoners. There is certainly a body of research that corroborates this.

In a qualitative study using focus groups, Greenwood et al (1999) found that health issues considered important by professionals, such as HIV or drugs, were not overriding concerns for prisoners. Rather, more fundamental health issues, such as dental health, mental health and relationships, were significantly more important to them. Cassidy et al (1998:36-37) explored the health needs of 594 short-term prisoners, aged 20-29 years, in two English prisons, and found that respondents in general felt that the health care services provided by their respective prisons were

unresponsive to their needs. When asked whether sufficient time was provided to discuss their health on first arriving at prison, 57% reported that there was not (Cassidy et al 1998:37). Similarly, in their earlier study of British prisons in the late 1970s, Fitzgerald and Sim (1982:85) described the commitment of prison health care staff to inmates as "… brief and cursory, with prisoners given little time to explain their symptoms". Hughes (2000a) has argued that prisoners have such a diverse range of health and health care needs that prison health care services are rarely able to meet them. Moreover, the individual's status as 'a prisoner' comes before his or her status as 'a patient'. This was a recent concern of the former Chief Inspector of Prisons, who posed the question: 'Are the sick in prison to be treated as patients or prisoners?' (HMIP 1996:1). Hughes (2000b) has suggested that this confusion results from the conflict of interest between custodial duties of prisons and their health care duties.

Conflict of interest between the health needs of prisoners and the custodial needs of the Prison Service have been documented extensively by Sim (1990). He argued that not only do the alienating and physically decrepit conditions of prison contribute to "psychological distress" (p.ix), but, historically, the poor and frequently inhumane quality of medical care received by prisoners has further contributed to the deteriorating health of prisoners. Through reference to Patton (1979), Foucault (1977) and Smart (1985), Sim proposed that the former Prison Medical Service merely contributed to the punishment and discipline of the inmate. Patton (1979:121) indeed suggested that the professional groups that staffed prisons, including Medical Officers, were primarily appointed to instil discipline, or, as Smart (1985:93) argued, to 'rehabilitate to the norm'. Thus, historically, prison health care has reflected a somewhat punitive medical discourse on health, with medical power in prisons dominating prison policy and practice regarding treatment, care and rehabilitation of offenders (Sim 1990:181).

Malloch (2000:363) suggested that because the boundaries between health care and custody have been so ambiguous, prison health care staff have tended to prioritise discipline and security above health care. Furthermore, Hudson (1993) suggested that increased efforts to contain prisoners more securely have resulted in the rehabilitative ideal of the Prison Service, together with its duty of care and humanity, becoming seriously compromised. This means that efforts to introduce more progressive, preventive and holistic policies and practices in prisons may be unattainable.

In April 2000, the Prison Health Policy Unit and Task Force published a Developmental Work Programme to bring about improvements in the health care delivered to prisoners by 2003. Based on a programme of prison visits, feedback from NHS and Prison Service staff and a series of pilot health needs assessments, three key areas for action were identified: the development of clinical services; the development of the workforce; and the development of performance management. Specific projects were developed in each of these key areas. For clinical services these focused on mental health services, primary care development, health promotion, dental services, pharmacy

services, reception health screening, health care standards, harm minimisation, and substance misuse. For workforce development these focused on nursing and medical staffing. For performance management there were specific projects examining clinical governance, performance monitoring, and health information systems and policy (HM Prison Service and DoH 2001). It is too early to report on the effectiveness of this new government strategy to improve health in prisons, but if policy makers continue to ignore the broader determinants of health in prison, then such initiatives will fail to transform prison health beyond the relatively narrow margins of disease management.

2.7.2 Healthy Prisons

Target 14 of the WHO *Health For All 2000* declaration stated that

> "All settings of social life and activity, such as the city, school, workplace, neighbourhood and home, should provide greater opportunities for promoting health." (WHO 1985)

In 1987, WHO (Europe) established the Healthy Cities Project, aimed at operationalising the WHO settings approach (Ashton 1992). In the 1990s, WHO (Europe) established the European Network of Health Promoting Schools, and subsequent projects, developed in collaboration with the governments of European member states, have established projects for workplaces, communities, hospitals, primary care, higher education and prisons. The previous government, in its Health of the Nation strategy, made a political commitment to health promotion in prisons (DoH 1992), acknowledging that "security and control must be kept in balance with justice and humanity" (Home Office 1991a:para.13). The Prison Health Policy Unit and Task Force was established under the successive government to oversee new developments in prison health care, and to develop health needs assessments and health promotion strategies that reflect priority areas in the government's health strategy for England, *Saving Lives: Our Healthier Nation* (DoH 1999b).

The Health in Prisons Project was established in 1995 by WHO Europe in collaboration with the Directorate of Health Care of the Prison Service for England and Wales (WHO 2000). The stated aims of the Project were to develop strategies that addressed the determinants of health in prisons and prioritise health improvement (WHO 2000):

> "The target audience is not only prisoners, but also staff, prisoners' families, and local communities. Equally health promotion and disease prevention are not just the responsibility of the clinical professionals within the prison, but can, and to be effective should, be built into every branch of prison management to create a whole climate for improving health." (WHO 1996:1)

WHO (1998a:2) highlighted safety, personal fulfilment and dignity as important prerequisites for health in prison. The Health in Prisons Project was endorsed by the Prisons Inspectorate in 1999, which called for prisons 'to become healthy in the fullest sense' through the promotion of safety,

respect, purposeful activity and resettlement (HMIP 1999). In 2000, the Prisons Inspectorate recommended a range of initiatives aimed at providing prisoners with a positive outlook on their time in custody (HMIP 2000b:106-109):

> Care and sensitivity at the start of their sentences;
> Health risk assessments throughout their sentences;
> Open communication of information;
> Active prevention of bullying and intimidation;
> Courtesy and politeness from staff;
> Fair treatment;
> Clean and decent living conditions;
> Appropriate health care;
> Purposeful and predictable regimes;
> Adequate preparation for release;
> Efforts to maintain satisfactory relations with families, friends and communities.

These would only be possible with certain fundamental strategic changes, including the elimination of overcrowding, the provision of adequate physical recreation facilities, a positive attitude towards change among prison personnel, and the transformation of the 'culture of disengagement' with prisoners into one of engagement and reciprocity (HMIP 2000b:110-111).

The Director General of the Prison Service has suggested that measures to improve health in prisons will make an important contribution to developing positive prison regimes:

> "If we can use the period of a prison sentence to promote the health of inmates, whether by enabling them to free themselves of the tyranny of an addiction to drugs or alcohol, or by helping them to ensure that they do not become infected by HIV or Hepatitis, or by helping them to cope with their mental distress, then we are really serving the community and fulfilling all the parts of our Statement of Purpose." (HM Prison Service 1997:2)

However, these positive endorsements of the 'healthy prisons' approach are unlikely to translate into effective strategies for change without significant reform of the way prisons are managed and prisoners are treated. Indeed, Marshall et al (2000:80) have argued that a progressive health agenda for prisons can only emerge through commitment from prison managers who dictate prison policy. This requires them to automatically consider the health implications of existing and planned prison policies and practices. Also, as Smith (2000:349) has argued, while prisoners are held in overcrowded conditions, with poor facilities, few opportunities, high levels of stress, and increased surveillance and control, their health is likely to suffer. Risk behaviours, such as drug misuse, smoking and violence are likely to arise as techniques for coping with the conditions of prison. Thus, an unhealthy lifestyle in prison should be viewed as "an *effect* rather than a *cause* of the problem" (ibid:349). Health promotion in prisons should therefore aim to challenge the collective and structural determinants of poor health rather than concentrate on individual resolutions (ibid:351). Marshall et al (2000:24) have produced an extensive list of health promotion needs common to prisoners (Figure 1), which illustrates how many health needs are not directly linked to physical or mental health problems, but essentially reflect prisoners' everyday living needs.

Figure 1. Health promotion needs of prisoners
(adapted from Marshall et al 2000:24).

Needs Common to all Prisoners

- Advice on avoiding sexually transmitted diseases, HIV & Hepatitis.
- Hepatitis B immunisation.
- Advice on avoiding drug overdose on leaving prison.
- Protection against harm caused by smoking.
- Appropriate levels of physical activity.
- A balanced diet.
- Adequate association time.
- A meaningful occupation (work, education, artistic activity, physical education).
- Contact with the outside world and help to maintain family ties.

Needs Common to Most Prisoners

Psychological Skills Training	Cognitive behavioural skills training. Activities to improve self-esteem. Thinking skills. Anger management.
Practical Skills Training	Job search skills. Parenting education. Advice on selection and cooking of food.
Health Related Education	Dietary advice. Advice on exercise and smoking.
Specific Health Promotion Interventions	Access to listeners or equivalent. Support to give up drugs, alcohol or smoking.

Needs Common to Some Prisoners

- Immunisation against TB, pneumococcus or influenza.
- Advice on specific conditions
  (e.g. minor illnesses, diabetes, epilepsy, asthma, the menopause, sickle-cell disease).
- Access to equivalent cancer prevention and early detection advice and services.

2.8 CONCLUSION

It is difficult not to view the prison as the antithesis of a healthy setting, given the range of factors associated with imprisonment that may potentially harm a prisoner's health. Prisons are meant to take control away from prisoners, initially through the reception and induction processes, and then through the security and control measures instituted through prison procedures. The 'processing' of the prisoner is in itself disempowering and antithetical to the principles of health promotion. In addition, the architecture, organisation, regime, facilities, services, occupations, social arrangements and subculture can all have negative impacts on prisoners' health, particularly in terms of their self-esteem and self concept. Indeed, Bradley et al (1998:53) have argued, rather

naively perhaps, that unless prisons become places of healing and reconciliation, based on the spiritual values of love, truth, honesty, compassion and courage, they will remain distinctively barbaric, unhealthy places. Marshall (1997:3) has suggested that prisons with good atmospheres and records of good order and discipline tend to have good environments, flexible regimes, and attractive incentives and work opportunities for prisoners. The Home Office (2000a:46) recently acknowledged that the conditions in some prisons in England and Wales were very poor and announced that measures would be undertaken to provide "decent, humane regimes and adequate and appropriate training and employment programmes", as a means of making prison work better to prevent re-offending.

The Health in Prisons Project, based on WHO's healthy settings approach, offers a potentially radical and complex agenda for addressing the health of *prisons*, as well as that of *prisoners*. This approach acknowledges the context of health and illness, thereby enabling a shift from the reductionist, biomedical perspective that is pathological and individualistic and potentially harmful in its neglect of the broader determinants of health and illness. As Smith (1999) has argued, prison health care has for too long been out of date, following a 'medicalised' model of care, focused on illness rather than health. Moreover, as Caraher et al (2002) have suggested, health promotion in prisons remains an under-resourced activity and the concept and practice is poorly understood.

Commitment to health in prisons will require real changes in values and ideology, particularly with regard to the way prisoners are processed through the prison system. As Tayler (1997:19) has argued, health will have to become a central consideration in the management of prisons.

3.0 UNHEALTHY MASCULINITIES? EXPLAINING MEN'S HEALTH

3.1 INTRODUCTION

This chapter discusses the significance of 'masculinity' to the study of men's health. It explores the concept of masculinity, drawing on a range of theoretical perspectives and providing critical analysis of traditional sex and gender role theories and more contemporary social constructionist perspectives. A review of research on men's health is then developed, which draws on epidemiological and sociological evidence. Finally, the chapter discusses possible links between health and masculinity, exploring the arguments that men's health may be linked to men's perceptions of themselves as men, the way they perform or express their masculinity or manhood, and whether certain 'masculinities' may be intrinsically bad for men's health.

3.2 THEORIES OF MASCULINITY

3.2.1 Traditional Perspectives on Masculinity

Traditional thinking on masculinity has been derived largely from psychology, with sex and gender role theories dominating the social science literature during the mid- to late twentieth century. Such theories have offered useful insight into the identities and roles of men and women. While such perspectives may be regarded as outdated, they continue to influence current theories of gender and masculinity, and are still referred to by social scientists in their research. Sex and gender role theories generally fall into three categories, sex role and trait theories, internalised gender role conflict theories, and masculinity ideology theories (Helgeson 1995).

Sex role and trait theories propose that individuals conform to particular masculine or feminine roles or exhibit certain masculine or feminine traits in their everyday conduct. Bem's (1974) Sex Role Inventory (SRI), for example, measured the personalities of men and women against sixty 'masculine' and 'feminine' characteristics or traits on a seven-point scale, illustrating their preferences for the masculine or feminine 'dimensions' (Bem 1974). Likewise, Brannon (1976:1-45) distinguished four behavioural traits as characterising normative masculinity: acting 'tough' ("no sissy stuff"), acting superior ("the big wheel"), displaying independence and self-reliance ("the sturdy oak"), and using aggression or violence ("give 'em hell").

Internalised gender role conflict theories propose that boys psychologically internalise the normative 'masculine gender role' as they proceed through primary and secondary socialisation.

Roles, traits and emotions that are believed to conflict with the male role are treated as taboo and therefore rejected or 'blocked out' (Seidler 1997). Consequently,

> "… as men we grow up fearful of the revelations of our inner natures, for emotions are deemed to be 'feminine' and so threatening to male identities … this blocks men in developing an inner connection with themselves and often creates a gap between the ways men might be feeling inside and the ways they present themselves even to those closest to them." (Seidler 1997:xi)

Gender role may become threatened, for instance, by redundancy or disability, and bring psychological stress to the individual as he struggles to retain his masculine status. Such individuals may experience loss of self-esteem, a sense of inadequacy and damaged self-concept (Seidler 1997). In this regard, Eiser and Skidmore (1987) developed the Masculine Gender Role Stress Scale to measure the degree to which certain situations become stressful for men when they conflict with their male gender role.

A similar theoretical perspective is **Masculinity Ideology Theory** (after Pleck et al 1981), which proposes that society endorses particular normative beliefs about the masculine gender role, which then become internalised by men. These include having a dominant social status, being 'tough' and not being 'feminine' (Good et al 1994:3; Helgeson 1995; Sinn 1997:117). According to Pleck (1981), for some men, endorsement and internalisation of traditional gender roles can precipitate dysfunctional attitudes or behaviours, such as violence, aggression, misogyny or homophobia.

Essentially, these theories assume that men internalise normative masculine values and beliefs that are reflected in their conduct and behaviour. Pleck (1981:4) argued that men become 'programmed', learning their sex role as a normal part of their psychological development. Likewise, Klapp (1969) described this as a process of initiation, where boys engage in strenuous or dangerous risk-taking rituals to prove themselves as men. In this sense, Shilton (1999) has described this as 'the real man' phenomenon:

> "… men admire and aspire to be like male icons … and seek compensatory experiences that offer masculine validation such as physical contact sports and risk-taking behaviour." (Shilton 1999:55)

Likewise, Jome and Tokar (1998) found that ambitious men who pursued more traditionally male-dominated careers

> "… endorsed significantly more traditional masculine values and behaviors, would report more homophobic attitudes, and would report greater gender role conflict, … endorsed anti-femininity and toughness norms, reported difficulties concerning restrictive emotionality and restricted affectionate behavior between men." (Jome and Tokar 1998:129)

Shilton (1999:54) has characterised the traditional male gender role as 'combative, competitive, physically active, strong, coarse and independent', while White et al (1995:166) have described it

in terms of “traits such as discipline and endurance”. Pleck (1976) identified what he termed ‘higher order masculine traits’, associated with power and achievement, such as cognitive ability and interpersonal skills. Such theories tend to problematise the failure of men to achieve a normative masculine role or identity, and may provide useful insight into why some men become insecure about their identities, or suffer ‘sex role strain’ (Pleck 1981) perhaps following a significant life event, such as redundancy, illness or disability.

Sex and gender role theories can be criticised on a number of fronts, though. Firstly, such theories are reductionist in their attempt to define manhood and represent ‘the typical male’ (Carrigan et al 1987). The crude stereotypes conjured up by traits and roles are unrepresentative of most men (Gordon 1995) and oversimplify the complex, multiple identities that characterise males, which are derived from broader cultural variables such as ethnicity, race, class, age, locale and generation (Goodey 1997).

Preoccupation with sexual difference also promotes and reinforces gender polarisation around male and female sex. This precludes consideration of alternative interpretations of gender, such as female masculinity or male femininity. Indeed, masculine and feminine traits have been shown not to be exclusive to one or other sex (Butler 1992; Finlay and Scheltema 1999).

Finally, it is argued that a normative male gender role is neither attainable nor aspired to by most males (Jackson 1990; Gordon 1995). Those who do aspire to it tend to be in a minority and find themselves frustrated by the limited opportunities it brings (Shilton 1999:54).

Despite this range of criticism, sex and gender role theories are still commonly referred to, with normative masculine roles and traits often linked to men’s health behaviour. Most contemporary social science theories of masculinity also arose from this earlier psychosocial discourse on masculinity.

3.2.2 Deconstructing Masculinity

Like health, ‘masculinity’ has a contested meaning and a variety of interpretations. Middleton (1992:152) has suggested it may be defined as a discourse, a power structure, a psychic economy, a history, an ideology, an identity, a behaviour, a value system, or even an aesthetic. However, the term ‘masculine’ is commonly used to describe male gender, while ‘masculinity’ denotes the manifestation and performance of the male gender role or identity. Likewise, ‘gender’ is a contested concept, which Freud (1953:219), for instance, described as “among the most confused [concepts] that occur in science”. Commonly, ‘gender’ is defined as the social and cultural conditioning as a male or a female (O’Donovan 1985; Weeks 1985). In this sense, sexual identity is

not so much a consequence of biology as of social and cultural environments (Butler 1992:1; Connell 1995:5), making gender "one of the primary axes around which social life is organized" (Kimmel 1995:viii).

Gender is therefore more complex than a simple sex dualism or differentiation between males and females. Male and female sex categories are not simply analogous to singular, unambiguous male and female gender identities. Rather, different gender identities and roles occur within the sexes, with frequent overlap between the sexes linked to variations in social and cultural factors such as geography, ethnicity, race, class, age and sexuality (Messerschmidt 1993; Doyal 1995; Haywood and Mac an Ghaill 1996; Cowburn 1998). As Kimmel (1995:viii) has argued,

> "Different groups within any culture may define masculinity and femininity differently, according to subcultural definitions."

Gender is therefore a *permanently contested concept* (Butler 1992:1), and 'masculinity' and 'femininity' represent many different social and cultural contexts and trajectories (Newton 1994; Mills and Lingard 1997).

As with health, there has been extensive debate regarding the dominance of a biomedical perspective on gender. The male-female sex dichotomy has become regarded as simplistic and inappropriate, having an essentialist and reductionist biological basis (Butler 1992; Newburn and Stanko 1994; Connell 1995; Hearn 1996; Collier 1997; Sinn 1997; Collier 1998), rooted in outdated discourses, authorities and systems of knowledge (Foucault 1977; Connell 1995). Foucault (1977:25) argued that such reductionism merely enabled scientific, medical and legal experts to assert their authority over the body by normalising sex and controlling physical, mental and social function. Thus, as Harding (1997:146) has argued,

> "a universalised and naturalised version of the sexed body has been produced and perpetuated through medical discourse."

'Masculinity' has thus become historically normalised as an uncontested concept (Collinson and Hearn 1994; Kimmel 1996) and "all-pervasive reified ideal type" (Newburn and Stanko 1994:2). In this sense, it identifies men as a homogenous group (Brittan 1989; Hearn 1996; Kimmel 1996; Collier 1997; Cameron and Bernardes 1998), and "distils the aggregation of activity of men in the social world into one neat word" (Hearn 1996:202). It has been argued that this has perpetuated and reinforced a dominant, heterosexist, masculine ideology (Brittan 1989; Collier 1997) that

> "… justifies and naturalises male domination …, [assumes] a fundamental difference between men and women, … assumes that heterosexuality is normal … and sanctions the political and dominant role of men in the public and private spheres." (Brittan 1989:4)

It has also been suggested that feminist theories of patriarchy have contributed to this masculinist ideology by conceptualising men as a unified, superior group (Messerschmidt 1993; Harding 1997; Collier 1998).

Poststructuralist theorists reject outright the traditional male-female/man-woman/masculine-feminine gender dualism, arguing that it reinforces a power axis between the sexes and oversimplifies the debate on gender inequalities (Butler 1990; Grosz 1994; Bell and Valentine 1995; Buikema and Smelik 1995; Collier 1998). They equally dismiss other commonly accepted binary language categories that distinguish people, such as homosexual/heterosexual, active/passive, black/white, rich/poor and body/mind. Instead, as Giddens (1991:218) has argued, 'identity' and 'self' are not givens but 'reflexively organised endeavours', and the body is merely a site of interaction, socially constructed and shaped and buffeted by competing political and strategic interests (Butler 1990: Giddens 1991). This has also been referred to in terms of a performance or 'cultural production', as individuals are perceived as actors on a stage (Hall 1990; Thurston and Beynon 1995).

Sexed bodies are therefore neither 'masculine' nor 'feminine' but "interwoven with and constitutive of systems of meaning, signification and representation" (Grosz 1994:18). Genders shift and vary to reflect different social, cultural and historic contexts and the ways individuals become differentially positioned and located (Hollway 1989:204; Watson 2000:38). While 'masculinity' and 'femininity' may differentiate individuals, such differences reflect biographical variations in terms of daily accomplishments and experiences (Howard 1996:44). Gender identities are produced and reproduced at a cultural level through action and interaction (Giddens 1991; Connell 1995; Messerschmidt 1998; Shilton 1999:54; Watson 2000:44). In this sense, gender is therefore an active, on-going production rather than a preordained given, shaped by the interaction of social, institutional and subjective factors (Lorber 1994; Thurston and Beynon 1995; Bowker 1998). It is

> "... not imposed on people or settled beforehand and never static or finished products. Rather, people construct gender … in specific social situations ... self-regulating social action whereby they monitor their own and others' conduct." (Messerschmidt 1998:127)

Collier (1998) has suggested that it may therefore be impossible to generalise or theorise with certainty about masculinity, given that such arguments deem established conventions, truths, facts and grand theories unstable and flawed. But it is important not to overplay such arguments, for total loss of the object of analysis (in this case, 'male') through poststructural deconstruction may lead to 'analysis paralysis', and no anchor point against which to discuss masculinity (Collier 1995:7; Connell 1995:65;). As Connell has put it,

> "The social semiotics of gender, with its emphasis on the endless play of signification, the multiplicity of discourses and the diversity of subject positions, has been important in escaping the rigidities of biological determinism. But it should not give the impression that gender is an autumn leaf, wafted about by light breezes. Body-reflexive practices form - and are formed by - structures which have historical weight and solidity. The social has its own reality." (Connell 1995:65)

Complete rejection of sex categories can also trivialise and devalue debates on gender differences and inequalities (Connell 1995:65; Doyal 1995:2). On the other hand, such analysis enables the questioning, overturning and transformation of established conventions and truths, and acceptance of alternative explanations for the ways men and women conduct themselves (Butler 1992; Roseneil 1996; Cameron and Bernardes 1998:686).

To summarise, social constructionist perspectives discuss 'masculinity' in terms of variable, multiple and multidimensional phenomena. A unitary notion of masculinity is considered limited and reductionist, while the notion of 'masculinities' enables conceptualisation of a wide range of identities and practices, neither fixed nor determined by sex, and neither pre-ordained nor inherited (Newton 1994; Connell 1995; White et al 1995; Haywood and Mac an Ghaill 1996; Kimmel 1996; Mills and Lingard 1997; Carrabine and Longhurst 1998; Cowburn 1998). Masculinities are gender productions or scripts contingent upon social, cultural and temporal factors (Butler 1990; Newburn and Stanko 1994; Connell 1987; Collier 1998; Hearn 1998), with variations by generation, age, class, ability, ethnicity, race and sexuality (Hearn 1998:39). Masculinity is therefore an "inherently relational concept" (Watson 2000:44), "in a constant play of reproduction and innovation" (Westwood 1996:24). Or, as Hearn (1996:11) has suggested, men exist *in relation to* the category 'male', rather than *being* the category (Hearn 1996:11), which implies that, regardless of sex, "anyone can play a masculine role" (Bowker 1998:7).

3.2.3 Hegemonic Masculinity

Recent theories of masculinity have proposed that gender identities and relations should be considered in relation to power within historical and cultural contexts. Connell (1987; 1995), for instance, has argued that gender differences essentially reflect a historical legacy of patriarchy within many societies, and can be perceived as a hegemonic gender order or hierarchy. This is consistent with Gramsci's (1971) Marxist notion of hegemony, which proposed that a dominant white, middle-class and male-defined conception of reality diffused social life, with "spontaneous consent" attributed by the majority to this dominant social group (Gramsci 1971, in Connell 1987:81-2).

Connell's theory of hegemonic masculinity proposes that society is organised around a hierarchical gender order, characterised by a dominant, 'hegemonic masculinity' and lower status subordinate

or marginalised masculinities and femininities. Allegiance to one or other of these differentiates people by status and varies relative to different cultural and historic contexts (Connell 1995). Based partly on psychoanalytic theory, Connell's theory proposes that differentiation occurs as people psychologically internalise or 'assimilate' normative values and beliefs about their own sex; this has been referred to elsewhere as 'subconscious embedding' (Chodorow 1978; Wittig 1992). For certain men, this may, for instance, cause them to internalise a traditionally 'masculine' mindset, such that they become emotionally repressed, aggressive or misogynistic. Kaufman (1994:149) and Kimmel (1994:131) have argued that males may, for instance, learn to fear failure, persecution or being perceived as gay. Jefferson (1994:31) has put it that men will consciously and subconsciously compete to acquire masculine status, while Mac an Ghaill (1996:11) has described this in terms of "social and psychic investment" where

> "security as a man is assured through the striving for loyalties and aspirations associated with manhood." (Mac an Ghaill 1996:11)

Hegemonic masculinity theory is sometimes interpreted by researchers as an elaboration of traditional gender role theories. For instance, Fuller (1996:228) has described it in terms of social and psychological pressures on men to conform to an 'idealised masculine code'. Gordon (1995) has argued that Connell's theory implies a hegemonic masculine persona, characterised by the dominant male personality traits identified by early sex role theorists. Also, Cameron and Bernardes (1998) have suggested that Brannon's typology may be used to distinguish the key elements of the hegemonic male character. Several writers have indeed attempted to list key hegemonic masculine traits, such as authoritarianism, paternalism, entrepreneurialism, informalism and careerism (Collinson and Hearn 1994:13); aggression, machismo, pride, competitiveness, preoccupation with conflict and duty, emotional detachment, independence and violence (Fielding 1994; Collier 1998:30); exaggerated heterosexual orientation (Fielding 1994; Kaufman 1994; Kimmel 1994); toughness, competitiveness, and ability (Gerschick and Miller 1995:183); and compulsory heterosexuality, misogyny and homophobia (Mac an Ghaill 1994). Jackson (1990:124) has applied the term 'hard case masculinity' to men who identify themselves as assertive, virile, tough and independent and who spurn effeminacy in men. Jefferson (1994) has even suggested that some men 'transcend' others to absurd levels of 'hypermasculinity', engaging in extraordinary acts of terrorism, self-sacrifice or sexual murder.

Thus, a prevailing view is that males tend to conform to or align themselves with certain 'masculine' normative ideals. Hegemonic masculinity, in this sense, therefore supposes that a normative masculine ideal exists against which men and women are judged (Hearn and Collinson 1994; Newburn and Stanko 1994).

The theory of masculinity ideology (Pleck et al 1981) has also been associated with hegemonic masculinity theory, on the basis that a dominant masculine ideology serves the interests of

dominant male groups (Sabo and Gordon 1995:8; Cameron and Bernardes 1998:687). As Sabo and Gordon (1995) have suggested, such an ideology

> "… actively cultivates sex inequality … [and] … allows elite males to extend their influence and control over lesser status males in various intermale dominance hierarchies." (Sabo and Gordon 1995:8)

Likewise, Mac an Ghaill (1996) has argued that

> "dominant definitions of heterosexual masculinity are affirmed and authenticated within social and cultural arenas, where ideologies, discourses, representations and material practices systematically privilege men and boys." (Mac an Ghaill 1996:10)

Heterosexuality has been identified as the dominant masculine ideology by some writers. Hoogland (1995), for instance, has described heterosexuality as a 'naturalised' institution, which prevails in private and public spheres, while Rich (1986) and Wittig (1992) have argued that women's oppression principally arises from 'compulsory heterosexuality' in the public sphere. Moreover, Thurston and Beynon (1995) have argued that this heterosexual gender power base is rigidly policed so as not to undermine the status of dominant males:

> "For white heterosexual masculinities, fear of difference prompts strong defences and well-policed borders against the potential threat of challenges and transformations … Thus, the resultant hegemonic struggle to maintain the cultural, racial, sexual, and gendered dichotomies of self and other – relationships of polarity – makes and reproduces social formations of domination and inequality." (Thurston and Beynon 1995:186-7)

This has been echoed by Rutherford (1990):

> "the threat of the dissolution of self … ignites … irrational hatred and hostility as the centre struggles to assert and secure its boundaries, that constitute self from not-self." (Rutherford 1990:10)

Hegemonic masculinity theory implies that masculinities are arranged hierarchically, according to historically structured divisions of labour and power. This offers different opportunities for men and women, though not only serving to marginalise women, but to either marginalise or privilege different men. So, as Cameron and Bernardes (1998:687) have pointed out, the fact that men can dominate women and other men means that the framework of gender inequalities is more complex than a simple male-female dualism. The notion of a hegemonic masculine ideal is frequently used to characterise the status ladder, but such an interpretation is arguably misleading since it detracts from the historical and cultural variations implied by Connell's theory. Collier (1998), for instance, levels such criticism at Connell, arguing that while he claims to reject essentialism, he

> "... simultaneously hold[s] in place a normative masculine 'gender' to which is then assigned the range of characteristics ...", thereby imposing "... an *a priori* theoretical/conceptual frame on the psychological complexity of men's behaviour ..." (Collier 1998:21-22)

Instead, as Carrabine and Longhurst (1998:162) have suggested, hegemonic masculinity is more about dynamic and contestable relatives in gender relations, rather than fixed traits or ideals. Nevertheless, the value of this perspective is that it provides a conceptual framework for understanding the power relations between men and for exploring social and health inequalities among men.

3.2.4 Compensatory Masculinity

Connell's theory of hegemonic masculinity implies a gender order comprising dominant and subordinate masculinities and femininities. Subordinate masculinities are sometimes referred to as marginalised or compensatory masculinities, where individuals who do not readily identify with the dominant hegemonic ideal or status strive to compensate in other ways. Exaggerated heterosexual orientation may be one such response.

Cameron and Bernardes (1998:687) have suggested that men who experience a relegation of social status may sense that their masculine status has also been compromised, as they become 'marginal men'. Gordon (1995) has also suggested that such men, who sense that they are no longer fully men, may exhibit hypermasculine behaviour to mask their sense of inadequacy; this could comprise violence or aggression. Other researchers have suggested that criminal behaviour among males may be explained in terms of hegemonic and compensatory masculinity (Collinson 1996; Snider 1998; Home Office 2000b). Collinson (1996:428), for instance, found that for young male offenders involvement in 'street crime' was a means of projecting a "powerful, masculine identity". A recent study by the Home Office (2000b:36-7), found that a common perception among young males was the need to portray a 'tough' masculine image to achieve social acceptance. Dobash et al (1995) have also argued that masculinity and criminality are directly related, as evident in patterns of male violence towards women and other men. In particular, the social practices of some young men can be directly correlated with crime:

> "Although masculinity is fractured and fragmented through social differentiation associated with, for example, class and ethnicity, the core or at least central elements of risk taking, aggression and violence are central to an understanding of the crime of males." (Dobash et al 1995:2)

For some men, violence and crime may therefore be at the heart of how they define themselves as men (Thurston and Beynon 1995:181).

Several studies of gender relations in the United States have illustrated how young males strive to identify with their peer group though the use of compensatory behaviour. O'Sullivan's (1998:106) study of young white male university students revealed a tightly-knit, strongly homophobic and misogynist fraternal culture, where male students admitted to having gang raped female students to

minimise the threat females posed to the integrity of their group. Similarly, Strauss (1996:26) found that certain male student cliques asserted their manhood by "demonstrating heterosexual prowess, hatred for women, and loyalty to the fraternity". Also, Hagedorn (1998) revealed how male gang members tended to exhibit characteristically hypermasculine behaviours that were misogynist and homophobic. Kimmel (1994:134) also identified a 'non-dominant and alternative hypermasculinity' among African American and Latino-American males, where they would exaggerate their differences from the traditional white, middle-class, American masculinity. Likewise, Bourgois's (1996) study of second and third generation Puerto Rican males in New York revealed how many became involved in a "predatory street culture", of drug dealing, gang rape, sexual conquest and paternal abandonment, because they were unable to replicate the traditional rural masculinity of their grandfathers' generation. Collectively, such studies suggest, as Kimmel (1994) has argued, that many socially excluded or marginalised US males find themselves in a socially subordinate position relative to the dominant, hegemonic "true American male", who is characteristically white, middle class, educated and successful. Under such conditions, they tend to find alternative, "compensatory" strategies for asserting their masculine status.

3.2.5 Summary

Recent arguments suggest that dominant and marginal social status among men may manifest in the construction and orchestration of gendered identities, and indeed in men's efforts to assert their power over others. Hegemonic masculinity theory provides a useful theoretical framework for analysing these gender power relations. However, the use of fixed 'masculine' categories to 'classify' masculine status is misleading since it stereotypes and oversimplifies what are essentially relative rather than absolute descriptions of masculinity. Different versions of masculinity reflect the diversity of historical and cultural contexts of gender and power. This social constructionist perspective enables one to discuss masculinity as a plural entity, not contingent on traditional dualistic notions of sex difference. Thus, while individuals may internalise particular roles and identities, these are 'culturally embodied' (Watson 2000:2) rather than biologically fixed, and contingent upon subjective factors, intersubjective relations and issues of social structure and political ideology.

In terms of health, there are important conclusions that can be drawn from this discussion of masculinity. Gender status differences or hierarchies may be precursors for health inequalities. Men and women who have a subordinate or marginal status in the gender order may experience poor health relative to their socially privileged counterparts, which may arise through resorting to compensatory masculinity. For example, men who compensate for their lower status in the gender order may engage in potentially health-damaging hypermasculine pursuits, such as violence or drug or alcohol abuse. On the other hand, individuals with considerable status or gender power may equally struggle to sustain their 'masculine' roles or identities. Alternatively,

the fear or experience of social relegation in the gender order may impact on self-esteem, self-concept and lead to mental or physical ill-health or injury. It is therefore likely that within a prison context, gender order has significant implications for health and illness, particularly in terms of the social dynamics of prison life, prisoners' backgrounds, and institutional variables that serve to regulate life in prison.

3.3 EPIDEMIOLOGY OF MEN'S HEALTH AND ILLNESS

Epidemiological evidence for men's health and illness in the UK, based principally on morbidity and mortality rates, suggests stark differences between men's and women's physical and mental health (Waldron 1995). Male life expectancy at birth is 74.8 years, five years below that of women (Eurostat 2001:32), while there is a seven-year differential in the US (Courtenay 2000:1385). Western men in general are more likely to die prematurely than Western women (Kimmel 1995; Waldron 1995; Cameron and Bernardes 1998; O'Dowd and Jewell 1998; Courtenay 2000; Watson 2000). Standard death rates for most preventable causes of death in the UK reveal distinct differences between men and women (Eurostat 2001) (see Table 1), with around one sixth of men and one tenth of women, aged 16-64, dying prematurely each year (OHE 1999:1). Moreover, 46% of potential years of working life lost in men aged 16-64 arises from premature deaths from cancers and circulatory diseases, particularly coronary heart disease (OHE 1999:3).

Table 1. Standard death rates from selected causes per 100,000 of the UK population under 65 years in 1997 (Source: Eurostat 2001:53-6).

	Males	**Females**
CHD	232	110
Cancers	244	172
Accidents	23.7	11.1
Motor Vehicle	8.9	3.0
Suicide or Self-Harm	10.6	3.0

It has also been suggested that male mortality exceeds female mortality throughout the life cycle, (Freund and McGuire 1995; Cameron and Bernardes 1998), from conception through to old age (O'Dowd and Jewell 1998:v). Indeed, one conclusion from the Black Report (Townsend and Davidson 1982:48) was that

> "the gap in life expectancy between men and women is one of the most distinctive features of human health in advanced societies."

The Report also concluded that the mortality risk for men in each occupational class in the UK was almost twice that of women, suggesting that gender, as well as occupational class, was significant in explaining premature mortality. Research in the US has revealed similar trends, with men up to

six times more likely than women to die from most preventable disorders (Kimmel 1995:vii), and male mortality exceeding female mortality for the fifteen leading causes of death (Courtenay 2000:1385).

Males are also more likely to die prematurely as a result of injury, including motor vehicle accidents, suicide and self-harm. Indeed, males in the UK, aged 16-64, are three times more likely than females to die from suicide, self-harm or motor vehicle accidents (OHE 1999; Eurostat 2001). Watson (2000:3) also indicated that the suicide rate among males aged 15-24 increased by 75% between 1990 and 2000. Home Office (2000a:33-4) research has likewise revealed a three-fold difference between males and females aged 16-24.

A less distinctive picture characterises male morbidity. It has been argued that for most preventable disorders morbidity rates are higher for men than for women (O'Dowd and Jewell 1998:4; Courteney 2000:1385), but this is by no means convincing. Doyal (1995:11) has argued that while women may live longer than men, women report more illness and distress than men. This is reflected in the significantly higher hospital inpatient admission rates for women aged 16-44, with 12% of women admitted to hospital per year compared with 5% of men (OHE 1999:28). It has also been argued that general emphasis on higher male mortality has obscured important variations in female mortality across different social groups, with higher than average mortality rates for females from poor or socially disadvantaged groups (Whitehead 1988; Doyal 1995). Also, Freund and McGuire (1995) have suggested that women experience more episodes of illness during their lifespan and make a correspondingly greater demand on health care services. On the other hand, morbidity data reveal negligible differences between males and females with regard to morbidity (OHE 1999), as suggested by table 2.

Table 2. Percentages of males and females aged 16-74 with long-standing or limiting illness, disability or infirmity, England and Wales, 1996
(adapted from OHE 1999:43).

Age Group	Males	Females
16-44	20.5%	21.5%
45-64	38.5%	39.5%
65-74	51.5%	49.0%

These general epidemiological data suggest that a significant proportion of potential ill-health may go undiagnosed or unreported in men, given the relative difference between male and female mortality. It may be that men tend to only report health problems when they become life-threatening (Verbrugge and Wingard 1987), perhaps because they are reluctant to consult a doctor or because they prefer to deny symptoms of potential illness or disability (Verbrugge 1989). On the other hand, they may not recognise potential threats to their health, given that, across the age range,

males are more likely than females to view their own health as “good” or “very good” (Eurostat 2001:39). Certainly, statistical evidence for England and Wales has shown that females in the younger age groups (16-44) use primary care services more frequently than younger males (Community Pharmacy Research Consortium 1999:3; OHE 1999:13; Home Office 2000a:30), though this may be partly for reasons relating to pregnancy and family planning. Bridgwood et al (1996:1) have found that women aged 35-44 are more likely than men to report long-standing illness or disability, or to report “moderate” to “large” amounts of stress. It has also been suggested that men with symptoms of ill-health are more likely than women to delay seeking help (Ussher 1991; Cameron and Bernardes 1998; Bird and Rieker 1999) and less likely to consult a doctor (Verbrugge 1989; Cameron and Bernardes 1998; O’Dowd and Jewell 1998; Watson 2000), which can lead to a poorer prognosis in the longer term (Waldron 1995).

The epidemiological evidence seems to indicate that men may be vulnerable to a range of preventable health problems, many of which can be linked to health-related behaviours, such as smoking, stress, poor diet, excessive alcohol consumption, drug misuse and violence. It has also been argued that males are more likely than females to adopt health damaging or risky behaviours (DoH 1993; Cameron and Bernardes 1998; Bird and Rieker 1999). Recent Home Office (2000b:30) research has revealed that young men in particular are more likely to drink alcohol and use drugs, more frequently and more excessively than young women. This is consistent with data indicating that 74% of those treated for drug problems in the UK are male (Eurostat 2001:44). Also, Bridgwood et al (1996) have suggested that males are more likely than females to have been regular smokers, to have spent time in smoky atmospheres, to have been sunburnt, and to have exceeded recommended levels of alcohol intake (Bridgwood et al 1996:2).

Overall, these trends suggest a bleak picture for men’s health, with men statistically more likely than women to die prematurely from serious life-threatening causes. Also they are more likely to place their health at greater risk, to under-report ill-health, and to refrain from asking for help when their health is compromised. There is therefore one obvious question that arises: Is there some basis or explanation for these trends?

3.4 THE BIOLOGICAL BASIS OF MEN’S HEALTH

Discourse on men’s health has tended to be underpinned by the scientific paradigm, as illustrated by the above account of epidemiological trends, being principally based on male-female sex differences and a biomedical model of health (Naidoo and Daykin 1995:6; Watson 2000:3). The biomedical perspective is often unpopular among social scientists, given its traditional allegiance to logical positivism and reductionism. For instance, Watson (2000:140) has argued that it “… dissociates the body from its everyday lived reality” and trivialises health by use of “… risk profiles and other anonomizing, but morally loaded, features of public health discourse”.

However, it is important to acknowledge that health differences between the sexes can be partly explained from a biological standpoint (Stillion 1995:56), particularly, for instance, where there are clear links between specific conditions and sex chromosomes or sex hormones. Vulnerability to poor health may be partly or wholly genetic or physiological in origin. For example, higher than average testosterone levels in males may contribute to particular behavioural disorders, such as excessive proneness to violence, though this may be equally applicable to women. Alternatively, it has been demonstrated that lower immunoglobulin levels in males can make them more vulnerable than females to particular diseases (Stillion 1995). Thus, as Wizemann and Pardue (2001) have stated,

> "…many normal physiological functions – and, in many cases, pathological functions – are influenced either directly or indirectly by sex-based differences in biology." (2001:1)

Simply on the basis of biological sex, therefore, men's and women's health may differ. For example, Shaywitz et al (1995) reported that

> "… females are more likely than males to recover language ability after suffering a left-hemisphere stroke … [because] females rely on both sides of the brain for certain aspects of language, whereas males predominantly rely on the left hemisphere." (Shaywitz 1995, in Wizemann and Pardue 2001:15-16)

Nonetheless, while biological sex differences create distinct anatomical and physiological differences between males and females, with consequential health implications, health differences occur that are not directly linked to biological sex. So while some health differences arise from males' and females' respective "genetic and physiological constitutions", such as the role of sex hormones in cardiovascular disease and osteoporosis (Wizemann and Pardue 2001:2), others arise from differences of exposure to and interaction with physical and social environments. Also, considerable variability occurs within each sex such that while physiology is important, its interdependence with environmental factors is also important. In this regard, Wizeman and Pardue (2001) have suggested that the physiological health of males and females is partly influenced by the gendered social environment. Essentially, performing one's masculinity or femininity can have an impact at a microscopic cellular level in the body. For example,

> "… current conventions promote extreme thinness as an appropriate body image for young girls, whereas vigorous weight-bearing exercises are still less commonly performed by girls and young women than by boys. Both of these factors result in difference in weight-bearing impacts on bones and thus contribute to differences in the development of bone mass. In other words, culture and behavior (gender) become contributing causes to differences in bone mass between males and females …" (Wizemann and Pardue 2001:15)

Thus, the interaction of the physical body with the social environment is a two-way process, whereby physiology not only has a role in shaping sexual identity, but gender can also influence the physiology of males and females. In this sense,

> "… genes, physiology, and the physical and social environments operate in concert to produce a phenotype." (Wizemann and Pardue 2001:15)

The biological perspective therefore provides an important contribution to understanding the health differences of men and women on account of their sexual differences. Yet the biological body is also malleable when exposed to particular external environmental factors, including prevailing social and cultural conditions such as gender (Wizemann and Pardue 2001). Men's health and masculinity therefore have some biological basis, but both are also contingent on the world surrounding the individual.

3.5 ALTERNATIVE EXPLANATIONS FOR MEN'S HEALTH

The epidemiological evidence assumes firstly that health is synonymous with mortality and morbidity and, secondly, that there are fundamental differences between males and females with regard to their health. However, even accepting these limitations, it is likely that health differences between men and women are not solely biologically-derived. Indeed, higher rates of mortality may only be partially accounted for by biological factors, and are more likely a consequence of cultural, social and economic factors (Whitehead 1988; Freund and McGuire 1995; Wilkinson 1996; Lee and Owens 2002). Also, significant health differences may be observed among people of the same sex (Doyal 1995; Sabo and Gordon 1995). Over-zealous reliance on epidemiological evidence can obscure the broader socio-cultural context of health (Bird and Rieker 1999:745), and provide insufficient explanation for health variations in relation to gender (Sabo and Gordon 1995:17). Thus, as Lee and Owens (2002:215) have argued,

> "The majority of research on men's health has either taken a biomedical perspective …, or has made the assumption that existing assumptions about 'normal' gender roles and differences are natural and immutable."

Instead, men's health would be more appropriately "interpreted within the total context of the gender order" (Sabo and Gordon 1995:4).

Researchers from the human and social science disciplines have therefore turned their attention more specifically to the broader determinants of men's health, exploring links with masculinity. It is now recognised that a broad conceptualisation of men's health is necessary, which recognises that it is an essentially contested concept and therefore accounts for the different nuances of gender and masculinity, allowing gender-based health to be explored from a broad base (Harrison and Dignan 1999:xi). This requires a paradigm shift in epidemiology towards gathering 'grounded knowledge' of how health is lived and experienced by men and how it thereby becomes a masculine or feminine social phenomenon (Watson 2000:2). Recent research in the field of men's health has considered issues of identity, social role and risk behaviour, and tended to draw on

gender role theories and hegemonic masculinity theory, largely reflecting a social constructionist perspective.

3.5.1 Masculine Role as a Determinant of Health

Some studies have attempted to characterise "the lethal aspects of the male role" (Sabo and Gordon 1995:5), explaining men's health by reference to gender role theories and linking traditional masculine roles or traits with poor health in men (Helgeson 1995; Stillion 1995; Waldron 1995; Petersen 1998; Bird and Rieker 1999; Shilton 1999). White (2002:271), for instance, has argued that men's health is directly linked to how men perceive their roles as men and strive to conform to idealised sex roles that are bad for their health. Indeed, a prevailing view is that men's ill-health results from them trying to "live up to a macho image" and that male lifestyles can therefore be pathogenic (Watson 2000:17). Sabo and Gordon (1995:5) have argued thus that

> "Health seems to be one of the most clear-cut areas in which the damaging impacts of traditional masculinity are evident." (Sabo and Gordon 1995:17)

Likewise, Helgeson (1995:68) has suggested that

> "… psychological, social, and behavioral factors contribute to men's substantially higher mortality rates compared to women … [and] a sizeable portion of men's excess mortality over women is linked to masculine identity, men's roles, and gendered patterns of socialization." (Helgeson 1995:68)

Health problems that have been linked with the traditional masculine gender role include greater susceptibility to illness, accidental injury and shorter life expectancy (Feigen-Fasteau 1974; Farrell 1975; Castelman 1980; Harrison et al 1992; Helgeson 1995; Waldron 1995). Also, it has been suggested that exhibitions of physical strength and tolerance of physical pain, as means to present a robust masculine front, constitute unhealthy behaviours (Farr 1988; White et al 1995; Shilton 1999). Strickland (1988), likewise, has linked independent and aggressive behaviour with the higher prevalence of coronary heart disease among males relative to females.

Poor coping with illness and disability have also been discussed in relation to the traditional masculine gender role. Charmaz (1995), for instance, has argued that many men have tremendous difficulty coping with illness or disability, having evolved an active, autonomous, problem-solving orientation to their lives. Illness or disability threaten an individual's masculine identity, causing him to experience recurrent 'identity dilemmas', as he shifts from an active to a passive role, from independence to dependence, from autonomy to loss of control, from public persona to private self, and from dominance to subordinance (Charmaz 1995:266). Such men are therefore likely to personalise and individualise their problems, and may take excessive risks to raise their self-esteem or they may become stubborn and depressed (Charmaz 1995). In a study by Gordon (1995:263),

men with testicular cancer tended to exhibit a sex role response to their illness. Some displayed an exaggerated 'macho' response, through behaving tough, stoical, emotionally inexpressive, protective towards their spouse, or proud of their sexual performance. Others were reflective of their situation and became more emotionally expressive, relationship-oriented and concerned about others' well-being, which Gordon interpreted as a reconfiguration of their masculine identities (Gordon 1995).

The male gender role has been shown by Waddington et al (1998:251) to be an important pillar in working class families. Loss of role on the part of men, on account of being made redundant from their job, is in turn linked to subsequent poor health. Their research found that female partners played a key role in striving to preserve the masculine identity in the family. To achieve this, these women would actively defend the honour of their partners, by rationalising their redundancy and revalidating their status as breadwinner, maintaining the illusion that they were making a key contribution to the household (Waddington et al 1998:251):

> "… the reaction is to rescue and restore them rather than revise them. Hence the overriding need is to re-negotiate a sustainable version of male identity … which allow[s] him to feel that he is still a real man, husband and father" … [Moreover,] "… in conditions of adversity, it is women who restore male self-respect; through gender relationships they reproduce gender relations and thus their own roles as protectors of male identity." (Waddington et al 1998:253-4)

Similarly, a study by Watson (2000:88) found that Scottish men rated their health in terms of balancing their capabilities and responsibilities as male breadwinners, fathers and partners. In a follow-up to Waddington et al's research, Dicks et al (1998:293-4) reported "profound psychological loss" among these men, arising from their fractured masculine identities, as they became uprooted from a traditional masculine culture and way of life. Similarly, Ritchie's (1999) research with men aged 17-35 who had experienced life crises, such as redundancy or imprisonment, revealed that conformity to a traditional masculine identity and role resulted in them being emotionally inhibited and inexpressive. Consequently, they tended to internalise and individualise their problems, to blame themselves for their difficult circumstances, and to display deteriorating emotional health evident in low self-esteem and damaged self-concept.

Other health issues that have been linked to male gender role include excessive consumption of alcohol, use of illegal drugs, and involvement in violence, deviant sexual activity and forced heterosexual sex (Sabo and Gordon 1995:8). Sabo and Gordon (1995:58) have suggested that premature mortality among males can be ranked according to strength of association with the male gender role. Thus, while mortality with a genetic or environmental basis has little or no association with gender role, health issues like coronary heart disease, road traffic accidents, unprotected sex, manslaughter, murder or suicide have much more tangible links with the male gender role (Sabo and Gordon 1995:58).

On the other hand, masculine role has also been linked with positive mental health. Indeed, it has been argued that conformity to a masculine normative role can help men develop a positive self-image and improve their self-esteem. (Feigen-Fasteau 1974; Farrell 1975; Castelman 1980; Helgeson 1995). Riska (2002) has suggested that this has become a prevalent view in relation to coronary heart disease, with the current popularity of Kobaska's (1979) notion of 'the hardy man'. Riska (2002) has suggested that while hardiness in men epitomises males who are successful in their careers, achievement-driven, socially mobile and empowered, like Friedman and Rosenman's (1974) 'type-A man', it legitimises a traditional normative masculinity, based on toughness and independence. Nonetheless, it is argued that while 'Type A' men were described as highly stressed, powerless, nihilistic, low in motivation and 'coronary-prone', 'hardy men' can succeed yet still be healthy (Riska 2002:350).

Gender role theories provide quite compelling insight into the health of men, perhaps partly explaining some of the health differences between males and females. However, such analyses tend to attribute health outcomes to individual behaviour, therefore individualising health and 'blaming the victim' for his/her poor health. They also assume that a normative 'masculinity' exists against which the health of all men may be measured, which Harrison et al (1992) argue is based on a simplistic dualism that attributes masculinity as hazardous and femininity as safe. Gender role theories are therefore limited in terms of explaining men's health, since, as Sabo and Gordon (1995:16) have argued, health is not simply an outcome of male psychology, but is dependent upon much more significant historical and structural factors including power and inequality. By personalising health according to individual trait, role or identity, broader determinants of health and gender are therefore swept aside.

3.5.2 Hegemonic Masculinity and Health

Hegemonic masculinity theory is frequently referred to in the literature as a more robust theoretical basis for discussing men's health. It enables men's health to be discussed in relative rather than absolute terms and a broader analysis of gender and health inequalities to emerge.

Similar to traditional gender role theories, many researchers have argued that men's health is affected by their differential allegiances to hegemonic masculine ideals (Gordon 1995; Cameron and Bernardes 1998; Williams 2000), as they strive for recognition as men. In this sense, Gordon (1995:250) has suggested that risk-taking behaviour represents masculine conformity, which can in turn lead to "psychological and physical problems for men". It may also be that such men have little awareness or consciousness about their health (Cameron and Bernardes 1998:687; Williams 2000:387). In terms of hegemonic masculinity, such analyses are discussed within the context of masculinity hierarchies, where social inequality, arising from differential statuses and identities accorded to men, manifest in health inequalities. This is reflected in the more general literature on

health inequalities where it is suggested that social inequalities are key to understanding health variations (Freund 1982; Conrad and Kern 1994). Health differentials among males, and between males and females therefore arise from gender inequalities, with their historic, social and cultural origins (Sabo and Gordon 1995:7). Gendered identities and behaviours are thus orchestrated within the context of power relations among groups of men, where dominance and subordination play a key role in their subsequent health:

> "Within the inter-male dominance hierarchies that constitute the gender order, the comparative health of male elites is in part established through the exploitation of lesser-status male subgroups." (Sabo and Gordon 1995:10)

In the pursuit of the hegemonic masculine ideal, some males will therefore engage in risk-taking behaviour or 'delinquency' as expressions of their manhood (Sabo and Gordon 1995:8). On the other hand, the fact that men 'do' health and masculinity in different ways means they may not live towards a masculine ideal, but, nonetheless, will likely strive to distinguish themselves in one way or another (Riessman 2003).

3.5.3 Lifestyle, Risk and Masculinity

'Risk' has become a popular theme in contemporary discussions of men's health. It has been inferred that males take more risks as regards their health than females, which is often attributed to 'masculinity' and what Williams (2000:395) has referred to as a 'gendered division of risk taking'. For instance, Courtenay (2000:1385) has argued that males are

> "more likely … to adopt beliefs and behaviors that increase their risks, and are less likely to engage in behaviors that are linked with health and longevity."

This line of argument suggests that masculinity may itself be an important risk factor in terms of exposing males to particular health risks (Kimmel 1995; Klein 1995; Sabo and Gordon 1995). In this regard, Klein (1995:119) has referred to masculinity as a 'dangerous cultural legacy', while Shilton (1999:55) has suggested that 'male gender culture' is directly and indirectly "pathogenic" in terms of directing men's lifestyle choices and occupations. Thus, risk behaviours, like excessive drinking, dangerous driving, high contact sports, violence, and hazardous occupations, may be viewed as principally masculine pursuits to which some men subscribe (Waldron 1995:23). Likewise, attention to body mass, physical endurance, risk capacity, body discipline and pain denial constitutes efforts to attain masculine ideals (White et al 1995:180). Such men will therefore shun vulnerability, since

> "'Real men' don't get sick, and when they do, as we all do, real men don't complain about it, and they don't seek help until the entire system begins to shut down." (Kimmel 1995:vii)

A risk-driven lifestyle is thus sustained through maintaining a myopic view of one's health,

fostered by masculine qualities of emotional inexpressiveness, toughness and independence. Men may therefore become vulnerable to poor health due to lack of consciousness and acceptance of their physical and emotional limitations. In this regard,

> "… sensitization to bodily well-being and matters of preventive health in general become viewed as the jurisdiction of women and "ambiguous" men … health care interests tend to be conspicuously absent in the task orientation of men in general." (White et al 1995:180)

However, it is important that such generalisations about health and risk are not levelled at all men, and that variables such as age, class, economic status, educational level, ethnicity and race, and sexual orientation are considered (Courtenay 2000:1385). Stillion (1995) has thus suggested that male risk-taking behaviour should be analysed in terms of a risk hierarchy, linked to a range of different masculinities. For instance, age has been identified as an important factor relating to risk behaviour, with some young men deliberately risking their health through expressions of masculinity, characterised as anti-authoritarianism and independence (Lupton 1995; Watson 2000). Also, recent Home Office (2000b:36) research identified that young men tend to express themselves through offending, misconduct or risk-taking. Despite these arguments, there is still great diversity among males, even within a narrow age band such that it is important to recognise that not all men conform to a distinct culture of masculinity.

Several researchers have explored the role of masculinity in relation to sports and fitness. In particular, it has been argued that some males will risk injury to themselves in endeavouring to project a positive masculine front. Messner (1990:211) has pointed out, for instance, that top male athletes tend to suffer a very high incidence of permanent injuries, disabilities, alcoholism, drug abuse, obesity and heart problems, while being publicly portrayed as the epitome of good physical health. Messner has suggested that such self-imposed violence arises from the need to conform to the masculine ideal represented by the sporting hero. Thus, as White et al (1995:163) have put it, sport is really "a public and … celebrated world of disability", with violent and dangerous sports representing ritualistic tests of manhood (Lupton 1995; White et al 1995).

Sport epitomises being healthy, masculine, active and venal, which are the binary opposites of sickly, feminine, moral and passive (Lupton 1995:144). To be a man requires one to be active rather than passive (White et al 1995:177), and therefore sport enables men to construct their masculine identities around the ideals of strength, stamina, self-restraint, inner moral standing and dedication (Lupton 1995:143). Some sports therefore have special symbolic significance in masculine identities, in terms of valorising heterosexual masculinity above femininity and subordinate masculinities, as the individual learns to view his or her body in a detached and mechanistic way (White et al 1995:161). Thus, a paradox exists where males strive to empower themselves by systematically risking the physical integrity of their bodies. Such behaviour is considered normal, natural, completely rational and even appealing as such individuals

> "… learn to disregard risk of physical harm and to normalize pain and injury as part of the sport experience." (White et al 1995:158)

Fundamentally, this is a masculinising process where failure to participate can result in social stigma and ostracism (White et al 1995).

Klein (1995:119) identified similar trends among body-builders, describing the activity as a 'narcissistic' practice of masculinity based on ideals of aggression, power, mastery of self and others, and bravery in the face of pain. The men in his study were found to have generally low self-esteem and admitted to resorting to body-building to conquer their vulnerabilities and insecurities. Thus,

> "For these men, the fear of being small, of appearing less than fully masculine is so frightening that anything, including death, is preferable." (Klein 1995:119)

He found that they used a complex strategy of denial to mask the health damaging consequences of using anabolic steroids without regard for their cardiovascular fitness, and therefore traded a "façade of invincibility now for sickness and potential death in the future" (Klein 1995:112).

Arguments that associate masculinity with health risk are attractive and compelling. But they tend to pathologise, problematise, stereotype and individualise men's health behaviour, missing important social and cultural factors as determinants of health, and indeed the diversity of men's health experiences. Watson (2000:141) has argued that such perspectives may be reductionist when they fail to identify men's health beyond their sex, and in their lack of recognition of broader social and economic issues (Watson 2000:141). Also, it must be recognised that risk taking is not exclusive to men, but may be characteristic of both sexes and linked to issues such as age, class and ethnicity. The tendency to focus on risk profiles fits comfortably with gender role theories, given that the focus is principally on personal behaviour and lifestyle, which is analogous with roles and traits.

3.5.4 Health Threats and Masculinity

Men who unexpectedly encounter the threat of illness, disability or death may sense this as a fundamental challenge to their masculinity, some even undergoing a change of identity. Charmaz (1995:269) has suggested that such a threat can 'shake a man to his very core'. Goffman (1963) indeed argued that the stigma associated with chronic illness was sensed much more by men than by women, and Zola (1982:204-5) argued that, for men in particular, stigma could bring an acute sense of personal failure and weakness. In her research with chronically ill men, Charmaz (1995:268) found that incapacitation had caused some men to reflect on their masculine status, sensing that they had become 'marginalised in the gender order'. Bury (1982), likewise, identified

a process of "biographical disruption", as such men were forced to reassess their identities and accept a relatively marginal or subordinate status (Cameron and Bernardes 1998:688). White et al (1995:173-5) identified a similar response among male athletes who had suffered severe, intransigent sports injuries. Respondents commonly expressed frustration at not being able to fully perform their traditional male role. Thus, the researchers concluded:

> "The hegemonic model of sport with its emphasis on forceful male performance and its promise of "masculinity validation" is so meaningful in the lives of some men that injury is as constituting as it is threatening." (White et al 1995:175)

Likewise, Gerschick and Miller's (1995:183-4) study of paralysis in men, following accidental injury, has illustrated how physical loss of sensation and function can threaten a man's masculine identity in terms of his inability to continue being active or possess strength, stamina, virility and fortitude. Some respondents had managed to undergo a cognitive process of "reformulation", learning to dissociate themselves from traditional masculine ideals such as independence, self-reliance and physical strength. By contrast, those who had formerly related to a more traditional masculine role reacted more negatively to their loss, tending to internalise feelings of inadequacy and overcompensate with aggressive or macho behaviour (Gerschick and Miller 1995:203). Similarly, Gordon (1995:248) found that men with testicular cancer commonly entered a "transitional phase" of reassessing their status as a way of reaffirming, maintaining or strengthening their sense of being a man. Cameron and Bernardes (1998) also found that men with prostate disorders commonly viewed their condition as a threat to their masculine identity. This often manifested as objective detachment from their illness as a means of coping, similar to Freund and McGuire's (1995:164) notion of "passing", whereby individuals strove to conceal their health problem.

Other studies have identified attempted suicide and violent assault as symbolically emasculating processes. For example, White and Stillion (1988) found that men who had survived a suicide attempt either concealed the event or objectively detached themselves from it, since the act was felt to symbolise a fundamentally unmasculine act and a 'violation of the male sex-role' (White and Stillion 1988:365). Likewise, Owen (1995) noted that male victims of violence tended to place a 'positive gloss' on the experience, reluctant to acknowledge themselves as victims:

> "A number of men I talked to worked hard to reassure me that although they had experienced violence (bullying, mugging, parental abuse), which they recognized as violent, and as significant, they themselves were not victims." (Owen 1995:265)

This theme has been echoed by Stanko (1990) who found that male victims of assault tended to view their experience through a masculine frame of reference, where being a victim was considered an affront to one's masculinity.

Research with boys has shown how they too may adopt a strategy of concealment as a means of protecting their masculine status and identity. Williams (2000) found that adolescent boys with diabetes or asthma, unlike girls, tended to mask their condition from their peers to avoid being stigmatised. She concluded that chronic illness during adolescence could threaten boys' identification with prevailing masculine social norms, which meant that they tended to be less good at managing their illness. A common resolution for some boys was to use mental strength and will-power to overcome their insecurities and manage their condition better. Some would also become heavily involved in sports to bolster their body image. A similar theme was observed by Miller et al (1993) among boys living with cystic fibrosis. They also found that boys coped better with their condition if they conformed to 'normal' male activities, including contact sports (Williams 2000).

3.6 CONCLUSION

An expanding social science discourse on 'the troubled male' suggests that health and social problems among males are best explained with reference to salient sociocultural factors, rather than relying on simple reductionism that attributes problems to individuals (Payne 2001:223). This perspective is reflected in changes in masculinity theories, with the shift from attention to sex and gender roles to analyses of power, equality, hegemony and social identity. Thus, the 'troubled male' has been superseded by 'troubled masculinities', with the focus shifting from individual traits and roles to factors beyond the direct control of individuals, such as economics, technology, education, criminal justice, employment, the family, and the changing role of women (Hearn 1998:39).

An extensive and growing literature has suggested that 'masculinity' may be an important factor in men's health. However, confusion remains over what constitutes masculinity (Watson 2000:8), despite the wide range of studies that have sought to link health and masculinity. There is also confusion over the application of masculinity theories to health research, given that some researchers have openly discussed masculine traits and roles in relation to hegemonic masculinity. Much of the research has focused either on health problems that relate to male reproductive or genital health or on extreme or damaging patterns of 'masculine' behaviour that place the health of males at risk. Generally, it is suggested that masculinities are implicated in male ill-health, in terms of how males respond to illness or disability and their propensity to risk taking behaviours. In particular, a health problem may precipitate an 'identity dilemma' for a male who finds he has to come to terms with the 'emasculating' effects of his condition (Charmaz 1995:268). Risk-taking behaviour, on the other hand, represents for some men a means of asserting their masculine social identity and earning respect and honour (Tomsen 1997:90). Being a man may therefore require individuals to 'bracket' their emotions and vulnerabilities to achieve the social recognition and status they aspire to, with corresponding physical or mental health consequences (Charmaz 1995).

A further important issue is that of health inequalities. Hegemonic masculinity theory proposes that not all males are equal, but that a 'pecking order' of masculinities prevails in any given cultural or historic context, according males and females differential social status and legitimacy. Males who are lower in the social hierarchy may feel marginalised or socially excluded, and their health status may reflect this. Also, those who have experienced illness or disability may sense relegated social status on account of feeling emasculated by their circumstances. Health inequalities among males can therefore be analysed in terms of gender power, such that important epidemiological trends may be seen to be linked to male status and identity.

It is important to maintain though that males neither comprise a single homogenous 'masculine' group, nor necessarily share the same health experiences. In fact, many more factors differentiate males, which include their genetic uniqueness, and factors such as social class, ethnicity, race, age and ability. In this regard, a social constructionist perspective enables conceptualisation of multiple healthy and unhealthy masculinities as subjectively orchestrated performances, where

> "… the doing of health is a form of doing gender", [where it] "… constructs the subject (the 'person') in the same way that other social and cultural activities do." (Saltonstall 1993:12)

Social, cultural, institutional and historic contexts provide the 'stage' for male health performances or 'productions', thereby forging these masculine gender and health identities.

4.0 UNHEALTHY PRISON MASCULINITIES? EXPLAINING MEN'S HEALTH IN PRISON

4.1 INTRODUCTION

Very little research has explored masculinities in relation to prison (Sabo et al 2001). Therefore, it seems appropriate and timely to explore the prison experience from this perspective, recognising that masculinities probably characterise prison culture, mirroring those of other social institutions. Given the closed, sex-segregated nature of prisons, they may serve to reinforce particular dominant and subordinate masculinities among inmates and staff, which may have significant health implications.

This chapter pulls together the theoretical perspectives discussed in the previous chapters into a collective discussion of health, prison and masculinity. A brief review of literature is presented that explores masculinity in relation to social institutions, criminality and prisons. Prison masculinities are then explored in relation to health, with particular reference to hegemonic masculinity theory.

4.2 THE INSTITUTIONAL BASIS OF MASCULINIST IDEOLOGY

It has been suggested that the institutions of the major western democracies have evolved on the basis of a historically robust hegemonic masculine ideology (Sumner 1990:35; Messerschmidt 1993; Collier 1997:94). Messerschmidt (1993) has argued that our institutions embody and reproduce a dominant masculine value system that is based on a normative heterosexuality, which consequently reinforces gender divisions of labour and power. Certainly, within the criminal justice system of England and Wales, males constitute the majority of employees and offenders (Cowburn 1998). Within this context, masculinities have been described as 'struggles by males for identity and control within different institutional and ideological contexts' (Collier 1998) or, as Messerschmidt (1993) has put it, 'settings-specific accomplishments'.

Within any given setting, male identities and roles thus correspond with prevailing hegemonic masculine values and ideals. In aspiring for status, identification and recognition in the social hierarchy, individuals regulate their own and others' conduct (Messerschmidt 1993), participating in a form of surveillance that involves self-subjectification and objectification of others (Foucault 1977). Male identity and conduct can therefore be explained in relation to the "… broader framework of idealized masculinity" (Collier 1997:94).

Various studies have researched masculinity within different institutional settings, suggesting that the gender culture of a setting may promote and sustain a power structure based on a masculine social hierarchy. Thus, according to Messerschmidt (1993:174),

> "we do gender according to the social setting in which we find ourselves."

Recent studies have focused particularly on masculinities within schools (e.g. Mac an Ghaill 1994), the police force (e.g. Fielding 1994) and the military (e.g. Hockey 1986). Much attention has also focused on masculinities within the context of criminology (e.g. Collier 1998).

Hockey's (1986:38) research with the British Army, for example, provided interesting insight into the institutionalisation of masculinity and the exercise of power. He noted that army recruits underwent a process of military socialisation during their training that effectively transformed them from boys to men. This process required them to be 'aggressive, masculine, action men' and to be loyal to their peers, tough and endure extremes of physical and mental hardship (ibid:33-34). To become a soldier, and to become "by definition thoroughly masculine" (ibid:34), they were expected to tolerate various deprivations, including fatigue, sleeplessness, extremes of temperature and fear. Failure was considered innately feminine and the antithesis of 'soldierly conduct'. The use of coarse language also fostered an illusion of sexual potency. Hockey concluded that the army played a key role in affirming a masculine ideology that was empowering to the recruits, but at the same time ruthlessly heterosexist and aggressive (Hockey 1986).

Fielding's (1994:47) observations of the 'cop canteen culture' of the British police force revealed a world of stereotypes where particular cultural values had become entrenched among officers, representing "… an almost pure form of hegemonic masculinity". He detected a masculine ideology that was displayed in officers' attitudes and behaviours, which tended to be aggressive, physical, strongly competitive, conflict-orientated, exaggeratedly heterosexual, misogynistic and patriarchal. Overt and rigid 'in-group/out-group' loyalty boundaries were perceived among officers, which commonly resulted in social exclusion of women and men without strong allegiance with this dominant masculine culture (Fielding 1994).

Such studies, while few in number, suggest that male-dominated institutions may be socially organised around a hegemonic masculine value system, as Sabo et al (2001:5) have suggested:

> "Hegemonic masculinity is apt to take shape in any homosocial setting typified by a high degree of sex segregation, male cultural lore, and hierarchical relations among men." (Sabo et al 2001:5)

This consequently places pressure and expectations on men to identify with the dominant gender culture and normative masculine status.

4.3 CRIMINAL MASCULINITIES

Around the mid-1990s, a significant development in criminological research was an emerging recognition of the links between masculinity and criminality, and of the fact that far more men than women were involved in criminal activity. Previously, while males dominated the crime statistics, the significance of gender had been overlooked (Messerschmidt 1993; Collier 1995). In particular, research cited 'youth crime', 'adolescence', 'juvenile delinquency', street-corner gangs and educational underachievement as prerequisites for criminality, with little recognition that the subjects of these studies were male (Collier 1995:11). Indeed, most crimes are the actions of men, and men consequently constitute the majority of offenders processed through the criminal justice system (Collier 1998; Cowburn 1998). Moreover, Brown (1998:98) has argued that it is necessary to explain youth crime with reference to masculinity, since at the heart of youth crime is "the boy zone" or 'boyhood'. Thus, criminality is perhaps bound up with masculinity, if, as Collier (1998:174) has argued,

> "… part of 'being a man' is … to walk that thin line between danger/deviance and 'respectable' conformity."

It has also been argued that crime may be a social resource for males to 'accomplish' masculinity (Messerschmidt 1993:85). This means it can be empowering for some males, enabling them to project a criminally sophisticated identity, against a culturally specific, normative masculine ideal. Collier (1998) has suggested that such masculinities will reflect particular features of the individual's background and community, such as his economic, social and family circumstances. Or, as Brown (1998:109) has suggested, an individual's masculine aspirations will be driven by legitimate and illegitimate avenues available to him to achieve acceptance and identify with other males. Such avenues might include being aggressive towards women, appearing tough or competitive, and becoming involved in crime. Thurston and Beynon (1995), for instance, have suggested that for some men, their interconnected public and private 'life spheres' (domestic, street, leisure, education, media, penal, etc.) physically and symbolically reinforce violence as 'normal' and legitimate cultural expression. Also, Mosher and Tompkins (1988:80) found that men who had histories of violent behaviour viewed their behaviour as a legitimate strategy to establish their social status as men.

Violence and criminality may therefore be seen as forms of illegitimate, compensatory masculinity, which reflect specific culturally-situated hegemonic masculine social hierarchies. Shaw's (1930) 'Jack Roller' is an excellent, though dated, example of this, where he found that the criminal conduct of a "delinquent boy" was shaped by the values, attitudes and events of 'the street', and the expectations of others on him as a young male. Criminal masculinities therefore serve to affirm masculine identities in different social contexts, and essentially provide a social structure where males can positively identify with a hegemonic masculine ideal.

4.4 PRISON MASCULINITIES

Applying masculinity theories to prisons is a relatively recent development in criminology and social science (Gelsthorpe and Morris 1990; Sim 1994; Carrabine and Longhurst 1998), particularly given what has been described as an era of gender-blindness in criminology that lasted through to the 1990s (Collier 1998). Recently, however, respected criminology journals, including the British Journal of Criminology and the Howard Journal of Criminal Justice, have published research on gender and masculinity in relation to prisons, and the first textbook on 'Prison Masculinities' was published in 2001 by Sabo et al.

Formerly, writing on prisons and criminality acknowledged that men were more involved in crime than women, but ignored the very fact that most criminals were male. In Sim's (1994:101) view, many studies were "academically sophisticated and theoretically advanced", yet focused on *men as prisoners* rather than *prisoners as men*. An example of this arose in Cohen and Taylor's (1981:66-7) study of inmate culture in Durham Prison, where it was taken for granted that the inmates were male. They noted that high social status was attributed to "the *man* who exemplifies the ideal" (my italics), while the status of other inmates was attributed "… in terms of its correspondence or divergence from this role". Foucault (1977:305) similarly made an unintended reference to gender in Discipline and Punish, suggesting that the control, surveillance and progressive normalisation of the prisoner made "*knowable man* … the object-effect of this analytical investment, of this domination observation" (my italics). These statements surely signify much more when viewed in terms of male gender and hegemonic masculinity.

4.4.1 The Masculine Prison Code

The value system against which prisoners monitor their own and others' conduct in prisons is sometimes referred to as the 'prison code'. Cohen and Taylor (1981:66-7) defined the prison code as:

> "… a value system stressing loyalty, not losing one's head, not exploiting fellow inmates, not showing any weakness, asserting toughness and dignity, not being a sucker and not giving any prestige to the guards … The end result is a culture which provides the inmate with a meaningful social group to identify with in his struggle. Minutely controlled, stripped of autonomy, his self image under severe attack, the inmate solves some of his problems through absorption of the inmate code."

Toch (1998:168) has defined this code as an 'inmate normative system' that is usually acknowledged by most inmates and with which most feel compelled to comply. In line with the code, certain social norms and mores influence inmate conduct. In particular, inmates are expected to rise to verbal or physical challenges from others, "… when slighted or affronted or taken advantage of", otherwise, "vulnerability attracts predation and fear invites exploitation" (ibid:169).

While certain details of the code may change over time, mirroring broader social trends, there are particular 'core commandments' that tend to persist (Sabo et al 2001). Thus,

> "Even if you do not feel tough enough to cope, act as if you are. Suffer in silence. Never admit you are afraid … do not get involved and do not say anything. Do not snitch … do not do anything that will make other prisoners think you are gay, effeminate, or a sissy. Act hard and avoid semblance of softness. Do not help the authorities in any way. Do not trust anyone. Always be ready to fight, especially when your manhood is challenged, and act as if you do not mind hurting or even killing someone." (Sabo et al 2001:10)

Sabo et al (2001) have described the prison code as essentially a patriarchal and hegemonic masculine cultural system. According to Sim (1994:108), it is underpinned by a 'pervasive and deeply entrenched masculine discourse', sustained and legitimated by the dominant masculine ideology of the wider society (Sim 1994:108). Also, male prisons represent microcosms of male society, being "… linked … by the umbilical cord of masculinity …" (Sim 1994:115). Normative masculinity inside prisons therefore commonly mirrors that outside prisons, where, for instance, some males may show a propensity to engage in violent or aggressive conduct as a male pursuit (Scraton et al 1991:67). However, the closed masculine culture and entrenched system of male authority in prisons (Scraton et al 1991:66-7) fosters and sustains a masculinist ideology under which exploitation of some men and empowerment of others prevails.

Newton (1994:199) has argued that if prisons were less autocratically controlled, under less 'masculine' regimes, prisoners might organise themselves in less masculine ways. Indeed, the Woolf Report into the 1990 prison riots recognised allegiance of prisoners and prison officers to the prison code. It stipulated that attitudes of prisoners and prison officers needed to change to bring about more stable social conditions in prisons (Home Office 1991b). However, to destabilise hegemonic masculine prison culture requires not only attitudinal changes in individuals, but probably changes in prison organisation, management and human resources.

4.4.2 Hegemonic Prison Masculinities

According to Sim (1994:102), prison social life is based on "deeply embedded discourses around masculinity and femininity". These discourses, which characterise the 'masculinist ideology' of prisons, underpin the prison code and are evident in the hegemonic masculine social structure. Thus, hegemonic masculinities organise and stratify prison culture (Sim 1994), as differential consent is accorded to individuals on account of their attitudes and behaviours, which may be aggressive or passive, competitive or co-operative, violent or peaceful, controlling or controlled (Messerschmidt 1993). Likewise, Carrabine and Longhurst (1998:163) have argued that a hegemonic masculinity perspective draws attention to the interactions between powerful and powerless prisoners, as they strive for recognition as men. Thus, Sabo et al (2001:5-7) have described male prisons as

> "… key institutional sites for the expression and reproduction of hegemonic masculinity", [where] "the same dominance hierarchies shape the fears and behaviours of men inside and outside of prison." (Sabo et al 2001:5-7)

A prisoner's social status and hence position in the 'pecking order' may therefore be influenced by his allegiance to the prison code, which reflects the dominant, or normative, masculine ideology. Conformity to the code therefore represents affirmation of loyalty to fellow inmates, and of an inmate's masculine identity, which thereby affects his social status. Thus a 'homosocial' hierarchy operates among inmates, which forces some to strive for dominance and others to yield to submission, as they reconstruct masculinity and redistribute power (Miller 2000:4).

From their research in the US, Sabo et al (2001:5) concluded that the masculinist ideology in male prisons tends to arise from two dominant value positions; first, that males have higher status in society than females, and, second, that certain 'elite' males in prisons develop higher status than other 'subordinate' males. These basic value positions then underpin an informal prison hierarchy based on what they term 'intermale dominance', which promotes a hegemonic masculine ideology. Four key characteristics distinguish the hegemonic masculine culture of prisons. Firstly, male social interaction involves displays of toughness, insensitivity and homophobia, while 'soft, caring or feminine' males are ostracised. Thus, "men do 'hard time' in prison, not 'soft time'", and must therefore refrain from developing deep, emotional friendships (ibid:10). Secondly, sex segregation, combined with the fact that prisoners are expected to live in close proximity to one another, creates a tense, oppressive and alienating environment, which stifles any desire to be caring, supportive or develop close emotional relationships. Thirdly, a 'pecking order' prevails, which is dominated by "violence-prone men at the top and feminized males at the bottom" (ibid:10); the "prison tough" therefore epitomises the hegemonic masculine persona (ibid:5). Their fourth indicator of hegemonic masculine culture is physical or sexual violence, used to assert masculine status and integrity and to maintain one's position in the pecking order. Likewise, Scraton et al (1991:67) have suggested that the masculine culture of prisons "idealises and equates personal power with physical dominance", thereby condoning physical violence. Thus,

> "… manhood is validated through physical strength and aggression", and "any display of characteristics or behaviour traditionally associated with the feminine is scorned and avoided." (Scraton et al 1991:66-7)

Sabo et al (2001) also identified race, ethnicity, class and sexual identity as important factors, arguing that status is most commonly awarded for being heterosexual, white, prone to violence and ruthlessly competitive (ibid:7-8).

Several other researchers have referred to the notion of a prison social system based on a masculine hierarchy of dominance and subordination. Miller (2000:2) has suggested this is based on

> "a kind of gender-based misogyny that transcends categories such as sex and sexual orientation [where] males unable or unwilling to resist "female" or passive roles are vilified." (Miller 2000:5)

Commonly, researchers have distinguished between dominant and subordinate prisoner types. Sim (1994:104), for instance, distinguished between the professional criminal or armed robber at the top of the social hierarchy and the child sex murderer at the bottom. And Cohen and Taylor (1981:74) noted that inmates in Durham Prison

> "… were worried about contamination, but only by one other type of inmate – the sex offender … all these men distinguish themselves sharply from sex offenders."

More recently, Marshall et al (2000:19) recognised that:

> "At the top are professional criminals, in particular armed robbers, who may exercise considerable power in the prison. Most prisoners occupy a middle stratum. At the bottom are prisoners who are shunned by other inmates, often because of the nature of their offences (for example, sexual assaults on children)."

Wooden and Parker (1982) likewise observed that higher status was awarded to prisoners who tended to be violent or exploitative, while those with lower status tended to display more caring and supportive attitudes and behaviours. These "institutionalized sexual scripts" effectively led to the ostracising of passive, vulnerable inmates, who often then became victims of assault or were forced into stereotypical "female" roles (ibid:13). Fear of being identified in this way forced individuals to strive to maintain and safeguard their masculine identities and to become emotionally inexpressive since this was viewed as a sign of weakness (Wooden and Parker 1982). Consequently,

> "While the deviant heterosexual convicts are overplaying their masculinity, the effeminate homosexual convicts and heterosexual "kids" are subjected to the norms, values and roles dictated by the more powerful masculine-oriented majority." (Wooden and Parker 1982:17)

Wooden and Parker also noted overt stereotypical behaviour among some inmates, including projection of an exaggerated, machismo image in their gait, their mannerisms and their speech, and in their engagement in body-building. Moreover, most inmates who used prison gym facilities did so less for health reasons and more as "… an institutionalized statement of manhood" (Wooden and Parker 1982:17).

Cohen and Taylor (1981) similarly found that among relatively static groups of male prisoners, individuals tended to 'role play' tough, safe characters as a strategy for fitting in and becoming accepted. This way, there would be a high degree of conformity to a single, normative character and little likelihood of individuals expressing their individuality:

> "There is one set of characters and one stage … There is little role segregation, little opportunity for the presentation of different selves in different contexts. (Cohen and Taylor 1981:86)

Under their broad schema of intermale dominance hierarchies, Sabo et al (2001:9) distinguished four levels in the prisoner hierarchy, 'dominant prisoners', 'prisoners with resources', 'marginalized prisoners' and 'stigmatized prisoners'. 'Dominant prisoners', they argued, at the top of the pecking order, are "tough guys with the capacity and willingness to use violence to get what they want". 'Prisoners with resources' are usually able to move around the prison, work the informal prison economy to their advantage through their access to illicit drugs and contraband, and carry out 'contracts', assaults and extortion schemes. Such inmates know when to keep quiet and while they may have the capacity for violence, they tend to be less ruthless than 'dominant prisoners'. Marginalized prisoners may include those who are focused on religion, or have college/university educations, or participate in prison rehabilitation programmes, or who prefer to complete their sentences 'quietly'. At the bottom of the pecking order are the weaker, stigmatized prisoners, who, for example, may have been identified as 'grasses', child sex offenders, or as having weak or feminine characters (Sabo et al 2001:9). This schema is very similar to those identified by Clemmer (1958) and Sykes (1958) in their descriptions of prison culture. However, Sabo et al have acknowledged the important gender dimension of prison social organisation that many earlier researchers overlooked.

Bullying in prison has been linked to dominance and subordination among prisoners, with victims of bullying often situated towards the bottom of the masculinity hierarchy (Ireland 2000a). Edgar and O'Donnell (1998) found that victims commonly struggled to raise their status relative to other prisoners, acquiring reputations for being vulnerable and therefore attracting further victimisation. Toch (1998) has suggested that this vicious circle can arise when new prisoners are drawn into 'character contests' early in their sentences as a form of initiation ritual.

Several researchers have suggested that exaggerated masculine attitudes and behaviours in male prisons arise from living in an all-male environment without access to heterosexual sex. Sykes (1958:97-8) suggested that forced sexual abstinence resulted in prisoners having to prove themselves as men by projecting "'toughness' in the form of masculine mannerisms and the demonstration of inward stamina". Similarly, Scully (1990:9) found that male prisoners convicted of rape commonly displayed 'exaggerated traditional male role behaviour'. Cowburn's (1998:236) analysis of a cognitive behavioural programme for sex offenders, revealed an interesting paradox. The programme was designed to challenge sexist and patriarchal values and attitudes among participants. However, it emerged that the values, attitudes and behaviours of participants were "… similar to those of the hegemonic masculinity endorsed and actively embodied in the culture of prison" (ibid:246), being generally indistinguishable from the heterosexist, misogynist and violent

code of mainstream prisoners. Moreover, the attitudes and conduct of male prison staff was characteristically heterosexist, homophobic, misogynist, and "… indistinguishable from the espoused masculinity of most male sex offenders" (Cowburn 1998:248). Stanko (1985:116) likewise concluded that sex offender programmes were unlikely to be successful in male prisons where the masculine prison culture reinforced abusive and misogynist treatment of women. Other studies have shown how male prisoners commonly fail to recognise their own sexist attitudes and behaviours (Fisher and Watkins 1993:69; Genders and Player 1995:95).

Violence, intimidation and bullying seem to be common, central and prominent features of hegemonic social relations in male prisons (Sykes 1958; Morris and Morris 1963; Scully 1990; Sim 1994; Cowburn 1998; Edgar and O'Donnell 1998; Ireland 2000a; Sabo et al 2001). Sim (1994:102) has referred to violence as the central social catalyst of prison life, since it sustains the social hierarchy by placing prisoners on their guard against others, thereby continuously mediating their conduct and relations with others. This way, violence, victimisation and bullying become routine and institutionalised, as the prison social system

> "sustains, reproduces and … intensifies this most negative aspect of masculinity, moulding and re-moulding identities and behavioural patterns …" (Sim 1994:103)

Violence is therefore symbolic and ritualistic of the hostile all-male environment, and some male prisoners will use fear, intimidation or physical confrontation to present a "no-compromise, hard-man" front. Such men will have networks of supportive associates who they can 'recruit' through coercive influence and notoriety, achieved through racketeering, dealing, settling scores and victimisation (Scraton et al 1991:67).

At another level, Scraton et al (1991:66) have also discussed the role of 'institutional violence' in prisons, reflected in the subtle ways prison staff part-denounce and part-condone violence among inmates. They may either publicly denounce or ignore instances of violence, where, for example, a victim is a known sex offender. In this sense, prison personnel may be complicit in reinforcing and sustaining the masculine social hierarchy.

These studies have suggested that social life in prisons is arranged around a clear masculine social hierarchy or 'pecking order' (Wooden and Parker 1982; Sim 1994; Sabo et al 2001). It is important to recognise though that organisational and regime processes, and the values prevalent in society at large, must play a role in fostering, sustaining and reinforcing hegemonic masculine relations among prisoners. In Sim's (1994) view, power in prisons should not therefore be perceived in terms of individuals' quests for power arising from their personal traits or other qualities. Rather, it should be perceived in terms of an institution's efforts to control and 'normalise' inmates, 'reproducing normal men' who in turn 'transmit' the masculine values and ideology of the system. They materially and symbolically reproduce a masculine system of order and control "where

'normal manhood' forms the template for social relationships" and yet remains unrecognised and unchallenged (Sim 1994:108). Consequently, it may be argued that the prison system is failing to challenge prisoners' perceptions of themselves as *men* and to shift the prevailing hierarchical gender order.

Also, from a social constructionist perspective, it may be argued that males perform prison masculinities in multiple ways that do not necessarily signal allegiance to a code or gender hierarchy. Miller (2000:3), for instance, has implied that prisons are "sites of sexual and gender complexity" that require a more "nuanced understanding" than one based on basic dominant-subordinate relations. Such arguments imply, perhaps too simplistically, that prisoners have little choice over their circumstances, their identities and their status. Rather, it is likely that while prisons certainly structure prisoners' lives around a strict regime of compliance to formal rules, prisoners play an active role in presenting and projecting their values, attitudes and identities (Giddens 1991; Jewkes 2002). In this sense, prisons do not operate in a simple, predictable and deterministic way, progressively stripping prisoners of their identities. Instead, inmates become involved in a dialectic and interactive relationship with the institution, adapting to and internalising the social structure, yet acting back on and shaping the social structure themselves (Jewkes 2002:208). They may therefore actively engage in a strategy of front management to avoid being exploited by fellow inmates, endeavouring to

> "… simultaneously maintain a private, 'pre-prison' sense of self *and* a public identity for presentation during social engagement with others." (Jewkes 2002:211)

This is sometimes referred to as presenting 'backstage' and 'frontstage' settings (Goffman 1959; Giddens 1984). Thus,

> "… the tensions associated with sustaining the particular bodily, gestural and verbal codes that are demanded in such an overtly masculine environment are particularly marked, and the necessity for a deep backstage area where one can 'be oneself', 'let off steam' and restore one's ontological reserves is therefore arguably even greater than in other settings." (Jewkes 2002:211)

To summarise, the literature suggests that the social structure of prisons is underpinned by an entrenched and pervasive hierarchical masculine ideology, where attitudes and behaviours of prisoners and prison officers are differentially aligned to the masculine prison code. This code is based on traditional societal mores and norms of masculinity. Thus, within prison culture, dominant and subordinate masculinities are played out by individuals, commonly centred on a hegemonic masculine 'ideal' status of 'toughness', which may earn prisoners status and respect from fellow inmates. Certainly, research has shown that men who have not been to prison before commonly view prisons as austere, violent places, with a characteristic "pecking order" (Thurston and Beynon 1995). As individuals, though, male prisoners are a diverse group and therefore prison life is likely to be less predictable and prescribed as this. Rather, prisoners are likely to be actively engaged in

their surroundings, interacting with the people and structures they encounter in the prison setting. Thus, when a man is 'sent down' for the first time, he will probably expect to have his masculine identity challenged. He may therefore put on a front, or adopt a 'frontstage setting', to survive the experience, and thereby contribute to the masculine ideology and social structure of the prison.

4.5 (UN)HEALTHY PRISON MASCULINITIES

One aim of this research has been to explore whether prison masculinities are determinants of health. A broad definition of health – which includes physical, mental and social factors, and recognises the importance of structural and cultural contexts – makes this seem realistic. In the context of a male prison, fighting, bullying, body-building, competitive sports and preference for manual work may be perceived as 'masculine' pursuits, yet they also have significant health implications. At a structural level, prison regimes based on discipline, conformity, competitiveness and 'normalisation' may be viewed as paternalistic and authoritarian, and therefore ideologically masculine; yet, again, they may have significant implications for health. In terms of hegemonic masculinity, these activities may impact differentially on inmates, such that some suffer significant health repercussions more than others, depending partly on their individual status as prisoners.

There is currently no literature or research that has explored direct links between health, masculinity and prisons. However, some recent studies have suggested links, particularly with regard to mental health. Miller (2000:4), for instance, has referred to "a psychological loss of manhood" associated with long-term imprisonment, loss of liberty and loss of male role and status; in essence, prison is 'a castrating and infantilizing world' (ibid:4). This is similar to Sykes' (1958:xv) 'inherently pathological and repressive' deprivations of prison, which he argued 'figuratively castrated' inmates. Likewise, Newton (1994:198) has argued that a male "prisoner's masculinity is besieged from every side" when he comes to prison, in terms of loss of heterosexual contact, loss of autonomy and independence, enforced submission to authority and lack of access to material goods, "all of which are central to his status as a 'man'".

Jewkes (2002:221) has made more direct links with health. She has suggested that loss of autonomy, choice and responsibilities can "negate the sense of manliness which is at the core of most prisoners' identities", which can result in deteriorating physical and mental health. This is particularly so for prisoners who find it stressful conforming to the "excessively performative hegemonic masculine culture" (Jewkes 2002:221). Health, particularly 'psychological survival', as she has put it, depends on an individual's ability to adapt to prison life and have some influence in shaping their environment. By becoming actively involved in prison life and immersing themselves in a particular prison subculture, inmates may achieve some sense of purpose and belonging, which may be a positive strategy in terms of coping with the stresses of prison life. Thus, although prison

life is highly structured, by conforming to the inmate code, prisoners may be able to draw "… ontological security based on mutual support and camaraderie" (Jewkes 2002:221). Consequently, prisoners may be able to overcome anxiety and stress associated with loss or role or identity and reduce the risks to their health.

4.6 CONCLUSION

This research has provided an opportunity to explore whether prison masculinities have a health impact. The literature has suggested that hegemonic masculine social relations can characterise life in male prisons, which in turn may have an impact on physical and mental health, particularly in terms of the mental health of 'subordinate' males. While prisoners may be influenced by the masculine prison code, they may also be complicit in defining the code through performance of their own masculinities, which may in turn bring some degree of health protection or risk reduction.

This theoretical framework has significant implications for health policy in prisons, since it shifts attention from a health care to a public health perspective that acknowledges the determinants of health in prisons. Here, the focus is principally on masculinity as a key 'ingredient' in understanding health at individual and structural levels.

UK public health policy emphasises the importance of health need and health impact assessments as mechanisms for developing and implementing health improvement programmes in particular settings (DoH 1999b). In accordance with this, the UK government's Prison Health Policy Unit and Task Force has recently been conducting health needs assessments in prisons in England and Wales (HM Prison Service and DoH 2001). Health Impact Assessments have not yet been undertaken in prisons, but could provide useful evidence on the health impacts of policies, practices and conditions in prisons. This research perhaps offers a useful starting point in terms of illustrating how ethnographic data can be used to explore some of these broader health determinants.

The Healthy Prisons ethos is about providing supportive prison environments for health (WHO 1996). This implies that, as a democratic society, we are responsible for ensuring that prisoners receive fair, humane and dignified treatment and care. Equity and social justice are cornerstones of liberal democracy, yet there is ample evidence to suggest that social inequality and social injustice remain key characteristics of our society and of some of its important social institutions, including prisons. At the heart of these injustices lie the exercise and distribution of power. This literature review has demonstrated how power and gender are intrinsically linked. Hegemonic masculinity theory proposes that social inequalities exist between men, based on a malignant patriarchal gender order. This seems to be a feature of most social institutions, though particularly those that appear to be male-dominated.

The World Health Organisation's health promotion philosophy is summarised in a simple definition – "the process of enabling people to increase control over and improve their health" (WHO 1986). Implicit in this definition are the notions of empowerment and participation, which may be difficult aspirations for prisoners. Given the need to rehabilitate offenders into productive and law-abiding citizens, prison environments must surely be adapted to minimise physical, psychological and social harms and to enable prisoners to become active participants in society, equipped – or empowered – to lead purposeful and productive lives. An environment that is restrictive and coercive, and where individuals feel the need to conform to a masculine code and at the same time remain anonymous and "normal", is the antithesis of the WHO vision for health in prisons.

In the 1970s, Illich (1977) levelled his accusations at the medical profession for misappropriating health through 'iatrogenesis', where medical treatments and accommodation were accused of making people sick rather than healing them. Similarly, while the criminal justice system has a responsibility for providing 'humane containment', for some prisoners it arguably delivers physical, psychological or social harms through its efforts to enforce security and instil a disciplinary culture. Prison health policies and practices that focus principally on alleviating disease and illness, and that ignore the fundamental causes of poor health in prisons, are arguably neglectful in their duties of care and protection. A broad public health perspective on prison health is therefore required, which recognises the central importance of gender and power in shaping the health experiences of prisoners and the health of the prison system as a whole.

B THE STUDY

This section discusses the practical details and theoretical basis of the research. Chapter 5 describes the research setting and its status within the prison estate of England and Wales. Issues concerning prison organisation that have direct relevance to the research are explored, including regime factors, features of the prison population, 'purposeful activity' in prisons and support systems for prisoners. In keeping with the research, the principal focus here is on the adult male prison population. In Chapter 6, the research design and methodological basis of the study are discussed and critiqued, focusing particularly on access, sampling, data collection, and data analysis. Presentation and analysis of research findings are discussed in section C.

5.0 THE RESEARCH CONTEXT

5.1 INTRODUCTION

Most people are unlikely to experience or even enter a prison, given that only 0.1% of the population of England and Wales is serving a prison sentence at any one time (Elkins et al 2001:1). Thus, it is probable that public perceptions of prisons are largely influenced by secondary accounts. Indeed, Mason (2000:33) has argued that media representations of prisons tend to shape public perceptions, portraying misleading and unrepresentative stereotypical images of prison. Likewise, Querry (1975:147) has argued that public perception is based principally on ignorance, as we are

> "… forced to call upon the powers of our imaginations – or the imaginations of someone else – to help us with the details of an institution about which we really know very little."

To enable full appreciation of the nature of the research setting, the first part of this chapter thus provides an overview of the prison estate in England and Wales, including insight into its character and organisation.

5.2 THE PRISON ESTATE

The prison estate of England and Wales comprises 148 establishments (Leech and Cheney 2000; HM Prison Service 2002), which vary widely according to era of construction, architectural design, capacity, surrounding environment, population characteristics, role and function, and security classification. They include local prisons, maximum security dispersal prisons, category B, C and D training prisons, remand centres, open and closed young offender institutions, and the juvenile estate (King and McDermott 1995; Leech and Cheney 2000; HM Prison Service 2002). Most are managed by the Prison Service with a small number managed by private companies on behalf of the Prison Service. They are classified primarily by age and sex of their inmates, 136 accommodating males and 12 accommodating females, while four male establishments have female wings. Twenty-one establishments accommodate young male offenders (aged 15-21), of which four are adult male prisons, while female young offenders are held in the adult female prison estate (Leech and Cheney 2000; Elkins et al 2001) (see Table 3).

Table 3. English and Welsh establishments by Security Category
(Adapted from Leech and Cheney 2000:227).

Male Establishments	**136**
Local Prisons	39
Maximum Security Dispersal Prisons	8
B-Category Prisons	11
C-Category Prisons	32
D-Category 'Open' Prisons	10
Remand Centres	5
Closed Young Offender Institutions	15
Open Young Offender Institutions	2
Juvenile Estate (under 15 years)	14
Female Establishments	**12**
Local Prisons	4
Closed Prisons	5
Open Prisons	3

Following the Report of the Inquiry into Prison Escapes and Security in 1966 (the Mountbatten Report), the 'dispersal' process was introduced for adult prisoners as a means of improving security and ensuring more efficient classification and placement of prisoners (Home Office 1966). Under this system, prisoners are transferred from the courts to a local prison, where they may have already been held on remand, pending sentencing. There they are assessed for the risk they present to the public, to other inmates, to themselves, and their likelihood of attempting escape (King and McDermott 1995:62-3). Prisoners are subsequently graded according to one of four security categories, A, B, C or D. Category-A prisoners are then transferred to a maximum security prison, while category-D prisoners are sent to an 'open' prison where security is more relaxed. There are no category-A prisons in England and Wales. Instead, these prisoners are 'dispersed' among one of eight maximum security, category-B, dispersal prisons, which have category-A wings. Essentially, category-B prisons accommodate prisoners for whom escape must be made very difficult, while category-C prisons accommodate those considered to have neither the intention nor resources to escape. Category-D prisons accommodate those who can be trusted in open conditions (King and McDermott 1995:62-3; Leech and Cheney 2000:xvi). Apart from those serving short sentences (usually under six months), most prisoners are transferred early in their sentences from a local prison to a 'training prison' (categories B, C or D), where employment and education are provided as preparation for release. Some prisons provide therapeutic regimes or training for violent or sexual offenders (Leech and Cheney 2000).

5.3 THE PRISON POPULATION

5.3.1 Demographic Trends

The prison population of England and Wales is predominantly male (94%) and young (82% aged 16-40) (Marshall et al 2000:1; Elkins et al 2001:5), with around two thirds aged between twenty-one and thirty-nine (Home Office 2001c:26). In the last ten years, the prison population as a whole has risen steadily, from around 43,000 in 1993 (Elkins et al 2001:3) to around 71,000 in 2002, and it is expected to rise to around 83,500 by 2008 (Gray and Elkins 2001:1). Since 1993, the number of male prisoners has risen by 38% to 66,355, while the number of female prisoners has increased by 61% to 4,328 (HM Prison Service 2002:1). Current levels equate with 130 prisoners per 100,000 of the general population, or for men 250 per 100,000 and for women 20 per 100,000 (HM Prison Service 2002:1; ONS 2002a:1; Walmsley 2002:1). These rates are close to the average for Europe and the world, while the US has the highest prison population rate in the world with a rate of 700 per 100,000 (Walmsley 2002:1).

Two key statistics used to measure prison overcrowding are Certified Normal Accommodation (CNA) and Operational Capacity (OC). CNA refers to the total capacity of the prison estate when it is not overcrowded. In May 2002, the CNA was 63,033, indicating that the prison estate was overcrowded by 7,650 prisoners. This equated with 7,812 too few places for males and 162 excess places for females (HM Prison Service 2002:1). To accommodate excess capacity, prisoners may be 'doubled-up' or even 'trebled-up' in cells designed for one inmate. For instance, in 2000/01, 11,128 prisoners had to share cells designed to accommodate one (Home Office 2001c:4). The OC refers to the maximum, safe, overcrowded capacity of the prison estate. Again, in May 2002, this was 73,341, suggesting there was space in the estate – in crowded conditions – to accommodate a further 2,658 prisoners (HM Prison Service 2002:1). In recent years, overcrowding has been most acute in local prisons, while category B and C male training prisons have tended to be full but not overcrowded (Home Office 2001c:35). Generally, this reflects the high proportions of short-term and remand prisoners in local prisons who have not been subsequently transferred to training prisons. Also, when prisons exceed CNA levels, it becomes difficult to transfer prisoners to appropriate category prisons. Instead, they may be moved around the system to free up capacity, some having to wait up to a year for a transfer (HMIP 1997:17). Overcrowding results in understaffing and resource cuts, which ultimately disadvantages prisoners:

> "Overcrowding has led to too many Governors having to breach Prison Service Operating Standards, by doubling up … cells which are below the minimum certified size … Even worse are the effects of resource cuts to regime activities, which mean that far too many are left locked up in their cells for far too long, because … there are not enough staff or instructors or facilities to occupy them fully." (HMIP 1997:17)

To address the problem of overcrowding, electronic 'tagging' was introduced in 1999, under the Crime and Disorder Act 1998, which has reduced the prison population by around 2,000 prisoners (Home Office 2001c:14 & 186). The government has also pledged £689 million to the Prison Service, some of which is expected to increase prison capacity by 2,660 places between 2001 and 2004 (Home Office 2001b:46).

Another key characteristic of the prison population is its rapid turnover. Annual new 'receptions' amount to around four times the prison population (Marshall et al 2000:1). This principally arises from sentencing patterns, given that around 8% of prisoners receive sentences of less than six months, a further 8% receive 6-12 months, 37% receive 12-48 months, 38% receive four years and over, and 9% receive life sentences (Elkins et al 2001:9-10). A four-year cut-off point distinguishes short term from long term prisoners, with the latter having to earn eligibility for parole.

5.3.2 Demographic Composition

In terms of offence, males most commonly serve time in prison for violence, and then burglary or drugs offences, while females are most likely to be serving time for drugs offences, then violence or theft and handling (Elkins et al 2001:9-10). Younger males (aged 21-29) are more likely than older males (aged 30+) to be serving time for burglary, robbery or affray, while older males are more likely to be serving time for violence, sexual offences or drugs offences (Home Office 2001c:89).

There is no direct evidence linking socio-economic status and imprisonment. However, Marshall et al (2000) have argued that people from the lower socio-economic groups tend to be overrepresented in the prison population, on the basis of their relative high levels of educational under-attainment, unemployment and poor living standards prior to imprisonment. Firstly, they have estimated that almost half the prison population has no academic qualifications, while a very small minority is educated to A-level. Also, the Home Office (2001c:126) has found that 48.8% of prisoners are unable to read, 81.8 % are unable to write, and 64.6% do not have basic numeracy skills. The government has pledged to increase by 50% the number of qualifications prisoners attain while in prison by 2004 (Home Office 2001b:46). Secondly, few prisoners have had previous employment in productive work, a high proportion having been unemployed or long-term sick (Marshall et al 2000:18). Finally, two thirds of prisoners lived in rented or subsidised accommodation before prison (Marshall et al 2000:18), compared with one third of the general population (ONS 2000:1). Moreover, Singleton et al (1997) have reported that around one third of prisoners have been homeless at some time.

Compared with the general population, prisoners are significantly more likely to have experienced difficult life events prior to imprisonment, particularly during childhood. Singleton et al (1997) found that around a quarter of prisoners spent some of their childhood living in local authority care, and around one-third lived in an institution as a child. A quarter of male prisoners and one tenth of females also attended a special school. They also found that around 50% of the male prisoners they surveyed had experienced relationship breakdown, family bereavement, expulsion from school, serious money problems, redundancy or had run away from home. This was similar for females, of whom nearly half had also been victims of domestic violence. Significant proportions of males and females had also been victims of bullying, injury or violence (Singleton et al 1997).

Around one fifth of the prison population belongs to a minority ethnic group, 69% of whom are described as Black and the remainder as South Asian in origin (Elkins et al 2001:18). This compares with one tenth of the general population, suggesting that people from minority ethnic groups are considerably over-represented in the prison population (ibid:18). Indeed, the prison population rate for minority ethnic groups is 423 per 100,000, compared with 130 per 100,000 for the general prison population. This can be broken down to 118 per 100,000 for Whites, 1,454 per 100,000 for Blacks, 132 per 100,000 for South Asians, and 264 per 100,000 for other ethnic groups[1] (Elkins et al 2001:18; HM Prison Service 2002:1; ONS 2002b:1). Also, white males are statistically more likely to be convicted for violent or sexual offences (32%) or burglary (19%) than males from minority ethnic groups (26% and 11% respectively), while Black males are more likely to be convicted for robbery (22% compared with 11%) or drugs offences (25% compared with 13%) (Home Office 2001c:3). Also, in 2000, 51% of sentenced White males were serving sentences of four years or more, while the figures for males from minority ethnic groups were 63% for Blacks and 68% for South Asians (Home Office 2001c:113). These differences may partly be explained by the proportions of sentenced prisoners convicted of drugs offences, which have tended to attract longer sentences. However, the Home Office (1994) has estimated that Black males generally receive longer than average sentences.

These trends illustrate that a significant majority of prisoners come from marginalised or socially excluded communities and that importation factors may therefore be highly significant in terms of explaining the health of such inmates. Also, given the extent of the social problems many bring with them to prison, it is unlikely that prisons can adequately address these and deliver rehabilitation programmes that deal squarely and effectively with the pressing health and social needs of prisoners.

[1] The ethnic groups cited here correspond with the data provided by Elkins et al (2002), who used the categories of the 1991 Census. The source data, recorded by the Office of National Statistics subdivided 'Black' into Black Caribbean, Black African, and Black Other, and 'South Asian' into Indian, Pakistani and Bangladeshi, while Chinese was included in the 'Other' category.

5.4 THE 'PROGRESSIVE REGIME'

The prison system of England and Wales operates what is often referred to as the 'Progressive Regime', or officially as the 'Incentives and Earned Privileges Scheme' (IEPS). This highly structured system of control, introduced in 1995 as a 'carrot-and-stick' approach to prison management, uses incentives and privileges to prevent unruly or antisocial behaviour and promote good order and discipline (Cavadino and Dignan 2002). It is governed by the Prison Rules, which are published by the Home Office and reviewed annually by the Home Secretary (Home Office 1999).

5.4.1 Reception and Induction

On arrival at prison, prisoners are processed through 'Reception', where they surrender their personal possessions and exchange their clothing for the standard prison uniform. They are allocated a prisoner number, photographed, issued with bed linen and basic toiletries, and undergo a health assessment and sometimes a strip search. They are then escorted to a cell on the Induction wing where they will spend their first few weeks. In accordance with the IEPS, facilities on the induction wing are usually the most basic in the prison, and inmates commonly have to share a cell and remain locked up for long periods. During induction, they are familiarised with the recreational and work areas, the regime and the Prison Rules. They attend a reception interview where they may be issued a security category (A to D) and allocated a job. They also undergo formal and informal assessments of their conduct. Reception and Induction can vary from prison to prison in terms of the amount of information and support prisoners receive. Each time prisoners are moved to another prison, though, they must undergo induction and forego any privileges they may have accrued in their previous prison (Leech and Cheney 2000:237).

5.4.2 Sentence Plans

Sentence plans are prepared for prisoners by a Sentence Planning Team comprising a sentence planning officer, a probation officer and a prison officer (usually the prisoner's Personal Officer). This enables prisoners' progress to be monitored and reviewed throughout their sentences. Sentence plans usually list a series of negotiated objectives for individual prisoners, aimed at addressing their offending behaviour and providing education, training or employment to suit them and prepare them for release (Leech and Cheney 2000). Currently, there are four accredited offending behaviour programmes – 'Reasoning and Rehabilitation', 'Enhanced Thinking Skills', 'Problem Solving', and the 'Sex Offender Therapy Programme' – and a rolling programme of unaccredited courses that focus on issues such as anger management, domestic violence, theft and burglary, and alcohol and drug misuse (Holdsworth 2000; Home Office 2001c:124-5).

Prisons in England and Wales must provide adequate education and training opportunities for prisoners, including providing for special educational needs and for those of compulsory school age (Home Office 1999: Rule 32). A National Core Curriculum is therefore offered in basic literacy and numeracy skills, information technology, social and life skills, and English for speakers of other languages. A wider curriculum ranging from GCSEs to Open University degrees is also available (Home Office 2001c:125). Prisoners are offered an educational assessment when they arrive at prison, though few adult prisoners take up educational opportunities on a voluntary basis (Home Office 2001c:126).

Prisoners who choose not to take up educational opportunities must participate in some other form of employment. Under the Prison Rules (Home Office 1999: Rule 31), all sentenced prisoners are required to participate in useful work for up to ten hours a day. In 2000, involvement in education or employment averaged 23.7 hours per prisoner per week (Home Office 2001c:4). Employment opportunities tend to include industrial/factory work, farming/gardening, catering, cleaning and domestic duties, building maintenance, and charity work, some of which can lead to vocational qualifications. Prisoners may be eligible to apply for a Facility License to work outside prison (Home Office 2001c:126). They may be excused from work on medical grounds, or transferred to a different type of work should they have a relevant medical problem (Home Office 1999: Rule 31).

5.4.3 Incentives and Privileges

The Progressive Regime is organised on the basis of a three-stage system of accommodation, whereby prisoners can graduate from the 'basic' conditions of induction to 'standard' or 'enhanced' conditions. As prisoners progress through these stages, they receive more privileges and a better standard of accommodation. Under the IEPS, six main privileges can be earned by prisoners: access to private cash, extra or improved visits, enhanced earning schemes, earned community visits, wearing of own clothing, and time spent out of cell. Also, governors can nominate additional privileges, such as in-cell television or access to recreation or sports facilities (Home Office 1999).

In 2000, the amount of time prisoners spent outside their cells averaged 9.5 hours per day during the week and 8.3 hours per day at weekends (Home Office 2001c:4). The minimum statutory requirement is for prisoners to have access to open air at least once a day (Home Office 1999: Rule 30). Prisons are not expected to provide exercise or recreation facilities, though these are usually provided on the basis of the IEPS. Sentenced prisoners also have a minimum entitlement of two 30-minute visits every four weeks, which can increase in accordance with the IEPS (Dickson and Cheney 2000).

Prisoners may also have their status or privileges rescinded through an 'adjudication' process, where the governor has the power to provide punishments for breaches of prison discipline (Home Office 1999: Rule 55[1]). In 2000, a rate of 163 breaches of discipline per 100 prisoners was estimated for England and Wales, which included refusals to obey orders, unauthorised drug use and possession of unauthorised property. The most common form of punishment was to add days to a prisoner's earliest possible date of release (Home Office 2001c:4). Prisoners may also be placed on a Close Supervision Order and moved to the Segregation Unit, or 'Block'. This procedure is guided by strict protocols to avoid unethical treatment of prisoners, but may be used with highly disruptive prisoners who pose a potential danger to others. These prisoners will usually lose all privileges and may be transferred to a higher security prison (Leech and Cheney 2000).

5.5 SUPPORT FOR PRISONERS

There are a number of support systems for prisoners. In terms of one-to-one support, a prisoner's most immediate contact is the officer who has been appointed as his/her 'personal officer'. Good relationships with personal officers are vital since they can perform a valuable 'gatekeeper' role and have to provide regular progress reports on prisoners. Beyond the uniformed staff, the prison chaplain and education and health care staff can be useful sources of support, and are often able to refer prisoners to more specialist counselling or support. Also, probation officers perform an advocacy role, helping prisoners forge links with the outside world and prepare for release, and producing their parole reports. Less formal sources of support include access to prison visitors, who are volunteers from the local community with authorisation to befriend prisoners who do not receive regular visitors. Alternatively, prisoners can approach either the Samaritans or the Listeners Scheme. The latter are prisoners who have been trained by the Samaritans to provide confidential counselling for vulnerable prisoners (Gay 2000). Close Supervision Orders may also be used to protect vulnerable prisoners (Home Office 1999: Rule 45), which may require them being held in the Segregation Unit or transferred to another prison (Leech and Cheney 2000).

Prisons also have Boards of Visitors, comprising local volunteers appointed as independent 'watchdogs' to monitor treatment and welfare of prisoners and staff. Problems they encounter are raised with governors and published in an annual report to the Home Secretary (Gay 2000). Likewise, the Prison Ombudsman independently adjudicates complaints by prisoners and reports these to the Director General of the Prison Service. During 2000/01, the Ombudsman received over two thousand complaints, the majority alleging unfair adjudications (Prisons Ombudsman 2001:6). Many complaints do not reach the Ombudsman, though, since they must first be raised with prison staff before the Ombudsman becomes involved (ibid).

5.6 THE RESEARCH SETTING

The research was conducted in the enhanced wing of a Category-C adult male training prison, situated in a rural part of Southern England. In order to respect the confidentiality of the research participants, the prison is not identified, but a general impression of the establishment is provided relative to the prison estate as a whole.

5.6.1 Population

At the time of the research, the prison accommodated 520 sentenced male prisoners, exceeding its Certified Normal Accommodation of 487 but not quite reaching its Operating capacity of 528 (HM Prison Service 2002). Around three quarters of inmates were adults, the remainder being young offenders housed in separate units. The majority of inmates were white, with a small proportion from minority ethnic groups, and most were from the south of England, with around one third of these from South Wales. Most adult prisoners were serving short to medium term sentences, ranging between six months and six years, with a very small minority serving more than this. Table 4 shows the ages, sentence lengths and details of offence and previous convictions for eight prisoners who participated in the research; these represented a quite typical mix of prisoners at this establishment.

Table 4. Typical characteristics of eight prisoners who participated in the research.

Pseudo-nym	Age	Sentence days/ (years)	Offence	Previous Convictions (number)	Previous Convictions (type)
Trevor	51	1643 (4½)	conspiracy to commit burglary	7	theft, handling stolen goods, fraud, deception
Sam	31	1278 (3½)	burglary and aggravated bodily harm	4	drug/alcohol abuse, theft, importing, supplying & producing cannabis, dangerous driving
Nathan	27	1536 (4)	burglary	4	theft to support heroin addiction
Derek	21	2192 (6)	wounding with intent	1	robbery, possession of drugs
Vince	23	1646 (4½)	burglary and criminal damage	10+	burglary, theft, shop-lifting, arson, endangering life
Ken	24	1825 (5)	robbery, kidnap and deception	5	alcohol-related aggression
Lance	24	1218 (3¼)	grievous bodily harm with intent	0	none
Tony	37	1096 (3)	aggravated bodily harm	10+	alcohol-related ABH/GBH

5.6.2 Accommodation

The prison comprised a fenced compound of largely 1970s and 1980s brick-built or pre-fabricated single and two-storey buildings. Occupying the central area of the prison, within a fenced inner zone, were nine accommodation units, plus the main facilities for prisoners, including reception, the segregation unit, the kitchens, the laundry, the chaplaincy, the health centre, the education department, the library and the workshops. The administrative offices, gatehouse, visiting centre and farm were situated in an outer zone, yet within the perimeter fence. The two-storey accommodation units (7 adult; 2 young offender) had integral association, toiletry and eating areas. The adult units comprised an induction unit, three standard regime units, a 'drug-free', voluntary testing unit, and two enhanced regime units.

The research was conducted in one of the enhanced units. This unit was described unofficially as the 'super-enhanced wing', given that inmates had more privileges, and greater privacy and comforts than in the other enhanced unit, and because it accommodated forty inmates as opposed to sixty-nine as in each of the other units. A recent Prisons Inspectorate Report described the unit as follows:

> "The atmosphere on the unit was good and very relaxed. The staff worked well together and their rapport with the prisoners was excellent. We were told that prisoners worked well together to maintain a good environment. The extra trust put in them was rarely abused … Prisoners located here appreciated what they had. [This unit is] … an excellent incentive for prisoners to aim for and a valuable resource for the prison, providing a positive environment." (reference withheld to maintain anonymity)

The unit comprised a staff office, two association rooms with pool table, darts board, television and video, a servery with dining area, a laundrette and two public telephones, all located on the ground floor. The prisoners' rooms were located on two levels, measuring approximately 8ft by 8ft and fitted with central heating, an unbarred, curtained window, small bed, desk and wardrobe, portable television and en suite toilet and shower. Meals were collected from the servery and eaten either in the association room, in prisoners' rooms or outside. Prisoners held keys to their rooms, which they handed in when they left the unit to visit other departments in the prison. Unlike on other units, these inmates were permitted to wear their own clothes and to have electronic games consoles in their rooms.

A principal officer had overall responsibility for both enhanced units, operating as line manager for the six unit officers, two of whom were on duty at any one time. Each officer had responsibility as personal officer for five prisoners on the unit.

The daily routine for prisoners was predictable and regimented, organised principally around meals

and work or education. Breakfast was served at 8am from the servery, and at 9am prisoners were expected to attend work or education. They would return to the unit for an hour and a half at lunchtime and the working day would end at 4pm. The evening meal was served at 5.30pm and Association time lasted until 8.40pm. During Daytime Patrol State or 'lock-down' (12.30-1.30pm) and after 8.40pm, prisoners were expected to remain in their own rooms. At weekends (Friday, Saturday, Sunday), when there was no work or education, they had to remain on the unit unless they had appointments elsewhere, with more time provided for association. To attend other departments in the prison (e.g. health care, chaplaincy, library, gym, visiting hall), prisoners had to make the necessary arrangements with a wing officer.

Prisoners who disobeyed the prison or unit rules were automatically regressed, following three warnings, to basic conditions on either the induction unit or a standard unit. They would then serve twenty-eight days under basic regime conditions before being reviewed. During this time they would remain locked in a cell, without the opportunity to work or associate with other prisoners, and would be entitled to one hour outside their cell in the company of an officer. They would also have to ask for permission to use a telephone or have a shower. A recent Inspectorate Report described this procedure as unsatisfactory on the grounds that it was punitive rather than rehabilitative, and therefore not a productive use of time (reference withheld to maintain anonymity).

5.6.3 Education and Employment

The education department was staffed by four full-time tutors, around twenty part-time tutors and two learning resources assistants, all employed from the local education authority. A range of courses were offered, including offending behaviour programmes, a Welfare to Work Scheme, NVQs, GCSEs, A levels, GNVQs and Open University degrees. All prisoners were offered an educational assessment at reception and asked to complete the Basic Skills Agency test and standard screening for dyslexia. Those with educational needs or interests were then interviewed and assessed by a tutor, and then devised an individual learning plan. Around a quarter of prisoners had enrolled in full-time education programmes, and around half on NVQ courses in carpentry, industrial cleaning, and painting and decorating (reference withheld to maintain anonymity). Most prisoners were expected to participate in offending behaviour programmes in line with their sentence plans.

Employment opportunities, some of which provided vocational qualifications, included charity work, textile production, cargo net production, vehicle headlamp assembly, cycle repair, carpentry, painting and decorating, industrial cleaning, Braille, laundry, kitchen or wing orderly, farming/estate work, and, for those who had earned their Facility License, the opportunity to work

outside the prison. Despite this range of work opportunities, the Prisons Inspectorate concluded that while every prisoner had a job, full employment did not exist due to the shortage of supervisory and instructor staff, and because outdoor jobs were seasonal. Also, there were limited places on vocational (NVQ) courses, which took more than nine months to complete (reference withheld to maintain anonymity). Unless prisoners were employed on 'contract' work, pay was awarded on a sliding scale, between £4 and £8 per week, depending on a prisoner's regime status. Contract work, involving work for outside firms (e.g. cargo net production; vehicle headlamp assembly), was paid according to performance and could potentially bring a higher wage. Prisoners with access to private finance could also supplement their incomes. Wages would then usually be spent on basic provisions from the canteen (prison shop).

5.6.4 Recreation, Association and Welfare

During Association periods, prisoners could spend time in each others' rooms or outside, or gain permission to visit the gym, the library, the chaplaincy, the visiting hall if they were expecting a visit, or the health centre. Most commonly spent their association time on the unit, eating their meals, watching television, playing pool, darts, board or electronic games, exercising, sleeping, reading, doing artwork, or, in hot weather, sunbathing outside.

The gym comprised a large sports hall, equipped for a range of indoor team sports, and a weights room. There was also an outdoor, all-weather pitch available for team games. Prisoners who attended the gym were expected to participate in an induction programme, which included a personal physical assessment, a kinetic lifting course, and advice on keeping fit. All prisoners could apply to use the facilities, though places were limited per session and enhanced prisoners were given precedence over others.

The prison chaplaincy, which comprised a chapel and a meeting room for civil ceremonies and non-Christian faiths, provided for prisoners' religious and spiritual needs. It was served by a full time Chaplain, five other Christian ministers (different denominations) and a visiting Imam. Since access to services was limited to sixty, prisoners were expected to book their attendance, particularly for Church of England Sunday masses that were always full. Otherwise, they could use the facilities for other non-service reasons, including music or singing workshops, or one-to-one counselling with the Chaplain or other specialists.

Visits were arranged from relatives or friends by sending them a Visiting Order. They were held on Fridays, Saturdays and Sundays between 1.30pm and 4.00pm, lasting up to one hour. They took place in a large hall with a capacity for fifty groups at any one time. Prisoners on basic regime were entitled to two visits per month, while standard regime prisoners and enhanced regime prisoners

could have four visits per month and five visits per month respectively. It was also possible to apply for a combined visit lasting the whole afternoon.

The health centre employed a part-time medical officer (GP), a full-time health care officer (prison officer), two full-time nurses (one RGN; one RMN), a part-time pharmacist, and a part-time administrative assistant. Other specialists were employed on an hourly basis, including the psychiatrist, the community psychiatric nurse, the dentist, the optician and the chiropodist. The local GP also provided daily on-call cover between 7am and 7pm, while routine surgeries were available Monday to Friday, with a Saturday surgery for emergencies and new receptions. The nursing staff provided cover between 7.30am to 9pm Monday to Friday and 8am to 9pm at weekends. A crude estimate based on a review of the health centre's records suggests that around ninety prisoners (one sixth of the prison population) reported sick each day, most requesting over-the-counter medications.

5.7 CONCLUSION

This research was conducted in an enhanced unit of a category-C adult male training prison. The prison accommodated sentenced male adults and young offenders, which was untypical of most category-C establishments. Nonetheless, the establishment was organised and managed in line with other prisons of similar status, using the Incentives and Earned Privileges Scheme to maintain good order and discipline.

The prisoners who participated in this research were not necessarily typical of most prisoners. For the most part, they were living in enhanced conditions, which, given the far fewer available places in enhanced units compared with standard units, placed them in a privileged minority relative to other category-C prisoners. But to become enhanced they had had to experience basic and standard regimes and comply with the 'progressive regime', which meant they probably actually had a broader experience of category-C regimes than most.

The qualitative nature of the research, as discussed next, has meant it has been difficult to make broader statements or conclusions about the prison experience. Instead, it has sought to show how prison was for some individuals and how it impacted on their health, and to illuminate the complex interplay of forces that shaped life within a particular prison community.

6.0 RESEARCH METHODOLOGY AND DESIGN

6.1 INTRODUCTION

The research used a reflexive ethnographic approach to explore issues linking health and masculinity in a prison setting. This chapter therefore begins by exploring and analysing methodological arguments concerning ethnography, and arrives at the methodological standpoint used to guide the development of the research. It then describes the research design, critically exploring issues of access, sampling, data collection, and data analysis. The research findings are then discussed in Section C.

6.2 ETHNOGRAPHY

'Ethnography' is both a process and an outcome of research (Agar 1980). As a process, it can involve prolonged observation or interaction with a group as a means towards providing descriptive or interpretative outcomes about the group as a cultural or social system (Creswell 1998). However, ethnography also spans a wide philosophical spectrum, from realism through to relativism, which place different limitations and expectations on ethnographic methods in terms of their practice and potential.

Ethnographic approaches to research generally involve researchers exploring, uncovering, describing or interpreting social worlds from their research subjects' perspectives (Fielding 1993; Gilbert 1993), "… in their own language and on their own turf" (Kirk and Miller 1986:12). They are claimed to be able to provide 'thick description' (Geerz 1973) and thereby illuminate 'reality' from multiple, subjective perspectives rather than a single, detached, objective perspective (Lincoln and Guba 1985:37). This assumes that knowledge and truth are local, culturally-situated and organisationally embedded (Holstein and Gubrium 1998:137). Such depth of research engagement is achieved through empathic introspection – or "Verstehen" (Weber 1947) – where the purpose is to understand as fully as possible and describe or interpret as accurately as possible what is being observed or experienced. Holstein and Gubrium (1998:137) describe this as "reality-constituting interpretative practice", or, as others have put it, seeking to explain meanings behind people's social actions that distinguish them individually or culturally (Nielsen 1990:7; Fielding 1993). To achieve this, the researcher must engage with research subjects in their 'natural' surroundings – or "naturalistically" – so as to 'get the best fix' on them (Denzin and Lincoln 1998:3). In a similar sense, Goffman (1961:7) argued that people's lives became more meaningful to outsiders when they were able to get close enough to them to understand them.

Conventional ethnography tends to be rooted in positivist, realist philosophical thinking that argues that there are realities and truths to be discovered, whereas more contemporary relativist thinking – particularly from postmodernism and poststructuralism since the 1980s – have challenged the certainties surrounding such claims.

6.2.1 Realist Ethnography

Realist or 'descriptive' ethnography has it origins in early Twentieth Century anthropology and sociology (Gilbert 1993), and is commonly associated with Glaser and Strauss' (1967) 'grounded theory' methodology. It assumes that the naturalistic approach can yield vivid and authentic descriptions of people's complex social worlds and facilitate the development of 'grounded' theories about them (Hammersley and Atkinson 1989:6; O'Connell Davidson and Layder 1994). Thus,

> "... there is a knowable, communicable sociocultural reality which can be described and explained." (Bruyn 1966:177)

However, it may be misguided to search for 'realities' and make 'reality claims' (Hammersley 1992; Hammersley 1995; Barbour 1999), for this assumes there is an independent reality to be uncovered in the first place (Hammersley 1992:43; May 1997), and that reality-constituting practices can provide authentic and accurate descriptions. Rather, grounded theories are arguably mere generalisations, simplifications and trivialisations of people's varied, complex life experiences (Hammersley 1992; Barbour 1999), and therefore only capture a researcher's impression within a single time frame.

Also, to assume that researchers can provide valid descriptions, accounts or interpretations may be problematic (Hammersley 1992; Barbour 1999), particularly given that descriptions, perceptions and interpretations of researchers may not be congruent with views of research subjects (Bruyn 1966). In this regard, Van Maanen (1988) has suggested that while ethnography has traditionally presented ethnographers as impersonal, anonymous and neutral biographers, they do carry their own values into the field, and are influenced in their research practice by particular theoretical or philosophical perspectives. Thus, an ethnographer's account is merely

> "… a construction cast in the theory and language of the describer and his or her audience. It is a second-order recounting." (Rosen in Barbour 1999:116)

It is a product of analysis with a particular style of presentation rather than an authentic representation of reality (Hammersley 1992), and it is a means to attaining academic status (Hammersley 1995). This may render the research subject's account subordinate to the researcher's (Strathern 1987). Also, both may engage in some degree of deception or 'front management',

which can compromise claims of authenticity (Bruyn 1966; Lofland and Lofland 1984; Hammersley 1992; Fielding 1993; O'Connell Davidson and Layder 1994). Thus, even though researchers may be 'close' to their research subjects, their descriptions and interpretations may lack accuracy and validity. (Bruyn 1966; Hammersley 1992; Fielding 1993; O'Connell Davidson and Layder 1994; Hammersley 1995). So it may be impossible to tell with certainty how 'true' these are, particularly if there is no immediate, independent and reliable access to that reality (Hammersley 1992:69). To summarise, therefore, realist ethnography

> "… stands accused of claiming a transparency of representation it cannot deliver, of presenting as neutral and comprehensive what are very particular and politically loaded points of view, and of seeking to control the interpretations of readers" (Hammersley 1995:87).

6.2.2 Alternatives to Realism

As suggested, though, ethnography is no longer confined to the realist philosophical tradition. In the last twenty years or so, it has become associated with a wide array of theoretical perspectives, including structural functionalism, symbolic interactionism, cultural and cognitive anthropology, feminism, Marxism, ethnomethodology, critical theory, cultural studies, and postmodernism (Creswell 1998). Ethnography has thus been

> "… fashioned to meet the purposes of a diverse range of theorists and researchers with different political priorities." (O'Connell Davidson and Layder 1994:185)

The values and theoretical preferences of researchers essentially determine how they individually interpret ethnographic principles and use the methodology, which in turn influence the outcomes of research (Bruyn 1966; Hammersley 1992). Rejection of the realist, descriptive tradition has thus led to the emergence of a range of alternative perspectives, based principally on social constructionist, postmodernist and relativist thinking, and which generally take an 'interpretivist' rather than 'descriptive' stance in terms of ethnographic output. They argue that individuals uniquely interpret the world around them (Blumer 1969; Denzin 1992; Hammersley 1995), which means there is therefore no 'real world', simply multiple subjective interpretations (Stanley and Wise 1983), fictions or autobiographies (Denzin 1990).

Postmodern ethnography, more specifically, strives to achieve 'genuineness' (Denzin 1990; O'Connell Davidson and Layder 1994). The researcher and the researched are subjects, each with their own unique perspectives. There is "… no end, no final, correct version ... One version is not enough" (Stoller 1991:237). Since each individual account is valid from the perspective of the individual concerned, or "… simply one version of the world amongst others" (Hammersley 1995:48), they are unsuitable for general theorising. This nullifies the validity of traditional ethnographers' 'reality claims'; instead, traditional ethnographies are viewed as "… different

tellings of different stories organized under the heading of the same tale" (Denzin 1992:124).

This relativist standpoint essentially denounces the intellectual authority and status of the researcher, which may be problematic if (s)he is striving to make a legitimate intellectual contribution and advance academic debate (O'Connell Davidson and Layder 1994:183). It also effectively dismisses an important sociological era of respected ethnographic research (Atkinson 1992).

To avoid absurdly relativism, Hammersley (1992:50-51) therefore advocated the use of 'subtle realism' in ethnography, based on three tenets. Firstly, 'facts' accrued from ethnographic research should be based on beliefs, about whose validity there is *reasonable confidence*. Secondly, 'facts' may only be considered true if they *correspond closely* with the phenomenon they are intended to represent or describe. Thirdly, the aim of ethnography must be to *represent reality* rather than reproduce it, using multiple, non-contradictory and valid descriptions of the same phenomena (i.e. 'triangulation'). Subtle realist ethnography thus allows researchers to explore independent 'knowable' phenomena, but denies having direct access to them. It is also accepted that the researcher must rely on cultural assumptions and interpretations that are representations of reality rather reality *per se* (Hammersley 1992:52).

6.3 ACHIEVING VALIDITY AND REFLEXIVITY

Various techniques have been developed to increase the legitimacy of ethnographic accounts. Some aim to strengthen the reality claims of research findings (see, for example, Bruyn's [1966:180-183] index of 'subjective adequacy'; see also Lofland and Lofland 1984; and Fielding 1993), while others involve researchers being "unashamedly committed" in their stance towards research subjects (O'Connell Davidson and Layder 1994:184). From both perspectives, validity is thought to be best attained by being as true as possible to the research subjects (Hammersley 1992); thus,

> "an account is valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorise." (Hammersley 1992:69)

McCall and Simmons (1969:1) suggested that this should involve a combination of four qualities: genuineness, directness (in terms of 'being there' physically and socially), informality, and openness/honesty. Fielding (1993:157) suggested that researchers should also situate themselves within the mindsets of research subjects. Researchers' claims must therefore be valid in the minds of the researched (Bruyn 1966), though they need not *reproduce* a reality nor a theory of existence or identity. In line with his subtle realist approach to ethnography, Hammersley (1992) suggested that validity may be assessed on the basis of the adequacy of the evidence, on the efficacy of the main claims, and on whether they are true beyond reasonable doubt. Douglas (1976, in Fielding

1993:165) also argued that this is best achieved by being 'tough-mindedly suspicious', 'checking out' and 'testing out' what has been found. Fielding (1993) proposed that a 'test of congruence' could be performed to demonstrate the researcher's competence in interpreting the rules, mores or language of research subjects. Researchers should acquire

> "… systematic understanding which is clearly recognizable and understandable to the members … and which is done as much as possible in their own terms." (ibid:164)

A key criticism, frequently levelled at qualitative methodologies generally, is the question of bias. Some would argue that when researchers 'get too close' to their research subjects, their lack of impartiality invalidates the research findings. Indeed, Weber (1947) advocated an empathic research relationship but argued that researchers should keep their values out of their research relationships. Schutz (1967, in Nielsen 1990:8) similarly argued that researchers could maintain objectivity in research relationships by 'bracketing' their personal values and beliefs, and playing the role of 'disinterested observer'. Attempts to achieve impartiality are likely to prevent empathic relationships forming, though, thereby limiting scope for eliciting genuine and authentic data and making sound interpretations. Gadamer (1976:9) thus argued that a 'fusion of horizons' is essential for the formation of new understandings. He suggested that researchers cannot avoid bringing their own values and pre-judgements to a new research situation; rather, when combined with those of others they can fuse into something new and unpredictable. For Nielsen (1990), the meeting of personal values and beliefs results in enrichment of both parties' horizons:

> "Because verbal interaction is so dynamic, the discussants' ideas, thoughts, beliefs, and statements get developed, modified, and expanded in the course of being juxtaposed with other ideas, thoughts, theories, and so on." (Nielsen 1990:29)

The more equal relationship that manifests leads to greater trust and respect, and therefore validity. Likewise, Oakley (1981:6) argued that to be able to make sound interpretations, researchers must achieve empathy and become 'personally involved' with research subjects.

In ethnography, this is usually termed 'reflexivity', or being aware of one's values, identity and social status relative to research subjects, and the corresponding influences these may have on research design, data collection and interpretation of results (O'Connell Davidson and Layder 1994:219). Reflexivity means acknowledging "that we are part of the social world we study" (Hammersley and Atkinson 1989:14). It is therefore a useful self-awareness tool that can help minimise bias or prejudice and enable greater flexibility in terms of being able to reflect on and then, where necessary, alter research design or direction. A reflexive approach thus requires researchers to work towards non-hierarchical, reciprocal relations with research subjects (Nielsen 1990; Mies 1993), and towards positive identification with them (Mies 1993):

> "On the basis of a limited identification it creates a critical and dialectical distance between the researcher and his (sic) 'objects'. It enables the correction of distortion of perceptions on both sides and widens the consciousness of both, the researcher and the 'researched'." (Mies 1993:69)

The researcher is then effectively a subject of the research, and, as Finch (1984:167) suggested, should be 'welcomed as a guest rather than tolerated as an inquisitor'. Interviews take on the character of informal and intimate conversations (Finch 1984), and researchers may use techniques like diary keeping, involving research subjects in the research design, and asking research subjects to read through transcripts and comment on interpretations of them, in their efforts to be reflexive. Harding (1991) advocated the notion of 'strong reflexivity', where research subjects are:

> "… conceptualised as gazing back in all their cultural particularity … [and where] … the researcher, through theory and methods, stand[s] behind them, gazing back at his own socially situated research project in all its cultural particularity and its relationships to other projects of his (sic) culture …" (Harding 1991:163)

A reflexive approach ultimately increases trust and rapport between researcher and research subjects, which is particularly important with marginalised or disenfranchised groups where there may be a status gap between them (Mies 1993). This is the basis of standpoint epistemology, where it is argued that less powerful groups often view their social reality more completely than their privileged counterparts. For social, material or even physical survival, underprivileged or marginalised groups are attuned or attentive to the perspective of the dominant class as well as that of their own. With regard to race, Nielsen (1990) argued that

> "... given that blacks in our culture are exposed to dominant white culture in school and through mass media as well as in interaction with whites, we can see how it is possible that blacks could know both white and black culture while whites know only their own." (Nielsen 1990:10)

This 'double-vision' or double consciousness, as Annas (1978:143-156) described it, implies that the perspective of the less powerful group on various phenomena - their interpretations and language - may reflect a wider awareness or greater degree of sensitivity to that of the more powerful classes. Hartsock (1983:283-310) similarly argued that the dominant group's view will be 'partial and perverse', in contrast to the subordinate group's more complete view. Consequently, a reflexive, non-hierarchical and non-paternalistic research stance makes it possible to represent minority perspectives as authentically as possible, using a non-threatening, empathic approach.

6.4 RESEARCH METHODOLOGICAL STANDPOINT

A key issue that repeatedly arose while designing and conducting the research was uncertainty about what specifically the research was intended to elicit or uncover. The answer to this should depend on the theoretical standpoint and philosophical traditions influencing the research design. Initially, the purpose of the research was to provide illumination on the 'reality' of prison masculinities in relation to health, with the purpose of suggesting recommendations for future policy and practice. But through further reading I was drawn towards a more relativist philosophical standpoint, through heightened awareness that the research data represented subjective viewpoints, and not necessarily general trends of prison culture. Thus, the research became less a search for general 'truths', 'realities' and 'traits' among research subjects, and was more driven by Hammersley's (1992) subtle realist ethnographic approach. This required a level of research rigour that brought *reasonable confidence* in the data, *close correspondence* between research subjects' accounts and my interpretation of them, and *representations of reality* based on sound triangulation. It also required a reflexive approach throughout the research process.

From an epistemological point of view, health and masculinity are uncertain, somewhat shifting concepts in terms of their meanings and usages. From preliminary discussions with prisoners it became clear that they held different views of what it meant to them to be a man, to be in good health, and to serve a prison sentence. This implied that the research might reveal a somewhat confusing diversity of perspectives on health, masculinity and prison, rather than a series of general themes. Thus, a traditional, realist ethnography would probably miss important variations in people's different views and perspectives.

6.5 THE RESEARCH PROCESS

The research process is probably best described as 'organic'. It involved becoming progressively immersed in the prison community, while striving to be reflexive, with the aim of eliciting reasonably accurate and fair interpretations of prisoners' perceptions of their social world in prison. Research participants were selected opportunistically, through establishing trust and rapport at a social level. This necessitated spending long periods in the prison, particularly on the 'super-enhanced' unit, interacting with prisoners and prison officers.

6.5.1 Physical Access

It took nearly a year to gain access to the prison and begin the fieldwork. The choice of location was purely opportunistic. With no previous experience of prisons, and no obvious means of gaining access to a prison, I initially wrote to the Home Office and the Prison Service for advice on how to

proceed. They recommended approaching prison governors directly to avoid the slower procedure of applying for formal permission through the Prison Service. I therefore wrote to the governor of Dartmoor Prison, but was unsuccessful (see Appendix 1 for relevant correspondence).

Meanwhile, discussions with staff and colleagues at the University of Bristol brought me into contact with a Law Professor who coincidentally was a parole officer in a local prison. He managed to arrange a meeting with the governor of this prison to discuss my research proposal. The meeting took place in the prison in June 1999, when I was also given a guided tour of the establishment. The governor consented to the research, pending permission from the Prison Service, which he agreed to arrange. A further condition was that I must carry out the research on an enhanced unit, since this was considered safest on my part. It would also assure me easier access to prisoners and the possibility of one-to-one interviewing. Approval from the Prison Service was confirmed by the governor in August 1999, with permission to proceed with the research (see Appendix 1 for relevant correspondence).

At no stage during this process was there any requirement to apply for permission through an ethics committee, which would have been sensible in retrospect had any difficult circumstances arisen during the research. However, the governor requested that prisoners and prison personnel who participated in interviews or focus groups provide signed consent and be provided with written information summarising the research aims and methods. The governor also provided written permission for me to bring a tape recorder into the prison (Appendix 2).

Research access may be defined in terms of the "availability" of the setting ('open' or 'closed') and the "openness" of the researcher ('overt' or 'covert') (Gilbert 1993:53). This research was essentially a 'closed-overt' study, being based in a secure setting and without secrecy. If the research had been conducted covertly, it may have required masquerading as a prisoner or prison officer, though this was well beyond my capabilities. Research can be covert in other ways, though. For instance, information communicated about the research to gatekeepers or research subjects may be ambiguous or simplified to ease transition into the field. In this sense, the use of the terms 'masculinity' and 'health' within the context of my research aims certainly suggested ambiguity.

6.5.2 Social Access

Hornsby-Smith (1993) has suggested that it may be necessary as a researcher to be economical with the truth in this way so as to secure good relations with potential research participants and gain acceptance in the research setting. Likewise, Newby (1977:118) admitted that during his research with farm workers he had felt the need to engage in "systematic concealment". With my research, it was certainly convenient to avoid becoming overly focused on the research aims and

concepts, particularly given that it was so important to establish rapport and trust with research subjects.

Cassell (1998:93) has suggested that "social access" to the research setting is about 'fitting in', and may require the researcher to have "a thick skin and a certain imperviousness to rejection". Researchers may also feel visible, exposed, vulnerable, threatened and tested when they enter an unfamiliar research setting (Janesick 1998), for, as Goffman (1959:1) suggested,

> "When an individual enters the presence of others, they commonly seek to acquire information about him, or to bring into play information about him already possessed. They will be interested in his general socio-economic status, his conception of self, his attitude toward them, his competence, his trustworthiness, etc."

It is therefore prudent from the outset to establish trust, rapport, and authentic communication patterns with potential research subjects (Janesick 1998:39). On entering the prison for the first time, I was certainly acutely aware of my heightened visibility and felt that prisoners and officers would probably view my presence in a sceptical or quizzical light. I felt it was therefore necessary to spend time becoming known and accepted in an attempt to blend in. In this regard, Cassell (1998:96-7) has argued that the researcher

> "... should adopt a role or identity that meshes with the values and behaviour of the group being studied, without seriously compromising the researcher's own values and behaviour."

As a researcher I strove to be flexible and reflexive, learning as much about the prison experience as possible, while striving to become accepted, trusted and respected as an outsider. This can involve engaging in a delicate balancing act between securing trust and acceptance while not misrepresenting one's own position (Klatch 1988). I was aware of my compulsion to 'fit in' with prisoners and staff, particularly since this could help me achieve sufficient rapport and reciprocity to proceed with the research. Access thus extended well beyond permission to enter the prison.

6.5.3 Personal Transition

To conduct the research effectively, I needed to develop good relations with prisoners and prison officers on the super-enhanced unit. I therefore spent nearly three months (October to December 1999) visiting the wing, on average three days a week for whole shifts (7am to 7pm). This enabled me to get to know the officers, to mix with prisoners, to become accustomed to the regime, to sense the throughput of prisoners, and to visit others parts of the prison.

Brannen (1987) has suggested that the early stages of research can be a 'period of initiation', given that the researcher is entering the symbolic world of others. Thus,

> "… he must learn their language, their customs, their work patterns, the way they eat and dress, and make himself respectable. There is an initial period when he must understand what expectations are held of him, and ... how he can behave." (*sic*) (Brannen 1987:167)

The initial visits to the prison were intense experiences. I would sense a build up of nerves in anticipation of the prison visits, which caused several sleepless nights. I felt highly visible on entering the prison, particularly in civilian clothing. This heightened visibility compounded my anxiety, fear and paranoia. I sensed that prisoners and staff alike viewed me with suspicion. I was preoccupied with my conduct and appearance, concerned with what I should wear and how I would come across to prisoners and officers, particularly in terms of my middle class accent and education. On reflection, I actually felt least at ease with the male officers, probably because of the their disciplinarian conduct, the 'Service' banter, the uniform, their general ambivalence towards me, and their occasional use of derogatory sexist, racist or homophobic language. With inmates and officers I perceived some social distance between them and me, partly signalling my own prejudices and reserve.

It took many weeks for these feelings to become less acute, and to develop a level of trust with staff and inmates on the unit. For the research to be successful, it was important to work at reducing barriers with potential research participants and develop reasonably strong and genuine relations. This turned out to be easier than anticipated, for officers and inmates turned out to be friendly and forthcoming in their attitudes towards me. Most were content to chat informally and supply useful information or gossip, and some even took an active interest in the research.

I got to know the officers quite well, one of whom became an important 'gatekeeper', arranging access to prisoners and to other parts of the prison. Eventually, I managed to move quite freely between different units and departments as staff got to know me. For instance, I spent a day in the segregation unit, talking to staff and inmates and attending adjudications. I also spent time in the visitors' centre, reception, the induction unit, the health centre, the gym, some of the workshops, and quite a considerable amount of time in the education centre, including a whole day participating in an anger management workshop. These rich and challenging experiences provided useful background knowledge of the institutional structures and regime, which made it easier to relate to prisoners and staff. In the early days I managed to befriend two prisoners on the enhanced unit who also became useful sources of reliable information and important 'gatekeepers' to other inmates. Over time, however, I found that it became increasingly important to try to balance my allegiances between officers and inmates. I therefore strove not to appear to either group to be 'on one side of the fence', partly by trying to spend time with both and trying to show respect for both.

Throughout this period of 'transition', I strove to consciously reflect on my perceptions and feelings about the experience. This was achieved by keeping a field diary of observations. I

recorded my movements and experiences using a small pocket book, noting salient pieces of information, events, times, names and experiences. I would then check out information with officers or inmates where there was a need for clarification or further explanation. These notes were then transcribed into more comprehensive field notes at the end of each visit. The field notes comprised a continuous log of my activities during each visit and some personal reflection, which enabled me to think about how to use the time constructively at future visits. Earlier visits were concerned with gathering information, learning about the regime, and achieving good reciprocal relationships based on some degree of trust or confidence with inmates and officers on the unit. I also felt it was important to try to dispel misconceptions people had about me as a researcher, and, moreover, to reduce my own prejudices and misconceptions about the prisoners, the officers and the prison.

6.6 THE FORMAL DATA COLLECTION

At a pragmatic level, the research combined three qualitative research techniques, participant observation, focus group interviewing and one-to-one, in-depth interviewing.

As explained previously, the enhanced unit where the research was conducted accommodated forty inmates at any one time and employed six full time prison officers. The unit had quite a rapid throughput of prisoners, some spending only a few weeks there and others up to a year. During my visits, I realised that it was difficult to predict when inmates were to leave the unit, as decisions to discharge or transfer them were usually made with less than twenty-four hour's warning. Thus, the prisoner population of the unit did not form a cohesive group, and it proved to be impossible to maintain contact with research subjects throughout the research period. On several occasions, prisoners with whom I had developed quite strong rapport and who had agreed to be interviewed were suddenly discharged or transferred before I was able to interview them. Nonetheless, seven prisoners participated in a focus group and thirty-five participated in one-to-one interviews. Interviews were also conducted with four of the prison officers. A schematic representation of the formal research process is given in figure 2.

Figure 2. A schematic representation of the research process.

	Sampling Approach	Research Method	Reflexive Analysis
ACCESS	Snowball Sampling 'acquaintances/contacts'	Observer-as-Participant Participant-as-Observer	Writing field notes/ Reflexive diary
↓	Purposive Sampling 'information-rich' cases	Participant-as-Observer Observer-as-Participant Exploratory focus group	Notes/diary Transcribing & reflection
END POINT	Theoretical Sampling 'theory-building' cases	Participant-as-Observer In-depth interviews	Transcribing & reflection Reflection/Revisiting Themes

6.6.1 Sampling Approach

A combination of snowball, purposive and theoretical sampling was used to recruit participants for the focus group and interviews.

Snowball sampling is a procedure whereby the researcher recruits a research subject through a contact who can vouch for the researcher's legitimacy (Gilbert 1993:74). This is particularly useful in situations where potential subjects are likely to be sceptical of the researcher's intentions (Hedges 1979). However, this technique requires the researcher to be able to draw on a network of reliable contacts, and certain subjects will likely be missed. On my first visit to the unit, one officer was especially eager to introduce me to particular inmates whom he thought would be useful or interesting to me. I was grateful for this support since it helped to 'break the ice' in terms of approaching inmates for the first time. But I also felt that this could interfere with the 'organic' flow of the research. In particular, the officer could have been directing me to his 'favourites' on the unit, which may have had implications for reaching other inmates. Secondly, because contact was initiated by an officer, inmates were not really able to refuse, which essentially amounted to coercion. This may then have made it difficult to recruit willing research subjects in the longer term. Thirdly, I wanted to spend more time getting to know inmates on the unit before approaching them for interviewing, and not have the interview process structured by the officers. As it happened, I managed to prevent this from happening and used these early opportunities to talk to inmates to learn about the institution, returning to them at a later date for more in-depth interviewing. During the earlier visits to the unit I spent time chatting informally with prisoners during association periods, gently breaking the ice and surreptitiously developing contacts as I became more accepted and inmates were happy to vouch for my legitimacy.

Purposive sampling, often referred to as 'judgement sampling' (Frey 1994), involves selecting "information-rich cases … from which one can learn a great deal about issues of central importance to the purpose of the research" (Patton 1990:169). During the course of the research, opportunities arose to get to know certain inmates quite well and develop reasonably good relations with them; these not only provided other contacts, but were essentially 'information-rich cases'. On one visit, for example, the aforementioned officer introduced me to an inmate for whom a sentence planning review meeting had been arranged. The officer informed me that the inmate had an anger management problem, which had precipitated the need for the review. I was introduced to the inmate and, with his consent, was invited to attend the meeting. The inmate later admitted that he had valued my presence at the meeting as an "independent observer", and subsequently he became a useful source of information and contacts.

Theoretical sampling, derived from Glaser and Strauss' (1967) grounded theory methodology, is more prescriptive and strategic than snowball and purposive sampling, since its purpose is to select respondents whom it is hoped will maximise theoretical development. While I had my research aims and questions, during the early stages of the research, the agenda was very open in the sense that it was important to develop relationships that would eventually yield meaningful data, despite the principal focus on health and masculinity. The sampling process was therefore initially 'snowballing' and 'purposive' in character, geared towards establishing useful contacts and seeking out information rich cases. In the longer term, I anticipated that new theoretical perspectives might emerge, though I did not expect these to necessarily come from inmates who might maximise theoretical development. However, as the interviews proceeded, it became clearer that certain subjects might yield more useful material concerning health and masculinity than others, although this was not easy to predict.

6.6.2 Triangulation

In qualitative research, triangulation essentially means exploring a 'problem' from a number of vantage points in an effort to strengthen validity (O'Connell Davidson and Layder 1994:53). It can involve using multiple data collection methods ('methodological triangulation'), multiple data sources ('data triangulation'), several researchers ('investigator triangulation'), and multiple theoretical perspectives to interpret a single set of data ('theory triangulation') (Denzin 1978). This research used methodological triangulation, based on the use of participant observation, a focus group interview and in-depth interviews. This meant that information could be checked out at different levels to enable reasonably accurate interpretation. Being reflexive throughout the research process provided an added dimension in terms of striving for validity.

Morse (1998) has suggested three principles that may be used to improve the legitimacy of qualitative research. Firstly, there should be *adequate* data to achieve 'saturation'. Secondly, the material (data) gathered for the purposes of the research should be *appropriate* to the theoretical basis. Thirdly, it should be possible to *verify* the researcher's account or interpretation by using secondary informants.

In terms of *data adequacy*, much effort and time were devoted to mixing socially and blending into the prison environment during the early stages of the research. By the time the focus group and interviews commenced, I was well known by the prisoners and prison officers, and had learned a lot about how the prison was organised. Essentially, I had reached a level of 'saturation' in terms of new contacts I could make and what more I could learn, and I was becoming accustomed to inmates arriving and leaving the unit. During the interview stage, which lasted around six months, interviews were conducted until a level of saturation was reached and no further useful data were forthcoming. Indeed, as the interviews proceeded, and my interviewing technique improved, I was more able to elicit appropriate information, and it became more obvious that no further insight or variation from accounts was likely to be forthcoming.

In terms of *appropriateness*, during the early stages of the research I took the view that everything I could learn about prison might in some way be useful to the research. This somewhat naïve view made it difficult to maintain the focus on my research questions. But, being in a new and challenging environment, I felt the need to learn with a reasonably open agenda so as not to miss some vital phenomena about the prison experience. Gradually, as I became accustomed to the environment, it was easier to take a narrower focus and consider the setting in the light of the research questions. The interviews took a similar format. During the earlier interviews, efforts to focus squarely on the research questions made it difficult to explore issues with interviewees. But as I developed my interviewing technique, I was able to explore with inmates wider issues about the prison experience which eventually proved relevant and useful with respect to the research questions, as interviewees found it easier to talk about issues they could immediately relate to.

Throughout the research process, I used a range of techniques to try to *verify* my observations and interpretations. Through informal conversations with inmates and prison officers I was able to check out information for meaning and accuracy. The focus group proved a useful opportunity to check my understanding of issues with inmates. At the interviewing stage, not only was information double-checked with interviewees during interview, particularly when ambiguity arose, but, where possible, interviewees were also issued with typed interview transcripts to read through and a number of individuals were also asked to check out summaries of their interviews. Given the rapid throughput of prisoners on the wing, though, it was difficult to verify my

interpretations of interview data with all interviewees. Nevertheless, the level of 'saturation' achieved with regard to some issues meant that it was difficult to misinterpret some of the key findings.

6.6.3 Participant Observation

Participant observation has been defined as 'prolonged participation by the researcher in the daily life of a group' (Becker 1970). It also signifies a researcher's efforts to empathise with the values, norms and behaviours of the group being researched (Hammersley 1992:185). Its form can vary according to the degree of researcher participation, though it is generally an unstructured approach to gathering data through informal interviewing or interaction with people in the research setting (Lofland and Lofland 1984). Gold (1958) identified four levels of researcher participation: complete participation, observation principally through participation, participation principally as observer, and complete observation (O'Connell Davidson and Layder 1994:167-8). It is likely that the researcher will move between these roles throughout the research process, depending on the stage of the research. In complete participation, the researcher must strive to pass as a member of the group being researched, which may be achieved covertly. (S)he may operate as a "sympathetic listener" (ibid:168), gathering information through observation and conversation in a non-directive manner. At the other extreme, complete observation implies that the researcher remains outside the group, merely observing and not interacting directly with research subjects. Between these extremes of participant observation, the researcher may be more participant than observer or vice versa, enabling different degrees of independence for the researcher and intimacy with research subjects (Gold 1958; O'Connell Davidson and Layder 1994).

Throughout the research, while I was not a prisoner myself and could not pass as a member of the prison population, I was involved in varying degrees of participant observation. The research was neither covert, nor conducted from a distance. In this sense, my role was consistent with the intermediary stages of Gold's typology. Early in the research, I was more observer than participant in the sense that I visited different departments in the prison to learn about the institution, interacting with staff and inmates at a fairly superficial level. For example, the time spent observing adjudications in the segregation unit were typical of this. On other occasions, I became more involved in events in the prison, interacting with inmates or officers at a deeper level, and thus participating more in the life of the prison. For example, I participated in an anger management workshop with around ten inmates and a tutor. I sat in the group and took part in the group-based discussions and exercises. In this situation it was important that I participated to avoid distracting the group by being anonymous. Similarly, during many visits to the super-enhanced unit I mixed with inmates at a social level, participating in games of pool and darts, watching TV, or

playing on an inmate's PlayStation. It was on occasions like this that inmates would 'open up' more or show interest in the research.

Participant observation was a valuable tool in terms of accessing potential research subjects. It enabled me to gradually learn the language and banter of prisoners and officers, and to develop rapport and trust. It was an important phase in terms of preparing for the focus group and interviews. Throughout, I recorded events, conversations and personal reflections in a field diary, consistent with Denzin's (1989) view that field notes should ideally contain explicit references to participants, interactions, routines, rituals, temporal elements, interpretations, and social organisation. This enabled me to build up my understanding of prison life and the institution and to address misperceptions and knowledge gaps.

6.6.4 Focus Group Intervention

A focus group is a group discussion organised to explore, or focus upon, a specific topic or set of issues (Powell et al 1996; Kitzinger and Barbour 1999). It may be distinguished from a group interview in that data are generated through the observation and recording of group interaction rather than merely through recording of verbal content. The principal role of the researcher is therefore to facilitate, observe and interpret group interaction (Kitzinger and Barbour 1999:4). Focus groups thus provide a means of exploring group dynamics, although they are also a useful forum for interviewing research participants en masse and generating research questions (Fontana and Frey 1998:53). Their principal advantage over one-to-one interviews is in providing greater insight into shared understandings and group interaction (Gibbs 1997:1).

Facilitation of a focus group can either be structured or unstructured, depending on the purpose. A structured approach might be used to pre-test interview questions, where the facilitator takes a directive role. A less formal, unstructured approach might be used to explore issues in a more spontaneous fashion (Fontana and Frey 1998). The role of the facilitator is therefore key to the success of a focus group. It is a challenging and demanding role, requiring strong interpersonal skills, listening skills, flexibility, empathy, assertiveness, and the capacity to be non-judgemental (Gibbs 1997; Fontana and Frey 1998).

The focus group approach was selected for this research for several reasons. Firstly, it could be a useful way to explore the research topic with prisoners and draw guidance and insight into how to proceed with the research. More specifically, I hoped that some key questions might emerge for use in the interviews. Secondly, it might provide further insight into the social life of inmates, in terms of the banter, language, taboos, social norms and roles, given that focus groups may

> "… allow you to see how people interact in considering a topic, and how they react to disagreement. They can help in identifying attitudes and behaviours which are considered socially acceptable." (Fielding 1993:141)

This kind of focused interaction among inmates could also help to confirm or dispel what had been learned from participant observation. Thirdly, it was anticipated that focus groups could be used later in the research process, with participants from the enhanced unit, to explore key issues that had arisen during the interviews. This opportunity might also be used to gauge the impact of the research on the inmate population, as a reflexive strategy. I was also keen to use the focus group approach because I had previous experience of facilitating groups, and therefore some confidence and skills to do so; this would be an opportunity to practice these skills in a challenging environment.

However, I eventually only facilitated one focus group, relatively early in the research process after three months of visits. This was because of difficulties encountered recruiting volunteers, securing an appropriate venue, tape-recording, finding time when prisoners were available, and because of the rapid throughput of prisoners on the wing. Also, the quantity of data that would have been amassed from several focus groups, combined with the interview data, would have been unmanageable within the time frame available. A key problem was recruiting volunteers. Although a small group of prisoners was keen to participate in a focus group, most did not want to be involved in a follow-up group. It also emerged that inmates who did participate were then less willing to take part in an interview, having already made a contribution to the research. Thus, it seemed important not to compromise the interviews. Although this decision could be detrimental in striving to be reflexive and rigorous in terms of the methodology, on balance it was better to proceed with one exploratory focus group and then the interviews.

All inmates on the enhanced unit were invited by letter to volunteer to participate in the focus group (Appendix 2:4). This approach was chosen having sought advice from inmates on the unit. Eventually, seven prisoners confirmed that they would take part. The focus group was arranged for a Friday morning, when inmates were not working or attending visits. I was able to book a classroom in the education department and run the focus group without staff or officers present. This was important given that I did not want to stifle participants by bringing in prison personnel as support. I had also built up a certain level of trust with the participants and did not want to compromise this by bringing in outsiders.

Given that this focus group was intended to be exploratory, direct questions were kept to a minimum. Following introductions and a brief explanation of the purpose of the focus group, an opening question was addressed to each participant, one by one: 'What do you do to keep healthy?'

Once each participant had responded, a discussion ensued that lasted an hour and a half and required minimal prompting or direction. The discussion and interaction revealed much diversity within the group, particularly in terms of the age range (19-54) and levels of experience of prison. There were no participants from minority ethnic groups and the group seemed to comprise a vocal and reasonably confident minority from the wing.

The discussion involved a great deal of banter, particularly with the focus on 'masculinity'. It was evident that some participants used the opportunity to out-wit others or put on a front, which made it difficult to steer the discussion around the research topic. Nonetheless, the focus group provided useful insight into inmate banter, showing particularly how inmates strove to 'point-score' and project their own image or status. In terms of content, some key issues emerged which were useful in terms of thinking about the interviews. One discussion centred around the role of men relative to women in society, based on a shared perception that the male role – as father and breadwinner – was being steadily eroded with important consequences for men's mental health. Secondly, several inmates admitted that it was difficult for men to cope with illness or disability, particularly in prison where they were expected to appear strong and capable. It also emerged that few inmates participated in educational courses because they were both used to manual employment and viewed non-physical work, particularly education, as a feminine pursuit. These kinds of issues were discussed in relation to the masculine role as they saw it, and health in these contexts was commonly referred to in terms of the mental health repercussions of a shattered male role or identity.

This experience highlighted how difficult it can be to conduct a focus group with men, since, in this case, they tended to become largely preoccupied with their own and others' conduct. Nonetheless, the focus group was useful both in terms of the group dynamics and the content, and, given more time and resources to repeat it, this approach could yield some interesting material on gender relations in a male prison. A further positive outcome was that I developed stronger relations with the participants who subsequently spoke more openly with me on the unit.

6.6.5 In-depth Interviewing

An interview is essentially "a conversation with a purpose" (Berg 1995:29). However important the nature of the subject matter, though, its success depends on the relationship between the interviewer and the interviewee. My purpose in the interviews was to accumulate useful data linking health and masculinity. But success would depend largely on the interview technique.

A 'semi-structured' or 'semi-standardised' interview approach was used. A series of loose questions were developed to guide each interview, with freedom to probe beyond the answers to achieve greater latitude, clarification and elaboration (Fielding 1993; Berg 1995; May 1997). Each interview was tailored towards interviewees' preferences and responses, in the form of a 'guided conversation' (Lofland and Lofland 1984), without a formal structure as such. This is a useful approach where subject matter is sensitive or complicated, and when the researcher needs to check that an interviewee has sufficiently grasp of the topic to reach a considered opinion (Fielding 1993:138).

According to Fielding (1993:138), questions should be as open-ended as possible, to achieve spontaneity rather than rehearsed responses. Secondly, the interviewing technique should encourage interviewees to communicate underlying attitudes, values and beliefs in a frank and open way. The interview schedule provided me with guidance and focus within the time available, as well as providing useful prompts should the interviewee 'dry up'. An informal, conversation style helped to facilitate frank and open discussion, and to ensure that interviewees felt at ease and not fearful of exposure or judgement. In Fielding's (1993:138) view, this is best achieved if the interviewer is relaxed and unselfconscious, neither condescending nor deferential, displays interest without appearing intrusive, and strives to personalise issues in order to reach underlying attitudes and beliefs. To some extent, I had already worked at this, through the process of developing relationships and rapport with research participants on the unit during the weeks preceding the interviews. By the time the interviews began, I was quite well accepted on the unit and not viewed with too much suspicion or scepticism. This was confirmed by occasional remarks from inmates, such as "we're trying to fix you up with the penthouse suite", or simple gestures of greeting and invitations to join in with activities on the unit.

The interviews took place over a period of eight months, each lasting between forty-five minutes and two hours. The early part of an interview commonly involved building up a degree of trust and rapport. Interviews with inmates were conducted in their rooms (or cells), 'as guest rather than inquisitor' (Finch 1984), while those with officers took place in a private staff room on the unit. They were tape-recorded with the permission of the interviewees. Since nearly all the prisoners

who were interviewed were smokers, I would let them help themselves to my rolling tobacco during the interview as a gesture of gratitude.

As the interviews proceeded, my interviewing technique and questions evolved and developed. Some of the earlier attempts were quite stilted and overly structured, whereas, with greater confidence and awareness, the interviews began to flow better and I felt more able to relax into a conversation style. The interview schedules for prisoners and prison officers are provided in Appendix 3. While the topic of masculinity is not explicitly worded in these schedules, it certainly arose in the interviews. After the first few interviews with prisoners, I found that it was more appropriate to approach the issue indirectly and sometimes later in an interview. Also, I found that respondents became more engaged when they were asked to talk at the outset about their experiences of prison and their criminal backgrounds. Issues relating to health and masculinity were then tackled more surreptitiously so as not to lose interviewees with somewhat abstract, academic terminology.

One concern I had before the interviewing stage was whether interviewees would provide truthful and accurate accounts in response to the questions. Prison officers had warned that some inmates were prone to exaggerating or even completely fabricating the truth. O'Connell Davidson and Layder (1994:128) have indeed suggested that respondents can exaggerate their experiences, remember events incorrectly, or deny and conceal certain experiences. Some prisoners could certainly have good cause to do any of these, so I proceeded with the interviews with this in mind, and decided to reassess the situation if this seemed to arise as a problem. Warnings about such individuals, either from other inmates or from officers, were generally sufficient to put me on my guard when interviewing them.

Thirty-five prisoners and four officers were interviewed between March and October 2000. Transcripts of interviews were issued to around one-third of the interviewees (i.e. those still in the prison when the transcripts became available), with requests for comments and the opportunity to make changes. Summaries of the interviews were then produced (example provided in Appendix 3), which were given to respective interviewees for further comment, so they could affirm my interpretations of the issues that arose during their interview. However, only one interviewee returned written comments, essentially deleting issues relating to his crime that he did not want published. Other than this, none of the research subjects came back with additional comments or feedback, despite the fact that I was regularly present and available on the unit throughout this period. My general impression, though, was that most interviewees had been pleased to receive a copy of the interview transcript, since they viewed it as a record of their prison experience and it had a certain souvenir value for them. Some had found the interview to have some therapeutic

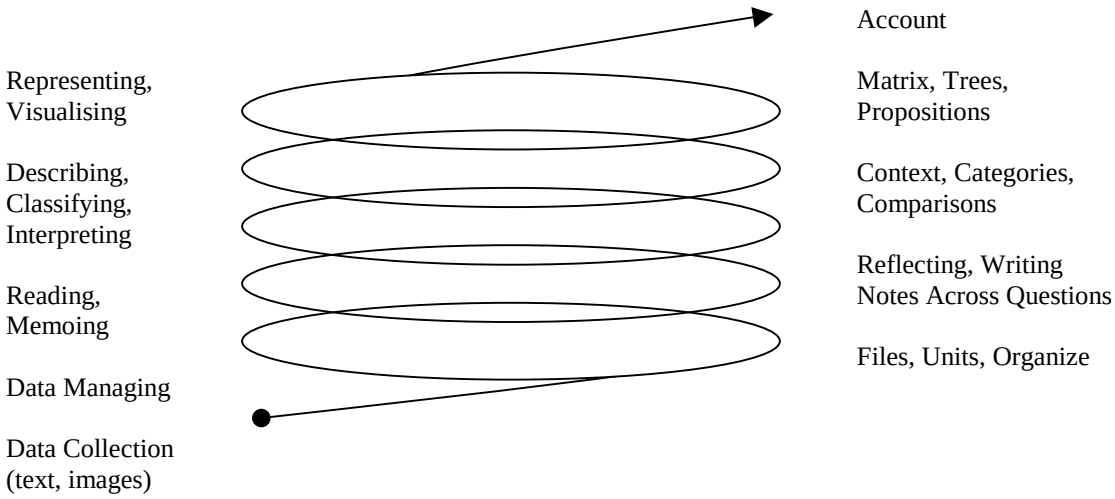
value as well. Given the time it took to conduct the interviews, transcribe them and begin to perceive themes in the data, it was impossible to conduct repeat interviews with research participants, especially given the short stay of many inmates. However, discussing some of the emerging themes with academic colleagues was helpful in terms of making sense of the data and firming up my interpretations of the findings.

6.7 DATA ANALYSIS

Analysis of qualitative research data starts towards the beginning of the data collection period and continues throughout the research cycle. The analysis then guides the data collection so that excess or unnecessary data are not collected (Morse 1998). The research proceeded from this premise, the earlier phase of participant observation guiding the development of questions for the more formal stages of data collection. Maintaining field notes and reflecting on the interviews as they were conducted, partly through transcription along the way, made it possible to hone the research and strive to address the research questions with greater purpose and sense of focus. Also, throughout the research period and during the two years of writing up, much time was spent revisiting the crude themes that had emerged, discussing these with academic colleagues and presenting them at seminars and conferences.

Creswell (1998) has described qualitative data analysis as a process of winnowing, whereby the researcher reduces the 'chaff' by developing a short-list of tentative codes or themes, discarding some material and matching other material to these. He has conceptualised this process in terms of a spiral, where the researcher moves progressively through a series of analytical circles, beginning with raw text or images and ending with accounts or narratives (Figure 3). The first loop of the spiral is data management where the material is organised into files or data units; these may simply correspond with individual interviews stored as transcripts on one's computer hard drive. This stage enables the researcher to view the size or extent of the database. Then the researcher tries to get a sense of the whole database by reading the field notes or transcripts, often several times, and making brief notes throughout the process. Through reading and reflecting, the researcher is able to shift into describing the material, classifying it into themes and making crude interpretations, essentially "based on hunches, insights, and intuition" (Creswell 1998:145). Finally, the researcher might present their interpretations in a diagrammatic form, for instance as a matrix or tree diagram.

Figure 3. The Data Analysis Spiral (Creswell 1998:143).



Alvesson and Sköldberg (2000:22) have similarly described a three-stage process:

1. The researcher reads the material (transcript) thoroughly, word by word and line by line.
2. The researcher interrogates the material for categories that are understandable and meaningful to the research subjects, coding the material.
3. The researcher makes notes of these categories and of what material falls within them.

A popular starting point is to review the material by writing rough notes alongside the text of transcripts (Bogdan and Biklen 1992; Huberman and Miles 1994; Wolcott 1994). This can then be extended to writing reflective summaries of transcripts (Creswell 1998), which can be given to research subjects for verification of their accuracy. Berg (1995) has suggested that analysis should begin with reading of the field notes or interview transcripts, thereby reinforcing themes perceived during data collection and bringing to the surface new themes previously unrealised. 'Open coding' is then used to systematically identify and extract themes, topics or issues, making the raw data more comparable and amenable to further analysis (Berg 1995:174).

'Coding' is a technique derived from grounded theory (Glaser and Strauss 1967), whereby crude research data are categorised into themes according to properties identified by the researcher; the aim is to evolve a theory or conclusion (Alveson and Sköldberg 2000). Ideally, codes or themes should derive from and be understandable to research subjects themselves. In this sense, Alveson and Sköldberg (2000:22) have distinguished between two types of theme, 'in vivo' themes that

arise directly from the statements of research subjects and 'in vitro' themes that are constructed from the material by the researcher (Alveson and Sköldberg 2000:22). Thus, in their view, coding

> "is not really able to represent reality in an unambiguous way through an objective, unequivocal, sure and rational procedure. On the contrary, it is a question here of researchers interpreting what they think they are seeing, in light of their own unreflected frames of reference." (Alveson and Sköldberg 2000:27)

Research outcomes also depend on the philosophical perspectives of researchers, and thus whether a study is biographical, phenomenological, grounded theory based, ethnographic, or case study, which in turn determines the approach to data analysis (Creswell 1998). These different methodological approaches advocate similar data management approaches, though how the data are described, classified and interpreted vary. Essentially, in line with phenomenological and ethnographic approaches, this research strove to sort data and themes into patterned regularities and meaning units and then to interpret and make sense of the findings. Participant observation was conducted and a field diary maintained to explore and describe the social setting of the prison and provide insight into the lives of prisoners. Data accumulated through sustained interviewing with research participants were transcribed and sorted into themes. Throughout the research process, repeated effort was made to make sense of research findings and arrive at reasonably robust interpretations, through reading and re-reading of transcripts, discussions with others, and further time in the setting talking to research participants. Finally, as discussed in Section C, the findings were presented as 'narratives' or attempts to describe the setting from the perspectives of research subjects.

The bulk of the research data arose from the interviews. These were word processed from audio tapes, complete with all non-verbal prompts and pauses, then edited, read, re-read, and then, using the traditional 'cut and paste' approach, broken down into themes. At first, the interview data were 'interrogated' in an undirected way; in other words, themes were pulled from the data as they arose, without reference to the research questions or aims. This prevented the exclusion of material that was not overtly relevant but that might become relevant later. At this stage, it was important to allow the data to 'speak for itself' rather than be prematurely reinterpreted. It was also important to try to retain and represent the meaning beneath research subjects' original responses rather than losing this in assigning their statements to arbitrary categories. For instance, the following words from one inmate illustrate how a range of issues can arise from just a few words:

> "Early bang-up can be a real piss off. Most people, they don't mind it … they don't go round saying, 'Oh, fucking bang-up, fucking bang-up …', and start complaining, 'cos then you can't handle your bird then, you know. Instead everybody's going round, 'Oh, yeah, bit of bang-up, about time we had a bit of bang-up …'. But, in a way, they're fucked off because they got a bit of extra bang-up. But everyone wants to be strong-willed to prove to themselves that they're strong-willed, like, and that they can do their bird, you know: 'I can do my bird. I don't care if it's more bang-up', you know." (Derek)

In this case, Derek was speaking about his ability to cope with his sentence, the annoyance of being locked up during association, the pointlessness of making complaints, having the strength of character to handle being locked up, and the ability to withstand the most excessive forms of hardship.

It was thus necessary to work methodically and carefully with the data, striving to maintain an overall sense of how the material presented itself as well as a level of open-mindedness to enable crossover of themes. This meant the task of sorting and re-sorting data was difficult, for frequent overlap occurred where themes and subthemes fell into different data categories, resulting in data often being categorised more than once. However, by maintaining focus on the research questions it was possible to 'bracket' particular material that was not directly relevant to the research aims and concentrate on the more relevant and poignant themes. I also discussed the emerging themes with research participants and with my research supervisors to gauge their views on my interpretations of the data. The result was a tremendous quantity of edited data, in the form of discrete quotations, which were categorised and subdivided into more than two hundred themes and sub-themes. Each contained anything between one and a hundred units of data (quotations), with more commonly expressed views and ideas contributing to those themes or sub-themes with a large number of data units. The data were stored in separate Microsoft Word files – each data category as a folder and each theme or sub-theme as a file – having been cut and paste from the original interview transcripts. Table 5 illustrates how data from the category 'Inmate Social Relations' were ordered into themes and sub-themes. The full range of data categories, themes and sub-themes is provided in Appendix 3. Table 6 then illustrates the data content of a single sub-theme, 'handling one's bird', from the theme 'Front Management'.

It was then necessary to sieve out material that was relevant to the research questions. Thus, further interrogation of the interview data brought to light certain key issues relating to health, masculinity or both when viewed in relation to the literature. Some themes had more peripheral relevance, perhaps relating solely to health or masculinity, while others appeared to have little or no overall relevance. This was a difficult task, though, given that most themes and sub-themes could be linked to greater or lesser degrees to health and/or masculinity. Eventually, five broad categories or topic areas were identified: *living under a progressive regime*; *inmate-staff relations*; *purpose, worth and occupation*; *inmate social relations*; and *relations beyond prison*. The ensuing chapters discuss each of these in turn, exploring their relation to health and masculinity.

Table 5. Themes and sub-themes represented by the data category 'Inmate Social Relations'.

INDEPENDENCE/ DIFFERENCE
being an older inmate
being middle class
racial and ethnic differences
being in a single-sex establishment
being a long-termer
choosing not to fit in
feeling isolated/alone
irritations of other inmates
unacceptable offences
inappropriately displaying emotion
taboos
losing one's self-respect
coping with anger or tension
keeping to oneself
looking after number one
maintaining one's sense of morality
maintaining one's self-respect

AVOIDING TROUBLE
avoiding difficult inmates
being suspicious of everyone
consequences for causing trouble
identifying trouble makers
trouble makers are unpopular
retaliation leads to trouble
episodes of fighting or confrontation

INTERDEPENDENCE/ FITTING IN
being a real 'con'
coping with competitive banter
confronting different values of inmates
learning the language to fit in
joining in with banter
coping with provocation
being a legitimate prisoner
using/having a sense of humour
having experience of prison
respect and trust among inmates
not standing out
solidarity
standing up for oneself

FRONT MANAGEMENT
Importance of image
Prevalence of front management
sexist banter
yarns/story-telling
'authority' figures
sexist cell decor
intimidation of others
status attached to offence or sentence
handling one's bird
use of the gym/sports facilities
competitiveness
significance of tattooing
fighting & violence
vandalism
expectations of others
group behaviour/conformity
compulsion to conform
criminal conformity/fraternity
fear compelling front management
immaturity, inexperience or insecurity

EXPLOITATION/ MANIPULATION
bullying
borrowing and debt
learning bad habits in prison
loss of honour among inmates
weakness and vulnerability

RECIPROCITY
friendship and companionship
comradeship
importance to trying to get on with others
loss of friends when they leave
support from fellow inmates
intensity of close friendships
ordinariness of most inmates

Table 6. Data representing the sub-theme 'handling your bird' from the theme 'Front Management'.

'HANDLING YOUR BIRD'
"Early bang-up can be a real piss off. Most people, they don't mind it … they don't go round saying, 'Oh, fucking bang-up, fucking bang-up …', and start complaining, 'cos then you can't handle your bird then, you know. Instead everybody's going round, 'Oh, yeah, bit of bang-up, about time we had a bit of bang-up …'. But, in a way, they're fucked off because they got a bit of extra bang-up. But everyone wants to be strong-willed to prove to themselves that they're strong-willed, like, and that they can do their bird, you know: 'I can do my bird. I don't care if it's more bang-up', you know." (Derek)
"I have seen people, they're in jail, right, and they're walking around,. 'Aaah, I've just got a four year sentence, so I have to do two and a half ... I don't give a fuck, though, I can do this standing on my head!'. When that door shuts and they're by themselves all you can hear is, 'sniff, sniff, boo hoo', and they're crying their eyes out. *That's* a front. I admit, I hate prison. I can handle it though, because I'm here now." (Ken)
"I've seen some sensible YOs, but a lot of them ... I say to every single YO that pisses about, 'It ain't gonna get you nowhere, and at the end of the day, they should give you at least a month or two maybe in a prison like Parkhurst or a top security jail with all the big men, and then see how you get on'. 'Oh, that would be no problem!'" (Ken)
"There's definitely a lot of, 'I can do this and I can do that'. But they can't really. They're just fooling themselves, but they're not fooling anybody else." (Ken)
"Someone like myself, who's been through the system … you know … I've been in strip cells and all that, you know." (Sean)
"I don't know if a lot of what perhaps you're told is of much use really from some of the inmates … a lot of them out there will say, 'Oh, yeah, man, it's real hard in here, but I sort them out', or whatever. You get a lot of that, you know, 'Prison's really hard, but we managed it all right'." (Trevor)
"People say they prefer to be banged up, know what I mean, but they're just proving that they're rock hard or something. Bollocks, no – rather be banged up or rather be able to mingle and do what you like? I'd rather do what I like and mingle." (Warren)

6.8 CONCLUSION

Throughout the research process, I was aware that my status as a researcher would in some way influence the research participants and the research outcomes; the experience would also have some effect on me. Even though a lot of energy went into getting known and accepted in the prison, I could never achieve the ideal research situation. But efforts to be reflexive and measured during the research were aimed at making the best of a challenging research environment. At first, the prison environment felt alien to me, and my status as a researcher and an academic made me highly visible. However, the longer I spent in the prison, the more I seemed to fit in, and it was not long before I had been there longer than some of the prisoners. With time, research participants became less like prisoners and more like acquaintances. This perhaps brings into question my ability to be impartial as a researcher, but also implies I had become more able to represent the views and perspectives of research subjects through my analysis.

C THE RESEARCH FINDINGS

The five chapters in this section discuss the research findings under the five data categories identified in Chapter 6, namely *living under a progressive regime*; *purpose, worth and occupation*; *inmate-staff relations*; *inmate social relations*; and *relations beyond prison*. Each chapter begins with a brief introduction, then reviews key themes and sub-themes that emerged, before developing the analysis in relation to health and masculinity. A full discussion that pulls together all the themes in relation to the research questions is developed in chapter 12.

7.0 LIVING UNDER A PROGRESSIVE REGIME

7.1 INTRODUCTION

This chapter explores a number of themes that emerged regarding how the regime impacted on inmates' health and illustrates some of the links with masculinity. From the data it was evident that the 'progressive regime', based on the Incentives and Earned Privileges Scheme (IEPS) presented problems for most prisoners. Not only did many inmates dislike the regime, but there was the sense that it created hardship for prisoners, it was unjust and that it disempowered inmates. Thus, it limited scope for real progression in terms of rehabilitation, impacting detrimentally on their mental and sometimes physical health.

Inmates spoke about their transition through the regime, starting with induction and graduating to the standard then enhanced facilities. Induction was frequently cited as the most difficult stage since inmates were expected to live in very basic conditions under a system of rules many did not initially understand, usually sharing a cell and remaining locked up for twenty-three hours a day. Sharing four communal showers and a single bath between sixty-nine inmates, in a large open washroom, was felt to be particularly demeaning.

The atmosphere in the prison, particularly on the induction and standard units, was described as tense and threatening. Many admitted that, particularly during the early weeks of their sentences, they had experienced a range of negative emotions, including fear, vulnerability, loss of dignity and self-esteem, and heightened visibility. The harsh conditions found on the induction and standard units were generally viewed as incentives to behave well and earn the reward of better conditions. Essentially, this 'carrot and stick' approach was seen as the prison management's system of control, as Jake put it:

> "This progressive regime as it's called is about complete control between the prisoner and the staff. That's all prison is about - control. This prison is basically a controlling institution. As long as they can control you, that's it. And as far as I'm concerned, rehabilitation and all the rest of it is bullshit."

7.2 VULNERABILITY AND FEAR

Most inmates spoke about how, particularly as new prisoners, they had felt vulnerable and sometimes fearful of other prisoners. Naivety added to the sense of vulnerability, for inmates were

expected to understand the prison rules and procedures, the social mores and language of prison, and thus adapt quickly to an unfamiliar way of life. As Stuart put it,

> "… you don't know what is going on, you don't know the rules, and the official rules aren't necessarily the actual rules. It was completely alien to me."

Chris compared the experience to starting a new school and having to learn to fit in, not display ignorance or naivety and avoid becoming a target for bullies. Thus, many inmates admitted feeling fearful at the outset of a prison sentence and used terms such as "petrified", "very, very scared" and "very frightening" to describe these early days. Barry said,

> "For that first month you're just in a daze … You're scared because you've heard bad rumours about prison … it's the worst feeling you could honestly imagine."

Some had found the period prior to sentencing difficult, in anticipation of what prison would be like. Lance, a former soldier with the British Army, admitted he had lost weight through worrying about prison during the months leading up to his sentence:

> "I thought it was going to be like Porridge, shitting and crapping in a bucket, having four to a cell, and everyone's out there knifing you and splashing you with hot water."

Likewise, many inmates had come to prison with the preconception that physical or sexual assault were common in prisons, some admitting that these preconceptions were based on fictional portrayals of prison, like the film *Scum*. Thus, many inmates came to prison in dread of other inmates they expected to encounter, though they now admitted that these early preconceptions had been unfounded, as Paul, for instance, admitted:

> "I expected a lot more fights … I really did. … 'Cos I always thought of prisoners as unshaven and ugly, with low intelligence, fighting all the time …"

Even more experienced recidivists conceded that the start of a new sentence was a difficult time; as Pat put it, it was always "… a complete and utter shock to the system". However, most inmates admitted that such feelings subsided with time and said that prison had not been as bad as they had anticipated.

During the induction stage of their sentence most prisoners felt at their most vulnerable and admitted sensing fear of others and of the authoritarian regime. Their sense of vulnerability was essentially an affront to their status as men and adults, having formerly had greater control over their circumstances and their social environments. Thus they experienced what could be described as psychological and social impotence as they became disempowered by the regime and incapacitated as adult males.

7.3 VISIBILITY/SURVEILLANCE

Related to this, many inmates described how they felt highly visible and under constant surveillance, a strategy which compounded their vulnerability and fear and stifled their privacy and independence. They sensed this heightened visibility from both the authorities and fellow inmates, particularly during periods of association on the induction wing where officers monitored their movements and conduct closely and there was a high level of suspicion and mistrust among inmates:

> "Every time you were let out of your cell they [the officers] were just standing watching you. If you were on association, one of the screws would creep into the room and just stand at the back and watch everybody. You'd get guys being mouthy and guys sort of half threatening other guys and that. And I noticed it straight away. I thought, 'these cunts are just trying to suss out who's who here'." (Len)

As Stuart suggested, it was therefore important to try to avoid trouble and maintain a low profile –

> "… to remain a wallflower … and try to blend into the background …"

Visibility was also an issue for inmates while they were on the enhanced unit, for they spoke about how surveillance by the authorities was intensified at this level, given their added privileges and status. Thus, Harry stated:

> "They're observing you, there's no doubt about it. They're observing you to see how you're reacting to pressures and stresses and that. And especially with me being on parole, like, they're doing reports on me without me knowing about it, so I therefore show them that I'm okay, like. I mean, they're looking at things like *this* [the interview], you know. And you don't get over here anyway unless you're a very trusted inmate."

Greater visibility also arose from there being fewer inmates on the unit (40 rather than 69) and longer periods of association. Thus, inmates remarked that they felt more visible and therefore more stressed than on other units. They felt more vulnerable to exploitation and fearful of others. In particular, inmates on the enhanced unit felt highly conspicuous to those on other units, sensing that they were viewed as "boot-lickers", "grasses", "arse-lickers", "traitors" or "nonces", as Derek pointed out:

> "'Oh, they're all arses-lickers over there', 'You've got to lick arse to get on there', 'You've gotta grass people up'", and "'… He's got on there earlier than me, so he must've grassed someone up for that' … And then when I first came over here, some boys were saying to me, 'Oh, you lick arse, you lick arse, 'F' wing boy. Go on, traitor', while the next week they was trying to get over here themselves, like. They all want to get on here. No one would refuse it. We all used to say it, but it's only jealousy. They're only jealous."

Rick had declined several opportunities to be transferred onto the unit:

> "'Cos I thought it was full of bacons [gays] and that, you know, a bit dodgy and that, nonces and stuff like that, grasses. Because that's what they used to really keep over here, you know, people that couldn't really mix with the main population, you know."

Interestingly, the officers interviewed admitted that staff working on other units often goaded them for working on what was perceived to be an 'easy' unit.

Thus, heightened visibility and perceived vulnerability was a major disincentive to accepting a place on the unit, and several inmates admitted that they had preferred the standard regime where they spent longer periods in their cells and were therefore assured greater privacy and less requirement to socialise with others. As Ian put it,

> "If I come to jail again, like, I don't wanna come here again … I'd rather go down the fucking block if I had to. I'd stay in a city jail, like, a proper nick."

So, similar to Foucault's (1977) analogy of the panopticon, this prison operated a highly effective strategy of surveillance that objectified inmates and caused them to engage in a process of self-surveillance and subjectification, carving out their own acceptable identities as inmates under the observation of others. They sensed that their conduct and identities were under constant scrutiny, which forced them to comply with the regime while striving to maintain their anonymity as far as possible.

7.4 BOREDOM, 'BANG-UP' AND MOTIVATION STAGNATION

Another key theme concerned the monotony of prison life. Most inmates described the prison routine as boring and unmotivating.

Firstly, during induction and on the standard wings, inmates had experienced extensive periods of 'bang-up' where they were sometimes locked in their cells for up to twenty-three hours a day. This was viewed as a significant hardship, as Jim explained:

> "You're banged up and you've got four walls and a door, which you can't get through. And you're just staring at four walls. I don't care who you are … People say, 'Oh, yeah, I can do my bird. I can do it standing on my head'. Put them behind that door and they can snap like that. They're in tears. Nobody can handle staring at walls for twenty-three hours a day."

Others said that this made them lethargic and lazy – "your body's just wasting away, you're wasting so much time, and then you're getting lazy" (Balli). Also it meant they had too much time to think and worry, often about trivial things:

> "When I first came in I was worried about everything … I've always said that if you serve six months bodily, you're doing twelve months mentally, because your mind works twice

> as fast in here, … and I don't think that's good. If you can control your mind to slow it up a bit then you're doing yourself a favour." (Steve)

Night-time was a particularly difficult time for many inmates when their worries surfaced and prevented them from sleeping. This was exacerbated by insomnia that would result from living a sedentary day-time existence, confined to their cells.

Several inmates equated the long periods of bang-up with being treated like a caged animal, which was in their view a form of inhumane punishment. Thus, Ken argued:

> "The punishment is taking you away from society, not having your life made hell when you're in prison. You're here to be rehabilitated ... *That* is the punishment, being taken away from society, not being treated like a cunt when you get in."

Most inmates conceded that being locked up for long periods early on in their sentence was indeed a form of punishment aimed at making them comply with the regime.

Inmates on the enhanced unit also perceived that there was a policy in the prison of equalising and reducing privileges across the prison, thereby removing the incentives for progression. Inmates said this made them feel less motivated. Also, despite the comforts of the enhanced regime, there was a general feeling that life on the unit was boring, monotonous and unproductive. Jake thus said that inmates were effectively "hibernating" and Trevor conceded:

> "I've progressed to this wing and there's actually nothing for me to go for. I can't go no further. There's nothing to go for now. I just have to keep myself here by keeping out of trouble, but there's nothing for me to go for."

While enhanced inmates had access to a wider range of privileges than those on other units (e.g. daily use of the gym, the outdoors during association, the library, more regular visits), there was a general sense of apathy among inmates preventing them from taking up some of these privileges. They suggested this was because severe rationing on the basic and standard regimes had instilled a sedentary lifestyle through loss of motivation to participate in activities beyond their cells. This was illustrated by comments like, "I've got a bit lazy in here, I think" (Tony), "I should go up to the gym, but I don't" (Sean), and "I've got no get up and go … I need to be pushed" (Frank). Only a small minority zealously attended the gym at every opportunity, sometimes two or three times a day. But most said that lack of opportunity on other units meant they were out of form when eventually they became enhanced and had more opportunity, as Barry explained:

> "When you're on the other wings, you're not getting that much exercise. You're laying around in your cell all day, and what can you do apart from lay on your bed? So your muscles and your bones are just seizing up, really."

Thus, prison life provided few challenges and little stimulation for inmates, despite the material comforts of the enhanced regimes. Several inmates conceded that they had lost their powers to make decisions or choices, having become wholly dependent on the institution, which made it difficult for them to find the initiative and motivation to develop new skills or find constructive ways to pass the time:

> "You've got to get used to not thinking for yourself … You're told when to get up, when to get ready for bed, when to eat, when to go and do exercise, when to go to work … everything. You've got to work your head around that, big time … The screws basically think for you." (Pat)

Indeed, it was felt that the prison management actively fostered a level of stupor and institutionalisation among prisoners as a strategy of control. In this sense, privileges were used to foster acquiescence, such as access to in-cell television or games consoles. Thus, Harry argued that in-cell TV reduced the level of trouble on the units by keeping inmates in their cells, and Jake described them as a subversive technique of control. Likewise, Ian suggested:

> "It's just a form of control. That's all it is. The more they give you, the more they can take off you. It's just another way the prisons are trying to keep people calm and keep 'em in … Then they're not out getting up to anything, like."

Bill argued,

> "As far as their idea of rehabilitation goes, the introduction of TVs was just another form of control, another carrot to dangle in front of you to tempt obedience. And PlayStations – prisoners sitting around playing fucking war games – I don't know! PlayStations are there just to keep them calm, keep them fucking cabbaged."

On the other hand, the officers viewed the introduction of in-cell TV as a positive strategy, admitting that it pacified inmates and reduced the amount of trouble on the units. Many inmates acknowledged how noise levels across the prison had dropped with the introduction of in-cell TV.

Thus, low motivation and boredom were key issues for inmates. They stifled personal efforts to maintain a positive attitude towards progression and rehabilitation and rendered inmates acquiescent to the regime. The policy of rationing and depriving inmates of particular rights and privileges instilled a high level of apathy, non-compliance and institutionalisation among them. Controls on freedom, autonomy and decision-making during the early stages of their sentences had de-motivated inmates to take up privileges that were available to them under the enhanced regime. The comforts of the super-enhanced unit, such as in-cell TV and games consoles merely intensified levels of apathy and sedentary lifestyle among inmates.

7.5 DIVIDE AND RULE

It was also commonly felt that the regime operated inconsistently, with some inmates unfairly progressing faster than others. This was viewed as an intentional 'divide and rule' policy of the prison. Thus, instead of progression being earned through 'good order and discipline', and therefore a guaranteed right, it was felt to be governed by a divisive system of rationing. Even the officers admitted that inmates could not actively 'work the system' in their favour. Inmates therefore expressed a range of grievances over the system of progression, referring to particular injustices they had experienced.

Firstly, those who had earned enhanced status in their previous prison, were automatically regressed to the basic regime during induction, and therefore had to work their way back up to enhanced, as Ian pointed out:

> "By the time you get to a jail like this, you've done induction and all that, you know the routine. But then they stick you on the induction wing and you're only allowed out of your cell two nights a week. I don't think that's right. That shouldn't happen, because you've already done induction. It's just another excuse to keep you locked up."

Secondly, inmates felt that the prison was run more like a category-B prison than a category-C prison, given the long periods in their cells on the induction and standard units. Some put this down to overcrowding of the prison estate and others felt it arose from having young offenders on site who required more stringent security. The officers admitted that tight security was common due to staff shortages and regular security alerts.

Being enhanced, inmates also felt aggrieved that some privileges had either been withdrawn, such as access to higher wages, or extended to standard regime prisoners, such as in-cell television. It was therefore increasingly difficult to distinguish between the standard and enhanced regimes within the prison, diminishing the incentive to work towards being enhanced:

> "I really don't see the incentives any more. The carrot has been taken away. There's no incentive any more to listen to the rules, obey them, and be recognised for it, 'cos there's people coming in now doing things their own way but who are getting the same treatment. So, I'm obeying and respecting the rules and getting no reward for it." (Nige)

Some inmates said they had even been refused privileges considered routine for enhanced prisoners, despite consistently good behaviour. Sean, who claimed he had served three years without a mark against his name, said that his repeated parole and transfer applications had been refused without explanation. And Darren said he had been repeatedly refused a facility licence to work outside the prison, despite a record of good conduct. Several inmates said this lack of

consistency meant they felt uncertain about their progress and therefore how long they still had to serve in prison. Barry talked about the stress of being repeatedly refused parole:

> "Getting an answer to whether you've got your parole or not would take the stress right off. Either one way or the other, whether it's yes or no, it's not playing on your mind then: 'Am I gonna get it or not?'. At least then you can set your mind to what you've gotta face: 'Right, I've either got it and I'm out now in a couple of weeks', or, 'Right, I ain't, but I'm out anyway in whatever time'." (Barry)

Generally, inmates also sensed that officers were excessively petty in applying the rules with enhanced prisoners. Many, for instance, expressed frustration at not being able to have particular possessions in their rooms or at having to undergo regular cell searches. This merely compounded their sense that they were mistrusted and served to reinforce a state of compliance and apathy.

In summary, it seems that sanctions placed on prisoners, limiting their privileges under the guise of the progressive regime, reflected efforts by the prison management to instil a 'divide and rule' culture of control. Jake, who was one of the first inmates to be placed on the unit when it was first built in the mid-1990s, felt that many of the initial privileges for enhanced prisoners had since been rescinded. In particular, he claimed that inmates were spending longer periods locked in their rooms than they had been previously.

7.6 DISCUSSION

Prisoners referred to the earlier stages of their prison sentences, particularly induction, as their most difficult time in prison. Some spoke about how they had struggled to cope emotionally on the induction and standard units due to the alienating and intimidating atmosphere, and several inmates spoke about how their self-esteem had suffered. While living under basic conditions, many had sensed the controlling power of the prison regime, through its surveillance and hardship. Inmates spoke of the fear of living in a tense and threatening environment, and how they were expected to surrender control and responsibility to the institution. The degrading, debilitating and disempowering conditions of induction set in play the gradual erosion of personal responsibility and control. Incentives and privileges were designed to enable inmates to earn their self-respect and autonomy, but these often had the opposite effect, since they were viewed as small material gains rather than significant efforts to reform and prepare inmates for release. Thus, the progressive regime was essentially regressive in terms of rebuilding inmates' capacities and potentials as men, since they were forced to depend wholly on the institution for their basic needs.

A strategy of 'divide and rule' characterised the progressive regime. This was implied in the words of an officer, who suggested that the prevention of social cohesion among inmates was the principal tactic of staff:

> "If they worked as a team we would be finished. So you have to treat each one of them as an individual … You're playing a game with each one of them really … Officers have to be two-faced. In fact they are extremely two-faced." (Doug, officer)

The officers indeed made it plain that control and compliance of prisoners were prioritised above rehabilitation. Inmates certainly sensed they had limited control or influence over their progression. Yet they were expected to actively respond to the 'carrot and stick' approach of the Incentives and Earned Privileges Scheme. But, at the same time, the prison management seemed to prefer prisoners to 'vegetate' or 'hibernate', rather than engage in more productive pursuits. Thus, many were sceptical and cynical of the process. There were instances where prisoners had felt disadvantaged in terms of their progress, which was thought to be an endemic feature of the strategy of divide and rule. But this strategy effectively distanced prisoners from their rehabilitative goals, given that they sensed they were contending with an unfair system of progression, and had had their control, decision making and responsibilities rescinded.

Being enhanced also carried a stigma, since a general view across the prison was that enhanced inmates were 'collaborators' or 'nonces'. To accept a place on the unit therefore signalled that they were breaching the inmate code. This was partly fostered by jealously on the other units regarding the more comfortable facilities and privileges available to enhanced prisoners. Such factors contributed to the 'divide and rule' culture among inmates, contributing to tension and suspicion among them, and bringing added stress to inmates on the enhanced units.

The 'divide and rule' ideology underpinning the prison regime can be seen as having an important health impact on prisoners. Firstly, it disabled and disempowered inmates, by bringing them into compliance with the regime. This is illustrated in the way many would abstain from activities beyond their rooms or cells, including participating in physical exercise, socially interacting in the association areas, or engaging in other forms of positive stimulation that could benefit their physical or mental health. This 'stagnation' emanated from loss of real choices, opportunities, direction and purpose, resulting in apathy and listlessness. This was illustrated by Warren who admitted he had become increasingly withdrawn and would spend whole days in bed when there was no work. Inmates with longstanding illnesses or disabilities also signalled a sense of resignation to the fact that little could be done to assure a satisfactory level of rehabilitation.

This approach to prison management is highly effective in achieving security and control in prisons, but as a rehabilitation approach it is arguably flawed, since it represents little more than training in subservience. Within this research context, 'progression' essentially signified disempowerment, and removed the ability of prisoners to begin a positive process of personal transformation. Prisoners were rendered emotionally, psychologically and physically dependent on

the system, and therefore incapable of realising their potentials as men. This ideology of control is essentially antithetical to the health promotion goals of the World Health Organisation, which are based on empowerment and participation (WHO 1986), and suggests ambivalence on the part of this and probably other prison regimes for prisoners' health and wellbeing. In terms of masculinity, these findings suggest that many of the male inmates who participated in the study felt that they had been rendered psychologically and socially impotent by the regime. The induction process was engineered to strip them of their former adult, male roles and identities and relegate them to the bottom of the regime hierarchy. The aggressive and demeaning conditions in the early stages of their sentences, coupled with the tense and alienating environment, served to reinforce a paternalistic ideology of control, policed principally by male prison officers. These prisoners therefore began their sentences marginalised by a hegemonic masculine culture into subordination under the dominant paternalism of the progressive regime.

8.0 INMATE-STAFF RELATIONS

8.1 INTRODUCTION

The second data category that emerged from the analysis concerned inmates' relations with prison staff, particularly officers. While some inmates spoke positively about the staff, many expressed a range of concerns particularly regarding the conduct of officers and health care personnel. Generally, all prison staff were viewed with suspicion, since they were considered agents of the regime. Relations between inmates and staff can probably best be described as 'pathologised'.

8.2 THE LINE BETWEEN CONS AND SCREWS

There was general consent among inmates that a degree of social distance should separate inmates and staff. This signified an important element of the traditional inmate code:

> "You don't cross that barrier. They are screws, we are cons, and that's it." (Tony)

An officer's uniform and authoritarian conduct further affirmed this division. Inmates thus tended to minimise contact and interaction with officers, addressing them as "boss" or "governor", rather than by name. Pat explained,

> "I'm not up the screws' arses, you know. If they say 'Hello' to me, I'll say 'Hello' back. They then know me how I want them to know me, if you know what I mean. I do it for *my* benefit, not theirs."

It was important not to be recognised as collaborating with staff, since this would signify crossing the line:

> "If I sat in here for half an hour talking to a screw, the other guys would be asking fucking questions, like. Personally, I wouldn't want to sit and chat to a screw, like. It's not good for your health! The rest of the guys would be thinking you're a bit of a grass or something funny like that." (Len)

Some inmates were overtly contemptuous of uniformed staff, describing them as "lazy", "untrustworthy", "contemptuous", "egotistical", "two-faced", "aggressive", "macho" or "corrupt". This may have reflected their allegiance to the inmate code, where it was expected that inmates should show no respect to a 'screw'. Others, on the other hand, felt the inmate-officer barrier was less important and that it was more in their interest to develop good relations with staff since it enabled them to progress with applications for parole, transfer or other privileges. Jim suggested

that the barrier between inmates and staff was an essentially false and unnecessary one and that positive relations with staff, based on respect, trust and reciprocity, would ensure that inmates were more content, at ease, accepting of the rules and "more healthy and more yourself". Thus, as Nige pointed out, a positive attitude towards officers was more beneficial than a negative one:

> "If you talk to an officer in the right way, they'll always talk back in the right way. If you go up to them with an attitude, they come back with an attitude."

These quite divergent views on staff tended to reflect the different backgrounds and ages of inmates. Older or experienced prisoners commonly recognised more the boundary between inmates and staff. While they did not necessarily lack respect for staff, their interaction with them was curbed. Younger or inexperienced inmates showed less concern for such protocol and instead strove to glean support from staff to help them through their sentences. Factors such as offending background and ethnic or racial background also influenced how inmates related to staff. Staff and inmates with Welsh backgrounds, for instance, tended to show some affinity, while inmates from Black or minority ethnic groups tended to remain more detached from staff and the predominantly white inmate population.

Some inmates also felt that an officer's background and experience were important factors in determining whether they received respect from inmates. Older generation officers with experience in the armed forces received the highest level of respect, particularly from older, experienced inmates. Toughness was also cited as a positive attribute. Speaking of less experienced officers, Harry said, "if they got whacked, they would shit themselves". These distinctions were likewise applied to governor grade personnel, particularly between those with prison officer experience and those with university qualifications rather than experience.

8.3 MALE/FEMALE DISTINCTIONS

On the whole, inmates viewed female staff in a more positive light than male staff, particularly at officer level. There was a general feeling that male officers projected an egotistic and authoritarian front towards inmates and fellow staff. This was typified by Harry's remark about an officer with whom he normally had a good relationship:

> "Once he's together with the rest of 'em – and I know I can get on well with him and that he thinks good of me – once he's with the other officers and one of 'em slags me off, he'll go along with them to show face …"

Likewise, Stuart recognised a 'herd mentality' among the male officers, illustrated in the way they responded to emergencies:

> "It's that whole 'charge of the light brigade' thing. When somebody kicks off, it's amazing the speed at which officers get there. Forty officers will be on the wing within a matter of twenty seconds. They all want to be the first one there … They are having to keep face … and they think they need to be imposing themselves."

Women officers, though, generally received more respect from inmates, either because of their determination to work in a male-dominated profession or because they were felt to reduce tension on the units and to foster a positive atmosphere in the prison. As Stuart put it,

> "I think female officers actually have a positive effect. You couldn't have just female officers on the wing, but a few female officers do actually help the environment, I think they soften it quite a lot. They do calm a situation quite quickly."

It was also suggested that inmates were less likely to be violent in the presence of female officers since they could 'lose face' by being disarmed by a woman.

On the other hand, a minority of inmates referred to some female staff using demeaning and sexist language, which probably reflected their general views on women. Harry, for example, referred to one officer as a "little woman" and another as a "little girl". Nathan referred to a particular female officer as "a bit of a dog". Pat had noticed that there were "one or two tasty screws" in the prison, and Sean's view was that "all the girls are lovely in here!". The fact that the governor was also a woman was a further point of interest for several inmates who criticised her managerial style on account of her sex. For instance, Jake believed that a woman with little experience of the male prison system would have little idea of how to manage one.

Certainly, there was a sense among inmates that prison officers and governor grades who had worked their way up through the ranks – usually *men* who had served in the armed forces – received more respect from prisoners than younger or less-experienced staff. Women were, on the one hand, respected for the 'feminine' qualities they brought to the job, yet, on the other hand, seemed to carry a stigma associated with being a woman in a predominantly man's world.

8.4 PARENT-CHILD RELATIONSHIP

A common complaint among inmates was that prison officers treated them like children:

> "… being talked to as if you're a piece of shit." (Barry)

They found the 'parent-child' approach used by some officers towards them patronising and humiliating. Evidently, this form of control was used to maintain good order and discipline and ensure compliance to the regime.

Interestingly, the officers interviewed stressed that prisoners preferred to be treated like children. Len (officer), for instance, conceded that he found it easier to relate to inmates when he treated them like children. Likewise, Colin (officer) referred to them collectively as "children in long pants that haven't learnt the way of life". In his view, most had little self-awareness, sense of direction or purpose and were highly self-centred. Doug (officer) said that the aggressive or undisciplined conduct of some inmates warranted an authoritarian approach. Thus,

> "Inmates that scream and shout are actually the easiest ones to deal with. If you get an inmate where there is a poor relationship, that's got a poor attitude, you can actually use that against him. You'll tend to find they will respond to that."

Speaking of Lance, he admitted,

> "I treat him cruel, but he thrives on it. He actually produces better results being treated like that than he does if you try the caring and sharing approach. He sees that as a sign of weakness, you see. So every time he comes near me, I tell him to hop it."

On the other hand, inmates felt that most officers tended to be patronising towards them, particularly in their tendency to regularly berate them. Some viewed this as childish behaviour in itself, where officers were seen to be on a 'power trip', "… wanting authority, … and thinking they're something they're not" (Jim). Jim suggested that such behaviour was retrograde since it stifled relations with inmates and, in turn, their prospects for rehabilitation. Thus,

> "If you're treated like an animal, you start to act like an animal. And when you're acting like an animal, you're being treated like an animal. And it keeps on and on and on. It's just a full circle. You then believe that you're not intelligent." (Jim)

Pat, an insulin dependent diabetic, described an occasion when he was accosted by an officer while walking over to the health care centre for his regular insulin injection:

> "It was six o'clock and I was walking past 'D' wing, when all of a sudden it's – 'Oi!' And I thought, 'No, they're not talking to me' ... '*You*, in the fucking blue!', '*Me*?', 'Yeah, *you*, where are you fucking going?', 'Injection, gov', 'Who sent you?, 'Mr Inman, the officer on my wing', 'What wing are you on?' … and, oh, Jesus! ... I walked a bit faster. Their attitude really does stink."

Many inmates suggested that this aggressive manner was most common among officers who had worked predominantly with young offenders, who commonly used an intimidating style of management. Such officers occasionally worked on the adult units and inmates were familiar with this management style. Jim described an incident with an officer from a YO wing:

> "He started speaking to me like a parent, trying to talk down to me, trying to speak to me like a YO. But it didn't work. I just spoke back to him as an adult. I could have just shouted back and slammed my door, but when I explained to him what I'd been doing, he just became sort of stuck for words. I think he realized that I was intelligent enough to turn round and say, 'Look, I'm an adult, you're an adult …', know what I mean?"

8.5 CENSURE AND NEPOTISM

In a similar regard, instances were also recounted when individual officers had singled out and censured particular inmates, while treating others more favourably. In Tommy's view, some would form opinions of inmates before properly getting to know them; thus, "… if your face don't fit, then you've had it". Doug (officer) had this reputation among inmates, which meant that many inmates felt it was prudent not to get on the wrong side of him. Both Chris and Jim remarked that he had tried to have inmates he disliked transferred off the wing. Harry admitted that he had not been popular with this particular officer, sensing that he had "tried repeatedly to intimidate me and drag me over the edge, just to nick me". Harry's reaction was to keep quiet and out of Doug's way. Dave had observed other inmates singled out in this way:

> "You'll get officers that get on your case, like, and they stay on your case for a while. They haven't actually done it to me, but I've seen it with others, where the officers just won't leave them alone. They keep on and on to them. And, like, the inmate's trying to do things and the officers are sort of stepping in their way each time. Like with jobs and that, if an inmate says, 'Oh, I'd like to go for that job', the officer'll then turn round and get them totally the opposite job. And, I mean, that's just wrong, it's unfair."

Balli felt he was regularly picked on, and more than most other prisoners. For instance, he claimed that before moving to the enhanced unit he had been punished unfairly because a razor blade had been found in his cell that had been planted by another inmate.

It was also evident that some officers operated in a nepotistic fashion, favouring some inmates above others. As already suggested, Doug (officer) was viewed in this light by inmates, and even admitted that he tended to be more charitable towards inmates who had committed what he viewed as 'grace of God' crimes:

> "… there are some people in here who are genuine victims themselves, who really have been in the wrong place at the wrong time. They have committed a particular type of offence which leaves them grieving, particularly manslaughter charges and things like this. And you find that they need help as much as anybody else does."

In his view, some inmates responded well to being treated harshly, while others responded best to a supportive and nurturing approach. An individualised approach was in his view the most effective way to achieve compliance:

> "You *have* to treat each one of them as an individual. That way, they feel they're being dealt with as an individual and you get much more back from them. You get on a lot better with them, but you also get more valuable information from them like that. So you're playing a game with each one of them really. Really, you're playing them like a fish. You see, prison officers are really extremely two-faced." (Doug)

On the whole, though, few officers admitted to operating in this somewhat clandestine way. Len (officer), for instance, said he strove to relate well to all the inmates in his charge, and was careful not to be seen to be unfair or discriminatory. And Tom (officer) was adamant that he did not discriminate between prisoners, particularly since he felt it was too easy to judge prisoners without understanding their circumstances.

8.6 STAFF COMPLACENCY

The general view was that prison staff did not really care for the welfare of inmates. Most reported that particular staff tended to display general complacency or disinterest towards prisoners, particularly regarding their personal welfare. This was illustrated by a brief account by one inmate of an assault he had witnessed:

> "The screws used to just sit there and do nothing. One time, this boy called Den – someone came up behind him, like, put him in a sleeper hold and he actually passed out. And next thing he was having a fit on the floor. And they saw it, but they were so late responding, you know, and they didn't do nothing to the boy who'd done it. They just took it as a joke. Even though Den said, 'No, I'm all right', you could tell by looking at him he was in a bad way, and that he couldn't cope any more." (Chris)

Chris admitted that he too had been physically assaulted on the induction unit following a spate of verbal bullying that the officers had disregarded. Similarly, Trevor said he had suffered a heart attack in his cell because the officers on duty had rejected his request to see a doctor, an experience that had exacerbated his anxiety about dying in prison:

> "My pulse was gone. I mean, it was really thready. I was pasty grey and sweating, and I said, 'I've got problems, gov', and he said, 'Okay, we'll put you down in the book as sick'. They wouldn't phone up, they wouldn't do anything … So I went back to my cell and, as it happened, when the nurse came round three hours later, she took one look at me and called the ambulance. If that hadn't happened, I'd have been dead, end of story. And I blame the staff on the wing."

Vince, who was severely visually impaired, had had his contact lenses confiscated on arrival at the prison, and therefore wore thick-lensed glasses, which drew ridicule from other inmates. He claimed that officers had ignored his requests to wear contact lenses, even as an enhanced prisoner.

Officers seemed to spend a lot of time completing administrative tasks, and while they could be seen surreptitiously observing and evaluating the conduct of inmates, they spent little time actively interacting with them. Inmates often interpreted this as laziness. They felt that their requests were usually ignored or forgotten by officers, which reinforced the view that they were unreliable and disinterested. As Lance put it,

> "They'll just sort of look straight through you. They'll nod and say, 'Yes', to everything, and then when you've gone out the door, they'll mutter something to their mate, like, and then not do anything about it, which I hate. And that just gets me even more frustrated." (Lance)

Contradictory information and advice from officers was another common complaint:

> "You're given a lot of false promises and some will even lead you down the garden path. There's some who'll give you good advice, but then you'll pick one who you think's a good'un but he really hasn't got the answers for you, although he thinks he has. The biggest idiots in prison are officers … You go up to them and ask them something and they just can never give you a serious answer." (Harry)

Officers, on the other hand, viewed their relationship with inmates in a different light. They felt they were ill-equipped to meet all inmates' welfare needs, given a ratio of prisoners to officers of twenty-to-one (on the super-enhanced unit). In their view, there was insufficient time to provide one-to-one support, given their administrative responsibilities. They were constantly receiving parole applications and transfer requests from inmates that took a lot of time to process. Officers felt that certain inmates would also badger them with "trivial" requests:

> "They test all of us out to see what they can get away with. … They will come to the door, ask a question, they don't get the answer they want, so they'll wait till you've gone and then ask the same question of another member of staff … And then they'll say, 'Well, Mr So and So gave it to me,' so they've undermined you." (Colin, officer)

They also sensed a moaning culture among inmates, particularly regarding visits, the food, the canteen, the mail and the wages. Tom's (officer) view was that enhanced inmates had few causes for complaint, given the level of privileges they were entitled to. In his view, inmates' complaints reflected their self-centred attitudes, and therefore required a tough, no-nonsense approach.

Health care staff were also perceived as being generally complacent and indifferent towards inmates. Thus, unless an inmate had a severe, acute, and perhaps even life-threatening condition, they felt their health complaints were disregarded or not taken seriously enough. As Warren put it,

> "Unless you're gushing out acres of blood, or you're green with purple spots, then they're not gonna believe you. So it's just a couple of paracetemol and, 'On your way'. … It's bollocks. You can't ever see a doctor, you can only see the nurses on there. And their answer to everything is a couple of paracetemol. And I can see they've probably seen a lot more of it, but they think everyone's on the skive."

Many examples were cited by inmates illustrating this complacency on the part of health care staff. Tony claimed he was repeatedly refused a doctor's appointment during a period of severe diarrhoea and vomiting, but after repeated badgering was diagnosed with an e-coli infection. Bill suffered from a chronic, painful and degenerative arthritis, and was irritated at only being prescribed paracetemol for the pain:

> "As I'm talking to you now, my back's aching just sitting here. And I've been getting this back pain a good two and a half years … It was eight months before they finally took me out to the hospital and diagnosed it. And now they're just giving me fucking paracetemol. I wake up in the morning with a stiff back, so I go over there and ask for a day off work and I'm treated as a fucking malingerer and sent back to work. And obviously I'm worried about what's going to happen to me … 'cos I'm still pretty much in the dark as to whether anything can be done or not."

Ewan had become severely depressed and suicidal during his first few weeks in prison, yet felt his problems were not taken seriously enough when he was prescribed tranquillisers rather than counselling. Pat, an insulin dependent diabetic, complained that he was not permitted to keep his diabetic pen and blood testing kit and had to purchase dietary substitutes with his wages through the canteen. On two occasions he had become hypoglycaemic at night but unable to check his blood sugar level. He claimed that his eyesight in one eye had deteriorated while he was in prison due to poor control of his diabetes.

The prison health care service was viewed by most inmates as a "pill-pushing service", which suggested to them that their health was viewed as a low priority by the prison. The health centre was not equipped to deal with inmates' deeper-seated emotional or social problems, but was often their only option when they needed support.

8.7 DISCUSSION

This chapter has explored inmates' perceptions of prison personnel, particularly officers. Inmates rarely spoke of other prison personnel, possibly because they had less prominence, influence and visibility in the day-to-day lives of inmates. Officers performed an important mediation role in terms of responding to inmates' needs, requests and complaints. While they were responsible for instilling order and discipline on the units, they also had a duty of care towards inmates in terms of providing support and guardianship. Operating as an 'authoritarian carer' was thus a challenge for officers, given that the regime essentially prioritised good order and discipline over prisoner welfare and rehabilitation. Officers performed their role according to regimented, paternalistic and authoritarian ideals. This meant that measures to address inmates' individual welfare needs were strictly and sometimes inappropriately controlled, in some cases compounding their levels of psychological and emotion stress.

Positive relations between inmates and officers were hampered by the ideology of control that characterised the regime and the inmate code. Inmates and officers alike positively affirmed the line that distinguished them, though some inmates recognised that this was unnecessary and merely hampered rehabilitation efforts. Poor relations between inmates and officers were reflected in general mistrust, avoidance and non-co-operation on the part of inmates. Yet, while there was a

general reluctance among inmates to develop positive relations with officers, several felt that better relations would make their time in prison more comfortable.

This barrier between inmates and staff may be perceived as a hegemonic structure of control whereby social relations were organised according to dominant masculine, paternalistic values. This was evident in the patronising attitudes of some officers towards inmates, and their treatment of inmates as children rather than adults. It was also evident in the status attributed by some inmates to female staff relative to males. These features are not dissimilar to the victim-bully relationship where, for instance, some officers used their status to subordinate prisoners beyond the need to maintain order and discipline. As with the progressive regime more generally, this could have the effect of undermining inmates' masculine identities and self-concept. The strongly paternalistic and masculine prison culture, reflected in inmate-officer relations, also hampered possibilities for a supportive and healthy environment based on qualities of respect, reciprocity and positive regard.

Evidently, prison staff, particularly officers, used a 'top down' paternalistic approach to the management of inmates. They performed a dominant masculinity that served to disempower inmates, rendering them subordinate and subservient to the regime. This perpetuated an atmosphere of mistrust and stifled the potential for constructive reciprocal relations between staff and inmates. Inmates felt patronised by this style of management and sensed a degree of social distance between themselves and the staff that was reinforced by the complacent attitudes and authoritarian manner of staff. Some inmates had found that their health had been threatened by such stilted relations with staff. Those with severe, acute and perhaps life-threatening conditions or with chronic, longstanding disabilities became frustrated with the poor communication with staff, and sensed that the threat to their health was compounded by poor staff-inmate relations. In this regard, prison masculinities on the part of prison officers represented a potential health threat. Likewise, inmates whose requests for transfers or other perceived privileges were refused sometimes perceived this as a threat to their wellbeing, particularly if they were at risk of bullying or exploitation by fellow inmates.

9.0 PURPOSE, WORTH AND OCCUPATION

9.1 INTRODUCTION

The third issue that emerged from the research data related to occupation and purpose in prison. Many prisoners spoke at some length about their experiences of employment and education in the prison, and how these impacted on their lives in custody. A range of themes emerged concerning the value of occupation and how it affected their status and wellbeing as men.

9.2 IDLENESS AND UNDEREMPLOYMENT

Generally, inmates were dissatisfied with the quality and quantity of work available in the prison. There was frustration at the shortage of stimulating jobs and the fact that inmates worked only a four-day, twenty-hour week. Indeed, Stuart suggested that most inmates would have gladly worked up to seven days a week to relieve the boredom outside work. A crude estimate suggests that inmates spent 12% of their time in work or education, 42% sleeping and 46% either on association or locked in their cells. It is not surprising, therefore, that many inmates felt they were spending a lot of time in a state of idleness, as Trevor suggested:

> "You'll never make prison work as long as the inmate can switch off. You'll get more out of him if you give him a purpose … There's nothing purposeful about the work here at all, though … We're all sitting here just switching off … every day's just another day."

Almost all the interviewees described prison as boring, frustrating or a waste of time. One of the officers (Doug) described it as a "dumping ground"; prisoners "will continue to be bored unless we change the way we structure their time". He suggested there were few incentives to keep inmates mentally active, which made it difficult to motivate them towards attaining their rehabilitative goals. Inmates themselves said there was too little to occupy them outside work time, particularly during the three-day weekends. As Ian put it,

> "You're sitting here like this, and you're just a vegetable, really. They may as well be giving you injections for five years, to knock you out, like." (Ian)

Eddy described this as "jail mode", where inmates lived in a kind of "dream world" and lost their sense of reality or connection with the outside world. For Frank, the boredom was compounded by having to work as the unit cleaner and therefore rarely leaving the unit. When they were on the unit, most inmates spent their time in their rooms or cells, watching TV or on their PlayStations,

"vegetating" as Stuart put it. Some had become so accustomed to this lifestyle that they preferred to remain in their rooms rather than take the opportunity to use gym or other recreational facilities.

Various factors compounded the problem of underemployment. Outdoor work tended to be seasonal, and workshops were regularly cancelled due to staff shortages. Also, there were too few places, and hence long waiting lists, for the more popular work. Generally, it was felt that the work simply helped to pass the time and break the monotony of the daily routine. Apart from bringing in a wage, there was little incentive to work, given that most jobs were perceived as "monotonous", or, as Bill suggested, had little creative or intellectual value. Lance described his work as "Wing Regulator":

> "I've got to make sure no one's on the wing who shouldn't be, and inform the two officers on duty if anybody is on the wing who shouldn't be, like. But they do that anyway. So I just sit in my cell all day. It's nothing, is it? It's just a job title so they can pay me. So they pay me £6 a week to sit in my cell. Hard life, isn't it!"

Some inmates coped with the monotony of work by regularly switching jobs. Within a year, Warren had been unit cleaner, servery attendant, laundry assistant, kitchens assistant and farm worker. He had completed NVQs in weight-lifting and Arts and Crafts, a Firm Start course and a basic IT skills course, plus the Enhanced Thinking Skills course as part of his sentence management. Recently, he had earned a Facility Licence, enabling him to work outside the prison in the Officers' Mess. Likewise, Tony had been kitchen assistant, unit orderly, unit cleaner and worked in two industry workshops.

9.3 WAGE DEPENDENCY

Probably the strongest incentive to work was receiving a salary. Most inmates, including those in education, were paid at a basic hourly rate of between £6 and £12 per week, depending on their regime status ('basic', 'standard' or 'enhanced'). But there was also the opportunity, particularly for enhanced prisoners, to earn performance-related pay of up to £50 per week, doing 'contract work'. There were waiting lists for these more lucrative jobs, even though they did not provide inmates with career development opportunities such as training. On the whole, the more satisfying or interesting work was paid at the standard rates. Contract work was commonly described as boring, but, because it paid well, most inmates preferred it.

These differential pay structures caused unease among inmates, since they were seen as inequitable. According to Nige, around a tenth of inmates were earning "extortionate" wages relative to the majority. And, apart from those who received money from outside, most barely earned enough to purchase what were viewed as essential goods from the prison canteen or to help

support their families outside prison. Some had outstanding debts to honour outside prison. Ian, for instance, had a council tax bill from 1991, a £5000 bank loan, £67 per week maintenance and a £700 tax bill to pay. Inmates' employment and education decisions were thus commonly driven by their preoccupation with wages, thereby creating a disincentive to pursue education or training:

> "The lowest wages are always for the courses, like the NVQs, and highest for contract work, like making cargo nets. You get paid a fortune for them, like. So, it's backward really." (Nathan)

Ewan's immediate priority was to save enough money to afford the deposit on a rented flat when he was released, and this was "… far more important than a computer course".

During the research period, anxieties over pay were at a high because the governor had fixed the basic level of pay at £6 a week for all non-contract work. The rationale behind this was to encourage prisoners to do contract work, since it yielded more income for the prison. Harry, expressed his concern over this:

> "I'm a wing cleaner and I currently earn £12 a week. But now it's going to drop down to £6! Where in the world does anyone's wage drop 50%? At the same time, all the canteen prices keep going up. After I've paid my pound for the telly, that's a fiver left! By them doing what they're doing just means I'll be spending less on the canteen."

£6 a week could buy half an ounce of tobacco, a pack of cigarette papers and a £2 phone card from the prison canteen, which meant inmates who smoked were then unable to purchase toiletries, stationary or food unless they were receiving money from outside. The two-tier pay structure therefore effectively discriminated most harshly against inmates who received no support from outside and who could not get contract work:

> "I think it's wrong, 'cos inmates are either scraping to get through a week or having to have money sent in. If they doubled what we earned, we wouldn't need money sent in. At the moment I get £6 a week for phonecards, tobacco and toiletries, which isn't enough. So I have to get money sent in. I'm lucky. A lot of these don't have money sent in and struggle. So if they doubled it to £14 that would make all the difference to a lot of people." (Stuart)

Nige stressed that wages represented a "lifeline" for inmates, since they could then purchase items that would help lift their self-esteem:

> "The basic necessities in here are your toiletries for your own self-esteem. Yes, the prison provides toiletries, but, to be fair, they're the cheapest toiletries you can get. So you buy your own to help you feel good, for your own self-esteem. Secondly, phonecards help you to keep that contact with the outside world. And then there's tobacco, and that's everybody's lifeline in here."

9.4 LIMITS TO TRAINING

While some inmates felt they had reasonably secure future job prospects, and thus little incentive to attain further qualifications, others expressed less confidence, and felt that prison was not adequately preparing them for the job market. Dave wanted to be a veterinary nurse, but had not been able to get appropriate career advice or guidance. Derek had catering experience and wanted to train as a chef, but could not get the support he needed. Paul just needed career advice and guidance:

> "To be honest, I really have no idea … I know what I *won't* be doing, I won't be out labouring and things like that no more. I really don't want to do that again. I'd like to keep on with computers, like, 'cos I've worked with shovels and pigs and that in the past, and that's been all right for a few beers at the end of the week, but I've never had any money put by. But then I've never really wanted to work in an office or indoors really."

Education and training were alternatives to straightforward employment, although some jobs also provided vocational awards. Most inmates felt that the vocational training offered was useful, but that there were too few places on the courses. It was also impossible for inmates on short sentences to undertake the courses. Thus, short-sentence recidivists were not being adequately prepared for the job market, as Tom (officer) highlighted:

> "Sitting folding plastic bags for Age Concern is not giving these training. It's basic training that I think we're lacking in. I'm not saying they're going to go out and *get* jobs, but at least someone could take them on at a level where their skills were going to be beneficial and they could be further trained. But that's sadly missing."

Of the prisoners interviewed, seven had enrolled on vocational training courses in semi-skilled manual occupations and three on classroom-based business and IT courses. None had enrolled for non-vocational academic qualifications. Non-vocational courses, on the whole, were not popular, since they were considered neither useful nor appropriate and to require high motivation and intellectual ability. Also, such places were generally limited to young offenders. It also became clear that prisoners viewed non-vocational study as a feminine pursuit. In this regard, one of the tutors described the education department as "a low testosterone environment" that rarely attracted adult prisoners who were mostly used to manual work.

Some inmates admitted they had been reluctant to take up education because of embarrassment or lack of confidence. Frank, for instance, admitted that this had deterred him:

> "If you ain't very good at maths, or reading and writing, like, and you're twenty-eight, nearly thirty-years-old, then you're thinking you're going to be the only divvy in the class who can't read or write."

Likewise, Vince admitted he was shy and therefore reluctant to participate in group-work. Embarrassment was quite common among those who had been poor educational achievers at school or who had not studied for several years, some having very poor literacy and numeracy skills. Thus, Ian suggested that prison education departments needed to "… go back to basics and teach people how to read and write". Similarly, Trevor argued that the IT and business studies courses tended to be wasted on most prisoners because few would ever have the opportunity to work in an office environment.

Few inmates therefore felt that the training opportunities in prison adequately prepared them for work after release. Vocational courses either had long waiting lists or were inappropriate for the needs of most inmates.

9.5 OFFENDING BEHAVIOUR PROGRAMMES

It was compulsory for most inmates to complete one or more offending behaviour (OB) courses, particularly if they were serving more than six months. Many who had completed the courses spoke negatively and disparagingly about them, stating that they had only participated in them because they were mandatory. This probably had a retrograde impact on levels of commitment and motivation, as Jake suggested,

> "They don't want to be there, but they have no option … They're not men who are going on these courses with full intentions of following it through. It's farcical! It's farcical for the teacher. You've got a teacher who'll come in, who's devoted her life to teaching, to helping, training and motivating prisoners, and what does she get? Three quarters of the class that don't want to be there, and for most of them it won't work anyway."

Several inmates felt that the OB courses simply served a political agenda, whereby the prison had to meet its performance targets regarding prisoner rehabilitation. The courses were also regarded as ineffective and inappropriate to prisoners' needs. For instance, Balli said the Anger Management course had involved watching a video because the tutor had been on sick leave, and Vince had completed the course yet said he had never had an anger problem. Dave's view echoed that of many others:

> "I don't think they do nothing for no one. Sitting there in a group for five weeks ain't going to make me change the way I think. If you're gonna do something, you're gonna do it in your own mind. So, on the courses, I just keep my mouth shut."

Criticism was levelled at the short length of courses and the fact that they were unable to address deep-seated problems associated with inmates' offending backgrounds. In this regard, Vinny said the Enhanced Thinking Skills (ETS) course "taught prisoners how to think", but failed to consider their more pressing social and family problems, such as a history of violence or abuse. While Dan

admitted that he had found the ETS and Anger Management courses interesting, he conceded that they had not helped him prepare for release. Nathan had grown up in an abusive family and used heroin throughout his adolescence; his account illustrates the superficiality and futility of such courses:

> "I've done 'em all and it's the same old thing every time … I must have done thirty or forty drugs courses. It's just a load of old bollocks. If I wanted to do something about it, I'd have done it by now, not because of them stupid courses. You're gonna give up 'cos you want to, not because they're telling you to … I've done them all, again and again and again, like, different tutors, same course. I've even done anger management and I ain't even got a problem with anger."

Those with longstanding drugs or alcohol related problems felt that the courses did not address the issues that underlay their problem behaviour. For instance, Tommy had a ten-year history of drug misuse but argued that half of the four-day drug awareness course had entailed watching videos that told him what he already knew. In this regard, most inmates found the information-based approaches to the courses patronising and ineffective. For instance, Nige suggested:

> "If you're not drug aware, then you wouldn't be taking drugs. I've taken every kind of drug there is, so I'm very aware of drugs! Yet they think they should send you on a course to be more aware of them, what damage they do and stuff. They think we're all thick and that we don't understand what we're doing!"

Some doubt was also expressed regarding the competence of the three free lance tutors who shared delivery of the twelve OB courses. It was felt that they had little or no experience of the problems inmates themselves had faced, which damaged their credibility as 'experts'. Thus, Ian said:

> "It really gets my back up … They've *never* been to the depths we've been to, like."

However, the courses were also viewed as a form of currency that brought privileges, including transfer, parole or early release. Thus, it was felt that some inmates were "working their ticket" (Dave); in Rick's words:

> "You just do 'em for your parole, really, for your D-cat, you know. That's the only reason you do 'em. If there was a choice, I think half the prisoners in here wouldn't bother doing 'em, you know. It's just 'cos it's on your sentence plan, you have to do it, like."

It was also apparent that some officers coerced inmates into enrolling on courses, even when there was no requirement for them to do so, as Jake suggested:

> "They're supposed to be voluntary, but *here* the screws try to bully people into doing them, saying, 'you won't get this', or 'you'll be back on basic' … and there's even been a few shipped out of here for refusing to do the courses."

On the whole, interviewees felt that the OB programmes had little effect in preparing them for release. Tony was serving time for assaulting his wife during an alcoholic rage and admitted having abused alcohol for many years. He confessed that in prison he had found it easy to cope without alcohol and therefore to manage his anger, while outside prison he doubted he would ever be able to cope, however much training he undertook.

9.6 PREPARATION FOR RELEASE?

Thus, many inmates were apprehensive about being released, as they felt ill-equipped to cope with life outside prison. Employment, training, education and OB courses were generally felt to have little merit in terms of preparing inmates for reintegration into society. Most could not be assured economic and social security and stability. This stark reality was summarised by Jake:

> "At the end of the day, a lot of people in here have lost their homes and their relationships. They're going out with only the clothes they're wearing on their backs. That is the reality of it. So it can be extremely frightening to a lot of people. They're going out into a world where they must stand completely on their own two feet. And nobody's expecting them to get a cash handout or anything like that. But they're going out with a discharge grant of some forty odd pounds a week with no home and nothing to go to. And once you've been a thief and a rogue for some considerable length of time, you are used to having considerable amounts of money to start with. To adapt away from that way of life takes a lot of bottle. It's very humiliating."

Nige stressed that he had not had any opportunity to plan for his imminent release, and Rick, who was to be released the following day, said he had simply been asked to sign a form as preparation for his release. Doug (officer) echoed this concern:

> "I don't believe we are rehabilitating them, I don't. We have inmates facing parole, on long sentences, who require a structured plan for their release. But there's no thought to what happens to them when they get out. So now we're getting a certain class of inmate failing his parole quite deliberately, because he's happier to stay here."

Many inmates anticipated leaving prison with no income and a life on benefit. Thus, Eddy said he would have preferred to stay in prison than live outside on benefit. Several inmates admitted that they were likely to find it difficult not to return to a life of crime, given the better financial prospects. Sean, for instance, described himself as a "career criminal" and said he would not hesitate to steal again to support his family:

> "If you're out with a week's dole money, what are you gonna do? You're gonna spend it all, 'cos you've just been away for a year or so. You're gonna have a bit of a party, 'cos you're free again. You're probably gonna spend it all in one night – pull a bird in a club, take her for meal, and that's it, all gone. Then you ain't getting no more money for two weeks. And that's when they reckon you're really vulnerable, 'cos you're out there and you've got nothing …"

Anticipating homelessness was an additional worry for some inmates. Several would have to find a place to rent when they were released. Following his previous prison sentence, Vince had relocated to Wales from London to begin a new life but had found the adjustment difficult:

> "I found a flat, but it was in the middle of nowhere – in a Welsh village where there was nothing to do. I was all right for a few weeks, but then I got so bored I didn't know what to do with myself. Then I did one stupid thing and I was back in prison again."

Tony admitted that because he had no home or possessions to return to he would likely revert to drinking:

> "It's just gonna be the end for me … I'll be down the bottom again."

Likewise, those with criminal reputations feared they would succumb to peer pressure and revert to crime. Ian, for instance, said,

> "I could easily end up back in jail through fighting, like, 'cos I won't take shit from anybody, like. So I suppose that's the main problem I've got to deal with, like. You know yourself, there'll be a lot of times when there are cunts winding you up, and they take great pleasure in it. And *they* end up hurting and you're locked up. What can you do about people like that, you know, apart from bury them?"

This attitude demonstrates the short-comings of the offending behaviour training, for Ian had completed the Anger Management course yet admitted he would not have managed well under confrontation outside prison. In this regard, several inmates described the phenomenon of "jail amnesia", where ex-prisoners would quickly forget prison and resort to their former offending. Vince, for instance, admitted that the adrenaline rush of committing a crime was overwhelming, and some inmates regarded prison merely as "an occupational hazard" (Jake) and hence "a risk worth taking" (Trevor). Tommy admitted that prison had not deterred him from breaking the law:

> "I've been in and out of Horfield [Bristol]. I'll stay there, get a job inside, and, basically, I'm in with the same people I'm with on the street, 'cos it's all the same people in there, always the same crowd. You do your bit of time, you're back out, and that's it. Most of us call it a 'lie-down'. You go to jail for a bit and you come out a new man."

Colin (officer) described one inmate whom he had known during six consecutive sentences:

> "He's now twenty-eight years old and nothing's going to work for him. He had a girlfriend and a home, and when he got out they didn't get on. So they split up and he had nowhere to live. Soon he was back in for burglary …"

These issues suggest that inmates had deep concerns regarding their prospects following release. Their successful reintegration into society depended upon having a home to go to, a stable income

and being accepted by their families and peers. The general feeling was that prison was not adequately equipping them for this.

9.7 DISCUSSION

This chapter has highlighted how, from the perspective of inmates, prison was failing to provide purposeful activity and effective rehabilitation for prisoners. Thus, as Tommy argued,

> "Prison don't change a person. You just stand still for as long as you're here. That's why we call it a 'lie-down'."

Inmates complained of idleness, apathy, boredom and lack of motivation. The only major motivational factor was pay, making contract work a favoured occupation. The system of differential pay corresponded with the divide and rule ethos of the regime, where good order and discipline were potentially rewarded with higher pay. Efforts to rehabilitate prisoners were generally felt not to address underlying social and economic problems, which may have precipitated their offending behaviour. Thus, some inmates openly admitted that they were likely to return to a life of crime, given their backgrounds and circumstances.

Employment and education are important prerequisites for health (WHO 1978), particularly given, as Seedhouse (1986) has argued, health is partly concerned with achieving one's human potential. Prison provides an ideal opportunity for offenders to take time out from their former criminal lives, to reassess their priorities and to work towards realising their social and economic potentials. This is particularly important given the disadvantaged backgrounds from which many prisoners come (Singleton et al 1997; Marshall et al 2000). Yet, within the prison context it would seem that these priorities are accorded less importance than the need to instil order and discipline, as one officer suggested:

> "Once the judge says, 'Send him down', that's it. These people might just as well be dead, 'cos the general public outside neither know, nor care what happens to them. Yet, we are expected to keep them in custody and then return them so that they lead a full life. But we are not doing that. It's all wrong, the emphasis is all wrong." (Doug, officer)

While the prison was required to provide employment and education, a gap seemed to exist between occupational opportunities and rehabilitative goals. The latter did not appear to be a key strategic concern for the prison management. There were few opportunities for inmates to develop new skills, and vocational qualifications were heavily rationed.

Certainly, as several inmates pointed out, certain jobs and educational opportunities were viewed as productive and useful in terms of rehabilitation. For instance, those employed in the joinery and

painting workshops, working towards an NVQ, plainly saw the advantages and opportunities these experiences brought them for their future employment prospects. But as suggested, such jobs were limited and hence in high demand, and the majority were forced to either work in menial jobs or in the lucrative yet monotonous contract jobs. There was therefore little opportunity for inmates to realise their true employment potentials and carve out a new occupational niche for themselves.

As suggested, education and employment are important prerequisites for health. They provide individuals with purpose, vision and self-respect. Occupational status is therefore an important variable in helping to shape an individual's self-concept and sense of self-worth, for it determines his or her role and identity in society. Several inmates were plainly anxious about their inability to support their families economically following release from prison. They perceived they would be failing in their duty to perform what many considered to be their responsibilities as male breadwinners. Most of the interviewees viewed males as the primary earners in society, yet conceded that women were acquiring more senior positions in the workforce. Indeed, Steve argued that while women could be generally confident about their occupational futures, "men are having to take a step back and … a lot of men are having problems". Occupational status was thus central to many of these inmates' masculine identities. But prison was doing little to address these needs.

It seems that prison life stifled the potential for these men to develop their future roles as productive and valued members of society. The limited educational and employment opportunities meant they tended to focus on short-term rewards rather than longer term social and career goals. The prison was clearly not organised to address inmates' social and economic needs but prioritised control and security, and misguidedly viewed good order and discipline as the key to rehabilitation. What most of these men needed was actually the chance to reflect on their circumstances and turn around their lives, and to receive appropriate support in starting the process of realising their human potential and thereby eventually leaving prison with a relatively positive, purposeful and healthy future.

10.0 INMATE SOCIAL RELATIONS

10.1 INTRODUCTION

The most extensive data category that emerged from the interviews concerned social relations among inmates. It was evident that inmate social relations were an overwhelmingly significant feature of prison life and thus an important preoccupation for most inmates. Many different themes arose relating to masculine status, which had different degrees of association with health.

10.2 TENSION AND TRANSIENCE

Tension and suspicion characterised social relations in the prison, partly due to the rapid turnover of prisoners. It was difficult to discern a distinct prison or wing culture as such, since most inmates were serving short sentences or being shifted around the system in accordance with the progressive regime. This transience reflected the wider strategy of control, since it reduced cohesiveness and team spirit among prisoners. One inmate with extensive prison experience suggested that in recent years there had been a gradual erosion of the traditional inmate code, from a former camaraderie among inmates to much more fragmented associations:

> "Prisons have changed. In the old days, when *I* started, prisoners had a bit more of a code. Nowadays, there isn't one. They're all too busy trying to get their D-cats. This progressive regime has made them think, 'Oh, well, maybe I'll get my D-cat if I grass someone up'. There's no honour amongst any of them now." (Trevor)

The constant turnover of prisoners made it difficult to adjust to a particular prison routine and develop good relations with other inmates:

> "You begin to sort of settle into a place, you get to know the surroundings, the routine, the people, and you begin to fit in. But then you've got to move again and you don't know the routine in the next place, you don't know the people. None of us like it." (Vinny)

Most inmates conceded that living in close company with other men was highly stressful. They complained about having to share a cell on the induction and standard units, lack of privacy, incessant noise, and antisocial behaviour of other inmates. It was impossible to be completely alone. As Sam put it,

> "You're living with these people twenty-four/seven, so you get to see the real sides of them."

With little opportunity to vent their frustrations, inmates commonly became irritable, aggressive or violent. Trevor pointed out that inmates became highly sensitive to change and therefore tended to react badly to changes of routine, misplaced comments from others or bad news. As Ian suggested, this could make the inmate community fractious and unstable. Hypersensitivity meant inmates were easily irritated by others' attitudes, values, beliefs, habits and idiosyncrasies. Lance, for instance, admitted that he often had to quell his anger when others began to irritate him, despite having completed the anger management training:

> "It's so frustrating here. I can't talk properly to people here because they annoy me. So I just sort of go off the end and go and lock myself up. I don't want to have no days added to my sentence, so I just have to walk away from them. I get so frustrated because it's just like talking to a brick wall."

Some of the longer-term prisoners said they found it difficult to listen to short-termers discussing their imminent release dates. Others felt that the all-male environment was difficult to cope with; as Stuart put it, "… being surrounded just by males does my head in".

Tension on the units was essentially guaranteed with the constant movement of prisoners into and out of the prison and between the units. It was further reinforced by the progressive regime with its 'divide and rule' ideology. Inmates were generally suspicious of and sensitive to others' conduct and behaviour, and aggression and violence usually stemmed from irritation and hypersensitivity, particularly with the lack of privacy.

10.3 FRONT MANAGEMENT

Given that relationships among inmates were usually temporary, they tended to also be superficial. Inmates were therefore conscious of how they presented themselves to others, commonly engaging in 'front management' to present an acceptable image to others. Most inmates highlighted the tension between presenting a true reflection of themselves and projecting a false façade. As Sean put it,

> "As soon as that door's open, everyone puts a front up. It's like trying to be something you're not".

Fielding (1993) used the term 'front management' to describe the conduct of researchers involved in sensitive, sometimes covert, ethnographic research. To protect themselves, they could mask their true personality or identity with a 'veneer'. To some extent, I was involved in front management with research subjects, as were inmates and staff, which some referred to as 'wearing a mask', 'imitation', 'mimicking', and 'seeing the shell of a person'. They described a range of 'fronts', usually referring to other inmates or officers. As well as representing individuals' efforts to fit in,

gain acceptance and avoid exploitation, it was viewed as a strategy of one-upmanship, legitimacy and superiority, as Nige explained:

> "Everybody's trying to prove that they're somebody, because when you come into jail you lose your identity straight away. You're given this number, and that becomes your identity for the whole time you're in here. You're no longer an individual. So, I mean, there's all this striving to be noticed, you know, just to be an individual. It's just one big competition to be noticed."

10.3.1 Inmate Banter

Commonly referred to as "prison talk", the banter among inmates was illustrative of how some projected their public fronts. Len and Derek both suggested it was just what men did when they were in a group; as Derek put it,

> "You do it for a laugh, to occupy yourself, like. It's just something to do, you know. If we didn't take the piss out of each other and have a laugh, then there'd be nothing … You can't talk about what you did last night, so all you do is take the piss out of each other."

The banter between inmates was essentially a superficial and public mode of communication that fostered camaraderie and solidarity. As several inmates suggested, it was usually characterised by offensive humour, provocation and one-upmanship. Some admitted that ribbing, barracking and using crude humour enabled them to project a positive, stable identity. It also helped them to conceal their private selves. Paul, for instance, admitted, "I'm a different person on the out, we all are", and several inmates suggested that such behaviour enabled them to suppress or conceal negative emotions.

Ian said inmates who tried to "large it up" tended to use pretentious talk or tell wildly exaggerated stories, what Pat termed "bravado and bullshit". Lance said he frequently heard other inmates trying to outwit or impress others. Some, he suggested, would give the impression they had been in the armed forces, or that they had served time in a notorious prison, when plainly they had not. Likewise, Steve said he had met inmates who claimed to be millionaires or related to famous gangsters.

Although most inmates participated in the banter to some degree, many claimed to be equally irritated by it. Ewan said it irritated him because it never seemed to stop. Also, some inmates were irritated by some of the values expressed by others during these public 'contests'. Stuart, for instance, said he was frequently riled by the "white van man, *Sun* mentality" that prevailed. Likewise, Trevor held the view that most other inmates were "… moronic and not even semi-intelligent". Bill felt that his values and beliefs clashed with those of the majority of inmates:

> "I don't feel that I fit in at all. You're forced into this situation, where you're living with people that you wouldn't normally live with, like, and, I mean, a lot of the talk I hear is just idle fucking chat, you know, just talking for the sake of talking."

The inmate banter was essentially the medium through which most inmates interacted socially at a 'public level' and competed for acceptance, notoriety and status. While many inmates expressed irritation at having to be exposed to the almost constant inmate banter, particularly during association periods or at work, most still participated in it as a form of one-upmanship, using pretentious talk to foster credibility in the eyes of fellow inmates.

10.3.2 Physical Recreation and One-Upmanship

Competitive one-upmanship was evident in prisoners' participation in physical recreation or sports. During the summer months, softball and football matches were played in the open air, usually between units. Inmates could also sign up to use the indoor sports facilities, where they could participate in five-a-side football, badminton, circuit training, aerobics or weight training. Most inmates had been involved in sports at some time during their sentence, though a minority used the facilities on a regular basis, most of these opting for weight-training. When inmates spoke of "the gym" they were usually referring to the weights room.

The gym was a converted garage based in the sports hall. Several inmates described it as a macho environment, some admitting that they found it intimidating. Ewan described it as "very, very macho, everybody trying to outdo everybody else", and Stuart as a "tense, testosterone-fired" environment. Likewise, Trevor said that it 'bred testosterone':

> "You get people coming back all hyped up, and that just breeds violent people."

Inmates who did not regularly use the gym tended to view those who did as macho exhibitionists. For instance, Tommy said:

> "You sees people come in skinny as fuck, then six months later you sees 'em looking like Jeff Capes, know what I mean? And their attitude changes with it."

Likewise, Ken suggested that inmates used the gym

> "to prove themselves – they do it to pose. They will do one exercise and then they're in the mirror, checking out their muscles."

Several inmates said they often heard inmates who used the gym comparing how much they could lift or how many bench presses they could do. Indeed, Lance proudly admitted that he had recently broken his leg in two places through doing "heavy-weight squats". Inmates suggested that it was

relatively common for injuries to occur from over-exercising, particularly since some inmates would compulsively weight train but not match this with a nutritious diet. As Harry put it,

> "They're building up their bodies, trying to look good, and eating all the garbage under the sun … They're trying to portray a healthy, fit person, who's not going to be messed with. But, really, they're not projecting a healthy image at all, they're projecting an image of masculinity."

Inmates suggested that there was a certain amount of pressure on the unit to use the gym, particularly given that it was considered a privilege. Stuart had only used the gym once because he had found the atmosphere too competitive and poorly supervised. Kieren and Steve both admitted that embarrassment and fear of criticism had prevented them from using the gym.

There was also pressure to participate in softball or football matches and then to perform well. Trevor, for instance, had been coerced into playing softball, despite having angina:

> "It was, 'Come on you old fart! You're not gonna get anywhere!' … and the lads on my team were yelling, 'Yeah, yeah, go on pops!' … It's not so bad now they've stopped taking the mickey."

Likewise, Frank had been persuaded to play five-a-side football, despite his reservations:

> "Why *should* I join in and then get people saying, 'Look at that fat cunt'?' … I went over to play football last week, and the screw came up to me and said, 'Oh, fucking hell, what've we got here, then?'"

Team sports also provided an outlet for friendly aggression and rivalry, which usually made them intensely competitive and humiliating. Weight training, on the other hand, provided an outlet for inmates to bolster their image or self-concept, which some viewed as pretentious and macho. Many inmates spoke about others' competitive or macho behaviour, though they rarely acknowledged their own possible culpability.

10.3.3 Toughness and Machismo

It was suggested that new inmates would commonly try to project a tough front, or what Harry termed 'strutting':

> "You've got to sort of build yourself up, you've got to pump yourself up, like, and make yourself look a big guy. It's not necessarily all about muscles and all that. It's a man thing."

Likewise, Bill said that some inmates would

> "walk about with carpets under their arms …, pushing each other about, and fucking jousting and shadow boxing, and all that fucking nonsense".

This was felt to be most common among younger, less experienced inmates, and generally subsided as inmates settled into prison life. Nonetheless, a few inmates were perceived as portraying a macho, tough and aggressive front, despite this being generally viewed to be an unpopular trait among adults. Lance, for instance, a heavily-built ex-soldier, tended to maintain his distance from other inmates, to speak patronisingly of them, and to posture in an aggressive and intimidating manner:

> "We've got a guy on here who thinks he's really big, really macho, like. And I don't think he's liked by many on here, even the screws, like. He thinks everybody in here's a prat or an idiot. I mean, even if he walks past the pool room, it's like he's looking in and saying, 'Fucking bunch of idiots!', you know? There's no need for that. You need friends in prison, not enemies, like ... They *all* know what he's like." (Harry)

Bill, likewise, spoke about Lance:

> "I had a fella in here the other day, an ex-squaddie, and the fucking nonsense he was coming out with! I thought, shall I start arguing with him and giving him my view, but I thought, 'No, he's too far fucking immersed in it'. He was talking about the stuff he wants to do when he gets out, how he wants to die in combat. And I thought, 'Fucking hell!'. … There was this barrier he was putting up, like. I could feel it, like. I felt that if I said the wrong word, I was going to get fucking floored, like."

Lance evidently used his bulk and intimidating manner to assert his superiority in the presence of other inmates, a strategy Harry described as 'projecting one's masculinity' to keep others at arm's length. Such inmates generally invited provocation and were unpopular on the unit.

10.3.4 Reputation

Respect earned through criminal reputation or prison experience represented an important symbol of status among inmates. While such inmates did not necessarily extol their own status as a measure of superiority, less experienced prisoners would sometimes do this simply by showing respect for them.

Dan was regarded by most inmates and officers as an experienced 'old lag', on account of his twenty-five years experience of custody and seventy-odd convictions for violent offences. His experience enabled him to offer advice, support and protection to young or less experienced inmates. The officers viewed him as the 'daddy' of the unit:

> "When the younger ones have problems, they'll always go to him for help. Someone will come into the office with a black eye and we'll say, 'Oh, so what happened to you?', 'Oh, I fell over'. And Dan will come down later and say, 'It's all right, boss, I've sorted it, enough said'. I mean, to be perfectly honest, we know what's going on, but we let it go because we

> know Dan will calm the wing down. You can turn a blind eye to it. And if we want something sorted, we'll let him go ahead and sort it, so long as he don't assault no one." (Len, officer)

Less experienced inmates could also improve their standing or image through loyalty or allegiance to such inmates. Thus,

> "if they can be seen as close to him, then their status is that much improved, 'cos that's what prison's all about, where you are in the pecking order." (Tom, officer)

Several older inmates admitted that age and experience had brought them increased respect from fellow inmates. Trevor, who had thirty years of experience of custody, described himself as one of the "old brigade", and admitted that he was respected for this by younger inmates who knew him. Jake said that experience also brought greater respect from prison staff, given that he had known some of them for many years. Respect and status were sometimes attributed to younger prisoners who were serving longer than average sentences, or who had extensive custody experience.

Criminal sophistication was another quality that drew respect and status. Some inmates had developed criminal reputations outside prison. Frank, for instance, felt that his involvement in armed robbery had brought him respect from his peers, a sense of self-importance, and made him more attractive to women. He perceived that spending time in prison further enhanced his reputation and status:

> "You're walking down the road, you've got your prison badge in your hand, you're sticking your chest out – 'I've been to prison, don't fuck with me' …"

The nature of the offence was also thought to bring an inmate respect or status. Trevor, for instance, believed that his involvement in "corporate theft" had earned him higher respect than "the average petty thief".

Having a reputation could also have its costs, though, for Dan claimed he had also become a target for particular inmates and officers who had wanted to test him. Also, because of his reputation for violence, some inmates displayed loyalty towards him principally because they feared him:

> "He's very unpredictable. That's why people respect him, 'cos they don't want to get on the wrong side of him. He's got respect 'cos of his age, but I think it's 'cos of who he is as well. He's a nice bloke and all, but he has got a temper on him. So if you're a bit of a tasty person like Dan, and you're unpredictable, and people are a bit wary of you, they're gonna be nice and polite. People might think he's a wanker, but they won't say it to his face." (Chris)

Thus, some inmates felt that reputation represented a measure of inmate status, though this did not necessarily mean they were popular. Allegiance with inmates with reputations also enabled some less experienced inmates to glean status and protection.

10.3.5 Legitimacy

In a similar way, most inmates engaged in efforts to legitimise their offence, either by comparing it with more heinous offences or by presenting the 'facts' about their case in a favourable light. Inmates who had not committed drugs-related offences sometimes castigated those who had, and, as Sean remarked, automatically viewed them as injecting heroin addicts. Most inmates viewed sexual offences against children as a separate category of offence, labelling such offenders as 'nonces'. These crude distinctions suggest that a hierarchy prevailed among inmates, based on offending background, where some inmates made strenuous efforts to portray their backgrounds in positive terms, thereby earning status and legitimacy. Thus, Tom (officer) suggested that

> "… the gangster who blows another gangster's head away and kills him is given higher regard than the lad who knocks over an old woman and grabs her handbag."

Harry had been convicted for raping and assaulting his wife, yet he asserted:

> "the real low-lifes in here are the fucking dirty kiddy fiddlers."

He felt it was important to "put on a defensive shield" when talking about his offence, particularly given that he was on the sex offender register. Dan made a similar distinction between acceptable and unacceptable sexual offences:

> "Anyone can get done for rape. There's one on this wing, for instance, who had a row with his missus, and she yelled 'Rape!'. It's so easily done, isn't it? So I don't believe that rape is so bad. But when it comes to indecently assaulting children, that's bad then, isn't it?"

Ian, whose offences were drug-related, was adamant that convicted paedophiles represented a different class of prisoner to the rest, describing them as:

> "nonce bastards … cunts … and they sneak them into jails like this – it's just not right …".

Several inmates suggested that those who had committed particularly heinous offences sometimes used cover stories. For instance, Harry suggested,

> "You might have assaulted and robbed an old woman in her home, which, in here makes you scum … and there's fucking loads of them who've done that in here, who go to the elderly because they're easy pickings. But then they'll say they're in for burglary or something like that."

Some inmates therefore found it necessary to keep written proof of their offence as protection, such as a newspaper cutting or a copy of their conviction history. For instance, Ewan was convicted for death by dangerous driving and felt he had been lucky that his offence had attracted the interest of the local press and media:

> "There was no doubt with mine … But some people come in and you wonder what they're really in for. Mine definitely wasn't seen as that bad, though it was bad enough, like."

Trevor had kept his charge sheet, sensing that his age and middle class background might evoke suspicion:

> "I've had problems in here, actually, with people looking at me … I mean, you don't go round saying what you've done. So then they'll say, 'So, what are you in for?', and I'll say, 'Theft'. And 'cos I'm older, then I'm hearing comments like, 'I'm sure he's a nonce'. And when somebody else has picked up on it, you've got a problem. … People are making wild guesses half the time."

It was moreover quite common for inmates to take the moral high ground in an effort to legitimise their offences. Jake, for instance, had stolen and exported expensive horse-riding equipment and claimed:

> "At least I know my limits. I would only steal from the commercial side, like, rather than from the person, like. But there are people in here mostly for drugs offences, and they've got no morals, no morals at all."

Likewise, Ken, who had been convicted for armed robbery, declared, "At least I've still got my morals". Stuart said that his conviction for dealing in class 'A' drugs placed him in "a separate class", since, he claimed, he had not directly harmed anybody. Sean was even quite proud of his theft and robbery offences, describing himself as "… a proper, old-style villain". Thus, inmates tended to compare their offences with what they perceived to be more heinous offences, using this as a way to legitimise their own offences. In taking the moral high ground, and asserting their individuality in this way, some inmates even viewed their offences as honourable or respectable, enabling them to maintain a positive self-concept through the portrayal of a legitimate criminal front. This strategy was also viewed as essential to avoid exploitation.

10.3.6 Heterosexism

Sex was a preoccupation for many inmates, reflected in comments about women and in some of the sexist or homophobic language used by inmates. Such views tended to reflect inmates' values and beliefs about gender and sexuality, though they probably also reflected 'safe' consensus values that prevailed across the prison community.

Several inmates used quite condescending and misogynist language to describe women. Steve, for instance, had a tattoo on his upper arm depicting a woman's open crotch. When asked about his views on women, he said:

> "Let's be honest, that little fur box they've got will draw you further than dynamite can blow you!"

Several inmates expressed confidently that their female partners were missing them principally because of the forced period of sexual abstinence. Chris for instance, said

> "… a lot of birds want to know when you're getting out, because they know you ain't had none for a while, and that you're really up for it, … even though it'll be over in two seconds!"

Several inmates referred to female prisons as "dolls' houses", perceiving that female inmates were on the whole sexually desperate, a view that was shared by some of the male officers. Colin (officer), for example, spoke about the period he worked at Holloway Prison in London:

> "You'd open the door … and there'd be a woman stood there stark naked with a big smile on her face. And quite often you'd walk into their cell and they'd be sitting playing with themselves, legs wide open. So I'd just turn round and say, 'I've seen hedgehogs better than that dead on the street!'"

Likewise, Len (officer), made a sexual reference when discussing the role of women prison personnel:

> "We've had female staff shagging inmates. One was suspended and one got the sack about three years ago, a nurse. I mean, even the teachers have done it as well. It's happening all over the place. It happens in all the prisons. That's why I don't agree with female staff at a male prison."

This sexual objectification of women was reflected in the prevalence of pornographic material on cell walls. Nearly all inmates had pictures of semi-nude women in their rooms, which was accepted as a normal practice. Sam acknowledged that this was essentially to conform:

> "Do you know why they're *actually* there? Pressure from mates and stuff. They're there purely and simply because of people coming in here saying, 'It's about time you got some pictures up'. It's not actually through choice." (Sam)

Vince had several pictures of topless women on his cell wall, yet admitted he had never had a sexual relationship with a woman.

Another prevalent view concerned the role of women in society, particularly in terms of work. Many believed that men should be the principle breadwinners and that women should perform domestic roles. Indeed, several inmates were uncomfortable with the view that more and more women were in full-time employment. Paul's view was quite typical:

> "Men are meant to be, I wouldn't go so far as to say dominant, but along them lines. Men are supposed to be the general providers, like, whereas I was always brought up to look at women as looking after the home and that, bringing up children and that sort of thing. With women working and that, they're taking quite a fair chunk from the fellas now."

Sexist or misogynist attitudes and language among inmates were also a source of irritation for others, generally a small minority who chose not to have pornographic images in their rooms. Balli, a married Muslim, found it difficult to relate to the sexist wing culture, and Bill, who described himself as a pagan, found some of the language disturbing:

> "I've listened to conversations about women and some of them are bordering on rape. They look at them as a piece of meat, and that's it. A woman to them is from the neck down. … I never really experienced that sort of attitude until I came here."

Homophobia was another characteristic of the prison banter, and was also explicit in some inmates' accounts of gay inmates. Jim, for instance, described an occasion where two inmates had been caught having sex:

> "One guy was giving the other bloke one, with a picture of his missus stuck to the back of his head! And they used to swap around, once a week!"

A prevailing view was that gay inmates should keep their sexuality private rather than parade it, and certainly not make sexual advances towards heterosexual inmates. Harry, for instance, had an altercation with a gay inmate in the shower:

> "I was in the shower one day and this guy came in. He was about 6'3" and quite stocky. And I went, 'Wait till I've finished'. He said, 'Why's that then?'. And I said, 'It's 'cos you're fucking gay! Now, wait!' I had to tell him, and he respected it, like. 'Cos, straight away, you think to yourself, 'They're looking at you', you know? I just made sure from that day onwards I never went near him, and if he did what he did then I fucking let him get on with it, like."

During the research, it did not emerge that any of the interviewees were gay, though this may have been because of the pressure on gay inmates to conceal their sexuality. As Warren suggested,

> "There's no queers or nothing like that running around. It's just not the done thing, you know. You'd get battered, you'd get proper battered. So there's none of that goes on."

Sexist, misogynist and homophobic attitudes and language exhibited by some individuals partly reflected their personal values and beliefs regarding gender and sexuality. Some inmates held very strong negative beliefs, and their language would be correspondingly crude and derogatory. Yet heterosexist attitudes were also commonly expressed through the inmate banter, which partly reflected individuals' engagement in front management, as a means to fit into the wing community.

A heterosexist front was therefore used by some to portray an uncontroversial, heterosexual identity.

10.3.7 Summary

Front management was evidently an important feature of social life in the prison. As with earlier studies of prison culture (Clemmer 1958; Sykes 1958; Cohen and Taylor 1981), these interviews revealed that inmates generally adapted to prison life by aligning themselves to the norms, mores and customs of the traditional prison culture, essentially adopting traditionally masculine "alienative modes" (Sykes 1958) of behaviour. These 'survival strategies' enabled inmates to strive to fit in and become accepted in a strongly heterosexist, male-dominated environment. The transience of the male prisoner population and the divisiveness of the regime perpetuated tension across the prison, which was reinforced by the front management tactics of inmates and officers, who collectively contributed to a ruthlessly competitive, aggressive and threatening atmosphere on the units. Thus, the inmate banter, combined with pressures to conform through engaging in competitive one-upmanship, appearing tough or macho, and asserting one's reputation and legitimacy, represented techniques of validating traditional masculine identities.

The compulsion to conform essentially stifled inmates' opportunities to express their true selves, reveal their weaknesses or develop genuine trusting relations with fellow prisoners and staff. In this sense, front management represented the production and portrayal of unhealthy prison masculinities. These findings concur with those of other writers (Jewkes 2002; Miller 2000; Sabo et al 2001; Sim 1994). Indeed, Jewkes (2002:211) argued that the 'excessively performative hegemonic masculine culture' in male prisons could directly increase the risks to inmates' health, particularly in terms of their 'psychological survival'. Through their compliance with the hegemonic masculine culture, these inmates were essentially shunning or postponing their 'backstage' selves in order to fit in, and in certain instances were placing their health at risk.

10.4 ETHNIC AND RACIAL DIFFERENCE

Ethnic and racial differences were also discussed by inmates and officers in relation to front management and fitting in. Given that several interviewees made overt distinctions between inmates on account of their ethnicity or race, it was apparent that ethnicity and race were important signifiers of identity and status within the male prison community.

10.4.1 Being "Black"

White inmates and officers commonly labelled inmates from Black or minority ethnic groups (BMEGs) as troublesome, antisocial or disruptive. They perceived inmates from BMEGs as 'detached' and 'confrontational'. However, given the antagonistic and racist attitudes inmates from BMEGs faced from some inmates and officers, it was actually not surprising that they shunned social interaction or appeared defensive. This issue thus had an important bearing on the social integration of inmates from BMEGs into the prison community.

Two of five inmates from BMEGs approached during the research agreed to be interviewed. Reluctance on the part of the other three seemed to result from suspicion regarding the purpose of the research, and possibly the fact that I was white. Of those who agreed to be interviewed, Balli was a Pakistani Muslim and Nige described himself as 'Black British'. Both said they had experienced racist attitudes among inmates and officers, but had learnt to accept them, as Bali explained:

> "It's everywhere, isn't it? I'm used to it. You can't do nothing about it. If somebody's racist, you just have to leave it."

Nige said he was frequently cajoled and taunted on account of his colour, which he preferred to ignore. Both felt it was better not to draw attention to themselves by reacting to racist comments, as illustrated by Nige:

> "A couple of weeks ago, somebody overheard this guy having a go at me … And then two of the other Black guys on the wing were all for kicking this guy's head in. But I didn't want that because this guy's actually a friend of mine – it was just a bit of harmless piss take, really. So I basically had to try and calm that situation down. I understood their point of view, 'cos, you know, it was offensive to them, but there's no point dwelling on it – we've just got to try and move on …"

He mentioned how he had dealt with the racist antics of one particular officer:

> "There's one officer on G-wing who's always coming up to me and saying, 'Yo, man! How're you doin', man? Yo!', and, 'What're you eating today, brother?', and stuff like that. … If he said that to somebody who took it the wrong way, they'd happily punch him or bring a charge against him and they'd probably win. He's just trying to entice an argument of some sort, isn't he?"

It was evident from talking to white inmates that it often took longer for inmates from BMEGs to become accepted by other inmates, on account of the suspicion their race or ethnicity provoked. However, few white inmates acknowledged that racism was a problem in the prison, though this depended on how they defined 'racism'. On the other hand, some admitted that they had been unhappy sharing or living next door to inmates from BMEGs. Warren even preferred not to talk to

such inmates. In particular, it was felt by several white inmates that those with an African Caribbean background were generally antagonistic, defensive and had "bad attitudes". One officer admitted that these inmates tended to "use their race as a weapon" (Doug, officer). Likewise, Ian argued:

> "One thing that really gets my back up and all, like, and that never bothered me before but does now, is their fucking attitudes. I wouldn't say I'm a racist but I've got a different attitude towards them now, like, and that's since I've come to jail."

Another common view among white inmates was that some inmates from BMEGs were themselves more racist than most white inmates or officers, particularly in the way they formed cliques and used ethnic banter, which would antagonise some white inmates, as Harry remarked:

> "The biggest racist I've seen, since I've come to prison, is the black person himself … I see racism here in the coloured people themselves. They're very racist and they're very critical of white people."

He then said:

> "There's this black guy opposite. One minute he's from Barbados and the next minute he's fucking Welsh, like. He's one *or* the other. When a lot of the blacks started coming on the landing, he started, you know, giving it all the black talk, like. And I did tell him one time that there's one thing I don't like with coloured people, that's when you're talking to them, and you're good mates with them, and another coloured guy comes along and they start talking all this black shit."

A few inmates acknowledged, though, that such conduct among BMEGs probably reflected their paranoia, fear and experiences of racism. Some also perceived that inmates from BMEGs were sometimes disadvantaged or discriminated against by staff. Several reported racist attitudes by some officers, and suggested that such inmates tended to progress through the regime slower than most white inmates, despite good behaviour records. For instance, Harry said that one particular black inmate on the unit had been refused home leave, tagging and transfer to a D-category prison, despite having never been in trouble during his sentence. It was also apparent to me that one officer disliked this inmate on account of his 'bad attitude'. Unfortunately, the inmate would not agree to be interviewed to provide further light on this.

10.4.2 The "Welsh Boys"

The prison also had a large proportion of inmates from South Wales, relative to other geographic origins or ethnic backgrounds. Several inmates referred to this strong Welsh contingent, suggesting it sometimes created social divisions among inmates. Welsh inmates tended to share a particular level of camaraderie, and therefore having a Welsh accent and family in Wales provided inmates with legitimacy and status. Dan, for instance, said he could rely on support from other Welsh

inmates if he was ever in debt or needed a favour. Jim said his Welsh identity had placed him in good stead with an officer from his home town:

> "He'll do anything for me. It's a territory thing, because I'm Welsh and he's Welsh. And I do find that with the Welsh officers. They always treat the Welsh people better."

By contrast, Ewan had been born and brought up in Cardiff but had a South London accent, which meant he was not readily recognised as Welsh:

> "To actually have to go around and prove that you're Welsh is a very weird thing to have to try and do. 'Cos I've got an English accent, everybody thinks I'm English, … So I have to tell them that I've got a Welsh birth certificate. You find yourself doing that 'cos, I don't know, I suppose it's the fear that they're going to give you a hard time. You're on their turf."

Some non-Welsh inmates perceived a social divide between themselves and the Welsh inmates. Trevor, for instance, said the Welsh inmates tended to form cliques, and would sometimes collectively stir up trouble on the units. Furthermore, Stuart said,

> "It is very noticeable that the Welsh boys don't like the English boys. That is until they've got to know them as individuals. But then that's the case with all racism, isn't it? An individual's not dangerous, but people are."

Tension between Welsh and English inmates was particularly high during televised national rugby tournaments, where rivalry came to the fore. On one occasion, an English inmate was transferred off the wing for "inciting racism" by writing "England 49 : Wales 12 - Fuck Off You Welsh Wankers!" on the association room wall (Len, officer).

Being from Wales seemed to bring status and sometimes privilege to inmates. Dan, for instance, who, as mentioned earlier, received respect from inmates and officers on account of his prison experience and criminal background, was also from South Wales, which brought him greater comfort within the prison and higher social status.

10.4.3 Summary

Ethnicity and race were therefore important signifiers of status. Within the hegemonic masculine social structure, males from BMEGs tended to have lesser status than whites, while inmates with a Welsh background were often accorded higher status than the rest. The former were accustomed to regular racist taunting that they had learned to ignore, while the latter used their Welsh credentials to accrue status and a sense of belonging and self-worth. Racism thus had the effect of relegating certain inmates in the pecking order and was therefore another potential route to poor health.

10.5 EXPLOITATION AND HEALTH DECLINE

A key survival strategy for inmates was to avoid exploitation by others at all costs. Thus, inmates commonly strove to present a 'legitimate' and tough façade or front to mask their weaknesses or vulnerabilities. Nonetheless, some forms of exploitation were quite common, ranging from physical or mental bullying through to extortion; or, as Doug (officer) summarised, "being robbed, taxed, or put under pressure". Weak and vulnerable inmates tended to stand out and would commonly become targets for bullies. Also, some inmates would adopt what might be best described as the 'sick role' in that they would become self-absorbed, preoccupied with their health and socially withdrawn.

10.5.1 Concealing Weakness

Concealing weakness or vulnerability was essentially a technique of emotional repression, commonly adopted by inmates to 'defend their honour' and avoid bullying or exploitation.

Generally, inmates felt it was important to be able to stand up for themselves, particularly when challenged, for, as Jim suggested, "you have to be a con in here or else they'll beat you up". Likewise, Pat said that inmates who were perceived by others as "push overs" were then collectively ostracised by other inmates. Chris's experience of being bullied during induction had taught him to stand up for himself when threatened, and others concurred that it was important to 'make one's mark' early on to avoid exploitation.

Inmates who displayed low self-esteem or confidence, who appeared to be unsure of themselves, or who were weak-willed, nervous or shy, were therefore liable to be noticed and challenged. Also, inmates who displayed supportive or caring qualities could become targets for exploitation. Tony had concealed his status as a Listener for fear of being labelled a 'grass', and Nige's involvement with the Church had made people think he was collaborating with the staff to get early parole. It was important not to become labelled a 'grass' or viewed as "the bad apple in the cart" (Len, officer), which meant that inmates strove to maintain their distance from staff. Thus, victims of bullying would try to avoid admitting to staff that they were being bullied, as one officer suggested:

> "You'll get an inmate with a black eye who comes into the office and says he's been bullied. And when you ask him who's been doing it, he goes, 'I'm not a grass. I won't grass on 'em'. It's partly fear, but it's also the culture that they have here. Grassing is the lowest of the low, even though you try and explain to him that he's protecting the one who's robbed from his own. They'll still protect the bullies because of the code." (Doug, officer)

Through this tactic of emotional repression, inmates could appear strong-willed, confident and in control. Even inmates who had experienced bereavement or serious illness while in prison admitted

that they had had to suppress their feelings and 'put on a brave face'. Lance explained how he had masked the pain from his broken leg and refused help from others on the wing:

> "I'm walking on it, but that's just through sheer stubbornness, because I don't want to rely on no one here. I wouldn't want to do it for anyone else … I like doing things for myself. I was on crutches but I couldn't get my meals myself, so I decided to just throw them away and start walking about myself. … There's a guy down the bottom there, … who just kept on offering to help and that, and I just couldn't stand it no more, so I started walking about, which I shouldn't have been doing … it doesn't really hurt, though."

Emotional repression arose principally from fear of exploitation. For instance, during induction, Chris said he had lived in fear of being bullied, and became a target of regular verbal abuse, but had to try to conceal his fear:

> "I'd be shouted at through the windows, and I was in a pretty bad way. I was weak mentally and I was scared. But I wouldn't show it. I couldn't show it. I was frightened."

As Kieren suggested, it was plain that most inmates were well practised in concealing their emotions:

> "Most of these, I think, would cope much better if they faced their problems and had a good cry. Some of them must be really hurting inside, but they won't show it … Whether they're different when the doors are locked and you can't see them, I don't know."

Ian admitted that he had often come close to tears because of the mental tension, though, like most inmates, he tried to keep his emotions suppressed:

> "I'll guarantee you that 80% of this jail have cried when they're behind that cell door, every man's had a cry. I've had a cry or two, and I'm not ashamed to admit it. If having a cry's the way you can relieve some tension, pressures, hassles, fucking heartache, whatever, you know, that's what you should do, like, if it helps."

Tony was perhaps typical of many inmates who believed that it was unnatural for men to become too emotional:

> "I've never talked, never shown my emotions, never shown my feelings. I don't know how to. Men naturally keep a lot in, know what I mean? You have to otherwise you'd be losing it here, there and everywhere, you know?"

For most inmates, emotional repression and concealment were unavoidable and necessary, to prevent exploitation by manipulative prisoners. While it may have been viewed by some as acceptable masculine conduct, it was also viewed as an essential survival strategy for all inmates.

10.5.2 Bullying

Reports of physical bullying were rare, though some inmates had experienced or witnessed occurrences of physical bullying on other units or in other prisons, which usually involved vulnerable inmates being assaulted. Some inmates gave vivid accounts of victims being scalded, slashed, beaten or sexually assaulted. However, inmates and officers claimed that physical bullying was generally taboo and therefore rare among adult prisoners. Vulnerable prisoners usually drew protection from more experienced inmates, as Derek explained,

> "Bullying isn't tolerated. If people are getting bullied, and people see it, a couple of boys are going to get together and sort it out, like."

Mental bullying, on the other hand, was much more common, particularly the cajoling, teasing and public ridicule of more vulnerable inmates. Sometimes this was viewed as 'harmless fun' as inmates 'scored points' off one another, and it was generally felt that inmates who took provocation too seriously invited further provocation. But in some cases there was a clear bully-victim relationship present:

> "… the rest jump on him and start taking the mickey constantly and forever pulling him down." (Ewan)

Vulnerable inmates would be "branded", as Jim put it. Steve, for instance, had developed a reputation among inmates as "… the laughing stock of the wing" (Jim). Others said that they had been victims of mental bullying in the past. For instance, Kieren admitted that during induction he had attempted suicide because he had been afraid to leave his cell:

> "I was just too afraid to come out … they wouldn't stop."

And Vince said that mental bullying had 'scarred him for life'.

10.5.3 Extortion

Extortion resulting from debt was another precursor to bullying. Debt could result from what was termed "double bubble", where a debtor was expected to repay double the loan. At the outset, a lender or 'baron' might offer support or protection to a susceptible inmate by, for example, lending half an ounce of tobacco or a phone card. He would then expect to be repaid an ounce of tobacco or two phone cards the following week. This meant than a debtor's wages would rapidly dwindle to nothing. Thus, if an inmate was earning £6 a week and then borrowed a £2 phone card, he would be expected to repay £4 the following week, leaving him with £2 for that week. He might then require

a further loan, enabling the baron to live on the debtor's wages instead of his own. The consequence of non-payment of a debt could be serious assault:

> "Out there, if someone owed you £2 you wouldn't go and throw a jug of hot water in his face because of it. But it happens in here. If someone owes you £4, and he was supposed to pay you last week but can only pay you half this week and half next week, you wouldn't go up and cut him now, would you? But I've seen it done in here." (Warren)

Alternatively, debtors might be expected to traffic drugs or other contraband. Kieren, for instance, had been asked by a baron to steal syringes and needles while working in the health centre.

Nige said that in eighteen months he had seen around twenty inmates beaten up and then transferred out of the prison due to 'double-bubble'. Most inmates therefore felt it was essential to avoid borrowing from other inmates, except between close friends. Thus, Steve said:

> "I don't flash everything I've got around. I've never run out of smokes since I've been in here. I don't share mine and I don't take any. They might call me tight or whatever, but you've got to be sensible. Some of them might be a bit narky, if you don't give them your burn, but that's tough. They shouldn't smoke all theirs, should they?"

Even milk and sugar had their currency value. On one occasion, Harry had given a fellow inmate some milk and sugar to make a cup of tea and the next day the inmate offered him some marijuana in return. Items that were commonly traded between inmates, and that could lead to debt, included phone-cards, tobacco, sweets and chocolates, toiletries, music CDs and tapes, PlayStation games, stationary, art materials and drugs, since these were viewed by many prisoners as luxury items. Inmates on low incomes and without access to additional private cash were therefore disadvantaged in economic terms, particularly if they were trying to support a drug habit. The baron-debtor relationship was ruthlessly exploitative and hierarchical, and could thus bring significant harm to those in debt. This distinctive form of exploitation and inequality was, moreover, reinforced by the Incentives and Privileges Scheme, since it rewarded certain inmates with access to a wider repertoire of 'luxury items' or greater purchasing power than the majority, and therefore created the conditions for baroning.

10.5.4 The Sick Role

Some inmates displayed an almost obsessive and compulsive concern for their health, particularly those who had experienced ill-health, injury or disability while in prison and become preoccupied with their treatment and care. Ill-health in prison tended to have more significance for individuals than on the outside, and inmates could become quite overwrought about their health problems, as Nige suggested:

> "In a place like this, you can convince a doctor that you're dying, basically, when actually you're not. It might just be that you've had a tight chest because of the pollen or something. But, in here, any physical element, whether it's a headache or an upset tummy, is *major*."

He suggested that some inmates used episodes of illness or injury as a form of attention-seeking:

> "If you've got a dicky tummy, you might go to the doctor and ask for a day off work or a prescription. So, you're getting some attention then, aren't you, one-to-one attention, an individual consultation and treatment. And that's what everybody wants in jail, they want to be recognised for who they are, not for what they are or what number they are."

It was quite common for inmates to blame the prison authorities for their health problems. Barry, for instance, said his asthma had worsened by having to work in the carpentry shop, and Ewan said he had developed a hernia from lifting too many cargo nets. Others attributed a recent outbreak of e-coli to the close living quarters. Such health problems may indeed have been precipitated by conditions within the prison, but by blaming the authorities these inmates were abdicating their own responsibility for their health and thus the stigma associated with being incapacitated.

A large proportion of interviewees claimed that while being in prison their mental health had deteriorated, particularly referring to increased levels of anxiety, stress, frustration, anger and sadness, and in terms of experiencing severe mood swings or becoming increasingly withdrawn. Few inmates said they had experienced mental illness as such, although several had histories of drug dependency or were experiencing difficult emotional problems linked either with their offences or with difficult family circumstances. Sean, for instance, said he experienced regular mood swings, from having thoughts of failure to becoming over-excited in anticipation of letters or visits; he admitted that these mood swings occasionally made him feel suicidal:

> "Sometimes I really get my hopes up about things, and then I get really disappointed in myself, you know? So at the minute, I just sort of go day by day, 'cos I do sort of plan things, and then they backfire on me and it can be a big let down. You look forward to something, like a visit on Saturday, but then come Monday again and it's back to the old routine again. And it can really get to you."

Warren said he spent more and more time alone in his room, preferring to sleep as much as possible and only getting up for lunch on work days:

> "I sleep all the way through the day, now, 'cos I just think, 'fuck it all'."

Stuart said that the general depressed state of most inmates affected the morale and atmosphere in the prison:

> "I do wonder if I've changed in the last year and a bit, and if really I'm in a state of depression. But you don't notice because everybody else is in the same state, … so you can't really tell. But there *is* a state of depression. There's a sense that there's nothing to get up for in the morning, … and that every day's the same and nothing changes."

Most inmates conceded that it was important to try to remain mentally strong and avoid becoming self-absorbed with one's personal problems. As Chris put it,

> "You've gotta be strong in your mind to deal with something like this … If you let it get you down, it's going to crush your spirit."

Some inmates referred to those who appeared depressed or withdrawn as adopting a 'sick role'. Sam described this as a 'mask':

> "Some of the masks I've seen in here are extremely depressing. … You get the almost 'autistic' mask, where people don't show any emotion, and then you've got those who wear a 'constantly pissed-off' mask."

Such inmates sometimes displayed signs of physical neglect and loss of self-respect. For instance, Len said he had shared a cell with an inmate who was severely depressed and consequently did not wash:

> "It was murder. He smelt so bad, like, that I was getting headaches … Even the screws were commenting on it!"

One reaction to prison was therefore to slip into the 'sick role', which may for some have been a tactic to achieve recognition. Or it may have been a real deterioration in their mental or physical health. For some, it was probably a 'cry for help'. On the whole, it was felt that physical, mental, emotional and social problems were greatly magnified in prison and therefore much harder to cope with than outside prison.

10.6 FRIENDSHIP AND INTIMACY

On the whole, inmates strove to maintain a level of camaraderie on the units to make their time in prison as comfortable and stress free as possible. Thus, inmates who 'rocked the boat' or caused trouble on the units were generally unpopular. Social relations, however, were usually quite superficial, characterised by the regular banter and front management, as inmates strove to 'mask' their more human selves.

At a deeper level, however, several inmates said that they had also managed to form much deeper allegiances with one or two other inmates in prison. In some cases, these were people they had known before coming to prison, or they were fellow inmates with whom they had developed a level of trust over the course of their sentence, perhaps having shared a cell on another unit. Inmates generally concurred that it was important to choose one's friends carefully in prison and not to be friends with everyone.

Friendship at this level provided a valuable source of companionship and support, and an emotional outlet. Several inmates had developed strong friendships with others with whom they could talk openly and confide in. For instance, Dan spoke about his friendship with Jake:

> "There's a lot of things you don't like to speak to other people about … But, talking to Jake, like, you then find he's been thinking the same sorts of things as me, like, when I was thinking that it was only me thinking like that. And you feel better then, knowing you're not the only one thinking it."

Ian had developed a strong friendship with Sean, having shared a cell with him on another unit:

> "He was having stress and I was having stress, so you find you help each other out, like. I'll sit and talk to him and he'll do the same. And when I'm sat in here all quiet and that, he can tell when I can't be fucked with anybody, and he'll check if I'm all right and that, and he'll just leave me alone then, like. So me and him's helped each other quite a bit, like, and in that way it helps having a best mate, somebody you can speak to."

Likewise, Dave spoke about his friendship with Colin:

> "If anyone sort of got onto his case, I'd flip, I'd go mad, 'cos I want him to get his parole. He don't deserve to be here, as far as I'm concerned. I'd rather hit them than let Colin hit them, 'cos I've got nothing to lose. It'd make no difference to me. We've been here together for twenty months, like, so it's a team, in'it?"

Such relationships tended to be quite intense and based on trust and loyalty, given the culture of tension and suspicion that prevailed. One difficulty this created was the quite profound sense of loss when a close friend was then discharged or transferred, as Pat explained:

> "That's what I hate about prison. If you're doing a bit of a sentence, you make friends and you do get quite close to some people. And then when they go it's gutting, it really is."

Vinny, who was serving an eight-year sentence, had learned to become less close to fellow inmates for this reason:

> "They're all gone now. So what I done after that, … I thought, 'Fuck all that', getting in with people and all that. So I don't no more. I mean, I do talk to people, I talk to people all the time, but I'm not close with people. 'Cos they leave and … you don't want that. I'm better off on my own."

This brief discussion suggests that beneath the more 'public' level of banter and camaraderie among inmates, deeper friendships still prevailed based on loyalty and trust and providing inmates with an essential source of emotional support. This made it possible for inmates to share their problems in confidence and 'uncage' their true selves.

10.7 DISCUSSION

The themes discussed in this chapter suggest that social relations in prison were intricately linked to personal identity. It seems that, by and large, inmates endeavoured to separate their public and private facades within the prison community. At a 'public' level, it was common for inmates to engage in differing modes of front management, usually as a tactic to fit in with others. At a 'private' level, they would sometimes drop this public persona – or 'mask' – usually with close friends they could trust and with whom they had developed a strong bond of loyalty. Engaging in different strategies of one-upmanship enabled individuals to differentiate themselves from others and "look after number one" (Harry). Most inmates therefore felt that in public it was necessary to project a front that drew respect rather than disdain from others and that portrayed them as men in control of their circumstances, despite the lack of control and power the regime instilled.

Language and conduct played an important role in shaping prison masculinities. To 'handle their bird', inmates were required to assert their status as physically and emotionally robust men. This was particularly evident in the way prisoners engaged in banter, engaged in sports or weight training, concealed their weaknesses, asserted their reputations, and projected their heterosexuality through language. These front management tactics reflected inmates' existing ('imported') values and beliefs as men as well as the masculine code of prison; such values included respect, toughness, control, loyalty, competitiveness, heterosexism and racism. Of course, it is too simplistic to ascribe all these values to all inmates, given their different backgrounds, circumstances and personalities. They tended to adapt to prison in different ways, therefore, using front management strategies that were appropriate to them, though usually as a strategy to be accepted by others and fit into the prison community. Thus, a degree of conformity was considered necessary to prevent exploitation and maintain some semblance of respected status within the prison social order. In this sense, prison masculinities were orchestrated to enable inmates to avoid subordination within the existing hegemonic social order, as suggested by Chris:

> "You're either up there with the boys or you're down there with the more timid weaker people. You're either popular or you're not. And if you're not, you're in for a hard time, you're in for a rough ride. You're either one of the boys or you ain't."

Or, as Doug (officer) put it,

> "the strongest rule, and … the one at the bottom just lies down and they wipe their feet on him."

Such social relations have important implications for health in prison. Many inmates referred to the stress arising from living under such tense and threatening social conditions. The pressure to conform and the constant fear of exploitation exposed inmates to a range of potential physical and

mental health problems. Lance's macho behaviour resulted in serious injury to his leg and Trevor's heart condition was clearly set aside to enable him to prove his worth during a game of softball. Others referred to episodes of bullying or of depressive-type behaviours including withdrawal and self-neglect. Essentially, prison social relations, based on a masculine hegemonic order and orchestrated through prisoners' engagements in front management, played an important role in undermining the health of inmates, particularly with regard to their self-esteem, self-efficacy and self-concept.

11.0 RELATIONS BEYOND PRISON

11.1 INTRODUCTION

'Relations beyond prison' formed the fifth key data category arising from analysis of the interviews. This was another important area where the interplay of masculinity and health were visible. It emerged that most inmates were preoccupied with anxieties regarding their relationships outside prison. These often transcended their problems within prison, since many depended on their social links with the outside world for immediate and future emotional, social and financial support. The effect of prison was to remove them from their responsibilities as male family members and citizens and thereby to heighten the likelihood of emotional and social problems.

11.2 FAMILY DISCONNECTION

Most inmates admitted that they felt emotionally traumatised becoming separated from their families and friends. Some felt homesick, particularly some of the younger inmates or those with homes a long distance from the prison. Others were worried about how their partners or children were coping in their absence.

Inmates came from as far afield as Scotland, Northern England, South Wales and Cornwall. The rural location of the prison meant that few were local to the area and many relatives had to travel more than a hundred miles to visit them. This was compounded by the fact that there was no local rail or bus service.

Inmates with children seemed to sense the effects of separation most acutely:

> "That's what hurts me more than anything. Every day, from the minute I wake up to the minute I go to bed, that's all I think about, my wife and kids. I need to get back out to them more than anything." (Barry)

Missing important family events, such as births, deaths, anniversaries, birthdays and Christmases could be particularly distressing, making inmates sense they were no longer a complete family member. Bill had a six-year-old daughter he had never known, and Balli had missed the birth of his daughter and the first year of her life. Sam first saw his son when he was six weeks old during a visit. Also, several inmates had experienced family bereavements while in prison. For instance, while on induction, Dave received the news that his baby had died:

> "When my baby died, I was devastated. It's still on my mind now. It's on my mind every day. I was meant to see a psychologist or someone like that to talk about it, but I never spoke to no one. No one came and saw me, and my head was in pieces. It devastated me. And then me and my missus split up, after being together nearly seven years."

Other inmates had experienced family bereavement while in prison not been offered support or counselling from the prison authorities.

Physical separation effectively removed inmates from their familiar social networks and had a marked impact on their masculine status and role. Those with parental responsibilities, for example, felt physically and emotionally detached from their children such that they were unable to function effectively as fathers and sensed that they were missing out on the precious early years of their children's development. This social distance was compounded by the physical distance relatives were expected to travel to visit inmates.

11.3 Relationship breakdown

Thus, inmates commonly spoke about how their time in prison had led to the gradual deterioration of relations with relatives or friends, and of the anguish associated with this.

A large proportion of inmates had become divorced or separated from their partners while in prison, several with children. Ian, for instance, had consequently not seen his three-year-old son for two years and Pat had not seen his three children for five months:

> "They send photos and letters, but it's really distressing … I really miss them. But my ex-wife is being a right bitch at the moment, refusing to send their letters in to me, and that's really doing my head in. And I'm not even sure if they're receiving the letters I'm sending them."

Some inmates had to cope with the news that their children were now living with a new stepfather.

Remorse, paranoia and hypersensitivity were common emotions attributed to this period of separation. Firstly, it was generally felt that prison was more of a punishment for close relatives than for inmates themselves. Many of those serving prison sentences for the first time conceded that they had not realised the consequences for their families:

> "All they're doing is just fucking punishing other people … your family. I mean, *they're* more worried outside than I am in here. I've got fuck all to worry about in here. I get my meals every day, it's fucking easy compared to what your family's got to put up with." (Vinny)

Pat suggested that a prison sentence was particularly difficult for children, since a few months or years represented a "lifetime" to them. Others expressed remorse with regard to their parents, particularly their mothers, sensing that they had let them down and thus failed as a son. Ian, for instance, felt that his mother had blamed herself for his offending, while Pat felt that he had disappointed his father:

> "He went completely off the rails. He doesn't like jail and he hates drugs, and I'm in jail for drugs. I got a letter off him and he was really disappointed with me. He told me that I deserved ten years instead of three. So me and the old man are not speaking at the moment. It doesn't bother me. I don't need my dad. When my dad dies I'm not going to cry. My mum died six years ago, and I went off the rails then, basically. That's when I started getting into trouble."

Secondly, several inmates admitted that they had become paranoid about their relationships, particularly those who suspected that their partners were being unfaithful:

> "A man always thinks his woman is carrying on outside, *always*. That's the main thing. Once she starts going out drinking, and getting a babysitter in, you start to believe they're carrying on, because there's not many women who'll wait for a man who's in jail." (Dan)

Likewise:

> "You're worried about whether your bird is being unfaithful. If a mate brings her up on a visit, you'll be looking for signs or listening for something, and then you'll be worried about it after they've gone. You know, is your best mate really your best mate or is he porking your missus?" (Steve)

Similarly, inmates tended to become highly sensitive to the frequency that partners wrote to them or visited them and the manner and quality of their communications. An ambiguous or unsettling piece of news in a letter or an unsatisfying phone call could foster paranoia and be tremendously upsetting. Rick, for instance, said that the tone of someone's voice at the end of the phone could be as deflating as it could be uplifting and could start playing on one's mind. Letter writing, access to the telephone and visits from relatives and friends represented the life-blood of relationships. The voracity of letter writing was astonishing, many inmates writing up to fourteen letters a week, particularly to spouses or girlfriends, and they generally expected regular letters back. Inmates tended to await in anticipation the delivery of the mail each morning:

> "If you ain't got a letter, then that's it for the day, you've got nothing else to look forward to, and then you just end up worrying …" (Sean)

Ken admitted that he wrote forty pages a week to his girlfriend and used fourteen phonecards a week on the phone to her.

Visits were also eagerly anticipated occasions and inmates would frequently worry that a visitor might not turn up as expected:

> "All day Thursday you'll be wondering if they're coming, and you'll go to sleep in the evening thinking about it. And then the following morning, it's straight down there to see if your name's on the list for a visit." (Sean)

Visits could also be emotionally fraught occasions, particularly if inmates had not seen their relatives for a long time and when a visit came to an end and they had to watch them leave. Ewan said he had stopped sending his girlfriend visiting orders following her first visit because of the pain of seeing her leave. Others said that visits from relatives or friends left them feeling depressed. They were also difficult because of the lack of privacy and the artificial environment, which made it difficult to achieve any degree of intimacy:

> "You find you've got to sort of say everything. And, to be honest, I haven't got a lot to say being in here. They'll ask me if I'm eating all right, and not getting in any trouble, and all that sort of carry on, you know. And you'll hear things about them that you want to hear, but also you don't want to hear these things, 'cos you wish you could have been there, so it just upsets you more. Then you're walking back from the visit and you're just more pissed off." (Sean)

Inmates also suggested that the facilities were inhospitable and uninviting for visitors. Firstly, as Stuart remarked, visitors were "treated like cattle" and subjected to strip searches, and, secondly, the facilities for families with children were considered inadequate:

> "When my missus and my kids get here, the kids are all hot and bothered. But there's not even a playroom or play area. So by the time they get into the visiting hall, ten minutes later they want to go home. And when you go out into that hall and your kids are saying they want to go home, it makes you feel really sad … It makes you feel like your kids are losing interest, that they're forgetting about you." (Tommy)

Fractured and unstable relations were quite common among inmates, and it was apparent that trust was an important component that was missing from many relationships. Dan's twenty-two year marriage had recently collapsed, and the pain of the divorce meant he was now taking antidepressants following a suicide attempt. Sean described how his marriage had broken down:

> "I lost everything, all that I ever wanted. I had a wife, two kids and a beautiful house. It lasted about two years. She was surviving, but it's loneliness on their part, isn't it? … We just called it a day, like, and it hit me big style. Now I'm getting out, and I've got nothing. I'm just going home to my mum, to the spare room."

One strategy some inmates used to overcome the emotional burden associated with striving to maintain a relationship was to actively end it. For instance, Dave had stopped sending visiting orders to his relatives and friends and Derek had stopped writing to his girlfriend. As Jim put it,

> "You've got to blank out all the worries and all the pressure of the outside world … first and foremost you've got to worry about yourself. You've got to think 85% about yourself, your health and you're state of mind, and wait until you get out again to build those bridges again. Trying to build bridges while you're in prison just doesn't work."

Or, as Vinny argued,

> "It would be a lot easier in here if you never had nothing out there, because you wouldn't worry about it, you'd have nothing to think about out there."

Barry certainly felt it was easier to distance himself from his children while in prison:

> "They really miss me and it's good for them to see me. But, really, for me it's easier not to get as many visits, because the time then goes quicker and although it's great to see them, it's so saddening when you see them go and they start crying and start asking when you're coming home …"

Several inmates said that they would try to conceal their emotions from relatives. Sean, for instance, said that during visits he would try to "put on a brave face" and "front it out". Thus, consciously choosing to sever or suspend relations with relatives not only represented a form of deferred gratification but it also enabled inmates to avoid having to present a tough, resilient and stable emotional front to relatives or friends. But this meant sacrificing this important source of emotional support and focus on life beyond prison.

11.4 Loss of Control

Loss of control over relationships beyond prison was a key theme that arose from these discussions with inmates. Loss of immediate contact meant inmates no longer had direct influence within their families, particularly with regard to their children, family finances and partners' whereabouts and decision-making. As Sean put it,

> "I'm in here and what happens out there happens. I can't do nothing about it. You may think you can, but you can't, you're just helpless in here".

Because inmates and their families were limited to communicating by telephone, letters and visits, communication was often fragmentary, particularly with the time limits governed by visits and phone card units and lack of privacy. This led to frustration among inmates, as Tommy explained:

> "I've seen so many people on that phone. They get their phonecard on a Friday, and then Friday night they're smashing the phone up 'cos they've just used up their last units and ain't got what they want. They ain't got the answer they want from the other end."

Dan was trying to manage his divorce and the custody arrangements for his children via the telephone, but felt resentful, bitter and depressed because his wife was being uncooperative. Vinny explained how separation from his family had been very stressful for him:

> "A lot of the stress in here is to do with what's happening on the outside, because you're inside and can't cope with it … I mean, on the outside you can go and sort out your problems, but while you're in here, you can't, and it messes your head up. You've just got to try and cope with it the best way you can. It's horrible being away from your family, it's on your mind all the time, the kids and the wife and that, but you've just got to try and cope with it mentally. It's hard."

Thus, several inmates sensed that they had lost control over their children and some were worried about how their children viewed them. For instance, Pat's twelve-year-old son had delivered him with an ultimatum:

> "The last visit off my eldest boy was four and a half months ago, and he took a look at my prison ID card and said, 'Do you know something, dad, if you get another one of these, you'll only have one son … If you go to prison again, I'm disowning you'. Christ, a lump came up in my throat. It hurt. It *really* hurt. I could see he didn't really want to say it."

Barry felt a mix of guilt, shame and pride in his thirteen-year-old son who had stood by him throughout:

> "My oldest boy is unbelievable for his age. He visits me in here and he asks me if I'm all right, if I'm doing okay, and says it won't be long until I'm home and we can all be back together again."

Warren's shame was compounded once his eight-year-old son had begun to understand why he had been sent to prison:

> "He thinks I've been naughty and that I've come to prison, though he doesn't understand the full extent of prison itself. But I hate the fact that he sees me like this."

Being unable to provide financial support for one's family was a further worry for some inmates. Indeed, inmates suggested that had they been able to earn sufficient in prison to provide for their families, they would have felt more like they were contributing to the family and performing their breadwinner role, as Trevor suggested:

> "It would be nice to be able to earn enough in prison to be able to send money out, so your wife notices that she hasn't been left on her own. That's then helping you to make a closer connection with your family …"

Loss of control over family circumstances was an important precursor for stress, causing inmates to become angry, worried or depressed. Loss of self-esteem arose from feeling deficient as a male family member. Many inmates sensed that they were no longer able to operate effectively as fathers

or spouses, particularly in terms of performing their paternal and breadwinner roles. This loss of identity and purpose as a male family member thus had a significant impact on the health of inmates, given that many felt stressed by the disconnection from their families and emotionally insecure, and some were receiving prescribed medication to help them cope.

11.5 Emotional Support

On the other hand, relationships beyond prison provided an important source of emotional support for inmates. They provided an important link with the outside world and gave inmates a sense of identity and purpose, particularly those with children or partners. It also enabled them to keep abreast of important family news and events.

Some inmates depended on their parents for support. Sean, for instance, said he had relied on his mother for support particularly when his marriage broke down:

> "If my mum hadn't stuck by me when I came in prison, I think I wouldn't have been able to stand it. My mum's always been behind me. It's not that she agrees with what I've done, but she's my mum, and she's always said to me that she'll stick by me, no matter what …"

And Stuart's parents had supported him by sending him money, writing to him once a week and visiting once a month, which involved a two hundred mile round trip. Others depended upon their wives or girlfriends for emotional support. Bill said that his girlfriend had remained faithful and supportive since 1997 when he had begun his sentence, and others claimed that their separation had actually helped to strengthen their relationships, as Chris suggested:

> "it has actually brought us so much closer together, so we're really close now."

Having strong and steady relationships outside prison also helped some inmates to remain focused on their release and to keep out of trouble while in prison.

11.6 DISCUSSION

Relations beyond prison were important for many inmates, who relied on their families for support, particularly partners, mothers or eldest sons. Some feared the breakdown of these relationships, especially those with children for whom they felt greatest responsibility and indebtedness. There was also a sense that inmates had become dependants themselves, relying on active support from relatives to help them through their sentences. In many instances, partners were performing the role of mother, father and breadwinner, sometimes subsidising an inmate's wages. Other inmates seemed to be most acutely in need of their parents' support, displaying remorse particularly

towards their mothers. This maternal connection was strong among several inmates, even those with partners or children.

Fractured relationships were common among inmates for a range of reasons. Physical separation alone had a damaging effect on relations between inmates and their families. The distance to the prison, coupled with the dissatisfaction derived from letter writing, telephone contact and visits, compounded these difficulties. Many inmates exhibited remorse, shame, paranoia and hypersensitivity regarding their relationships, and thus found sustaining a relationship exhausting. A strategy of detachment was therefore sometimes a way out of the emotional trauma associated with endeavouring to keep relationships good while having little control over family circumstances. Collapse of a relationship could be very painful when an inmate was unable to control the circumstances. On the other hand, for some there was a sense of relief at having fewer worries to contend with outside prison. Nonetheless, a broken relationship where children were involved was particularly difficult for some inmates, given that contact with their children could cease.

Difficult relations with relatives and friends had an important impact on these prisoners' status as men. As suggested, they came to rely heavily on their partners, mothers and children, which essentially placed them in a dependent state, emotionally as well as in terms of being physically removed from society. Inmates struggled with the emotional turmoil of striving to cope with loss or separation, while living in trying and difficult circumstances. For some, loss of control over family circumstances and erosion of masculine status had a decisive impact on their mental health and emotional wellbeing as they struggled with their social relationships beyond prison. While these provided their social 'lifeline', such relations were often insecure due to the social distance created by imprisonment. Essentially, at a wider societal level, inmates had been relegated to a subordinate masculine role, despite their status as male prisoners within the institution. While masculine identity and status as a prisoner was governed by institutional and social factors and the intermale dominance hierarchies endemic to the prison environment, identity and status as a male citizen was effectively rescinded such that inmates had lesser social and economic status as fathers, sons and partners than their male counterparts in society. Thus, relationship instability and breakdown, loss of contact with people outside prison and loss of familial role had a decisive impact on the mental and emotional health of inmates, some of whom described resulting episodes of depression, anxiety, paranoia or stress. Tenuous and fragile social relations beyond prison thus led to a form of regressive and dependent masculinity among inmates. For some, their loss of former status and identity as males was underpinned by the sense that they had lost control over their families. Imprisonment thus threatened the very foundations for these inmates' identities as men.

12.0 THEORISING MEN'S HEALTH IN PRISON

12.1 INTRODUCTION

The previous chapters in this section have presented a synthesis of key themes that emerged from the interviews with prison inmates and officers. This chapter develops the analysis further, striving to consolidate links between themes and arrive at a thesis concerning prison, health and masculinity. It explores how different facets of prison life collectively constituted the 'health setting' and contributed to the production of healthy and unhealthy prison masculinities. Throughout, key issues arising from the research outcomes are analysed in relation to the theoretical perspectives introduced in Section A, with the purpose of developing the thesis on health in a male prison. Towards the end of the chapter, the implications for prison health policy are discussed.

Some issues discussed in the previous chapters have clear associations with health and masculinity while others appear to have less direct relevance. However, rather than omitting the less relevant material, I felt it was necessary to present the broader picture, given the overlap between the key data categories. It was important to show how institutional factors (e.g. employment, education, the Incentives and Earned Privileges Scheme, relations with staff) and social factors (inmate-inmate relations, relations beyond prison) constituted important health determinants, and could be construed as deprivations of prison or imported from the wider society. Moreover, this made it possible to explain how prison masculinities, endemic or imported, and evident in prison social relations, created the potential for health decline or enhancement among prisoners. For example, to explain the issue of 'double-bubble' (exploitation through debt) it was necessary to show the links between employment, wages and bullying, and how combined these could then provide insight into prison masculinities and health. The issue of 'double-bubble' has significant implications for mental and physical health and illustrates how inmates situate themselves in the masculine social hierarchy. Likewise, the 'divide and rule' culture that emanated from the progressive regime affected the way inmates used traditional masculine fronts to compete for recognition and status or to relate to prison staff. It had corresponding health impacts in terms of bullying, violence, injury and various neurotic mental disorders. Thus, it was necessary to 'unpack' the full range of issues to fully explain such phenomena.

12.2 THE KEY ARGUMENTS

Earlier, it was argued that health in prison should be viewed from a broad, multidimensional perspective. Current prison health policy and practice, derived from an essentially biomedical and pathological evidence base where specific ill-health indicators are targeted, is limited in the extent to which it can address prisoners' more genuine expressions of concern or need regarding their health status in prison. An expanded notion of prison health, which considers physical, mental, social and structural determinants of health, is perhaps more meaningful and appropriate. Deprivation and importation theories may also be useful for explaining and 'mapping' institutional, sub-cultural and external factors that affect prisoners' health.

Secondly, it was argued that the theoretical model of hegemonic masculinity provides a useful theoretical framework for explaining health and social inequalities among men. From this perspective, male conduct and identity in prison can be viewed in terms of gender status and power where male prisoners perform their gender within a masculine social hierarchy or 'pecking order'. Power and control in prison are principally organised through a system of rewards and punishments (the 'progressive regime'). Social status is also linked to the inmate code, where some inmates are awarded higher social status than others. These organisational and social factors in turn precipitate physical and mental health problems for inmates.

In general terms, this research found that the health of inmates was influenced by their ability to 'cope' and 'survive' as men in prison. They were required to adapt to and cope with a compulsory, paternalistic and authoritarian structured way of life and assimilate socially with the masculine norms and mores of the prison community. While the institutional structures and systems created significant hardships for inmates, the social environment was competitive and stressful. Often, physical, social and economic survival would supersede psychological survival as evident in the damaged self-esteem, self-efficacy and self-concept exhibited by many inmates. Prison masculinities operating at organisational and interpersonal levels reflected the ideology and culture of the prison, and were important prerequisites for health.

12.3 DEPRIVATION, MASCULINITY AND HEALTH

The research identified a range of 'deprivation' factors relating to the regime and the social environment of the prison.

Firstly, the 'progressive regime', based on the Incentives and Earned Privileges Scheme, was essentially a paternalistic and authoritarian system of control, where inmates were stripped of their

autonomy, responsibilities and identities. This was equivalent to Foucault's (1977) "normalisation" process, since inmates were denied their dignity, privacy and self-respect, and expected to conform to the Prison Rules. They were completely subservient to prison staff and rewards for good conduct were rationed and divisive. Inmates were expected to surrender all that identified them as responsible adult males and be seen and treated merely as offenders with names and numbers. Reception therefore marked the beginning of a "mortification" process (after Goffman 1961), as their sense of personal worth and self-esteem diminished. At this stage of imprisonment, inmates were also acutely aware of their heightened visibility and vulnerability. They were conscious of being constantly under surveillance and subject to the scrutiny of officers and fellow inmates. Many were also in constant fear of others, and on their guard against being exploited. The progressive regime was therefore engineered to render inmates in a state of psychological 'impotence' at the start of their sentence, a short sharp shock approach to instil obedience and compliance, or what Sykes (1958) described as "figurative castration". Induction was meant to be the start of a rebuilding process, whereby inmates would be rewarded for good conduct and treated less like boys and more like men. In terms of hegemonic masculinity, the dominant paternalism of the institution forced the inmate population into a subordinate role, not only instilling compliance but remoulding their identities as men. Many inmates spoke about the harshness of induction and the threatening and patronising ways they felt treated. For many, this was a time when they felt mentally low and some experienced physical or psychological harm arising from institutional or inmate brutality and aggression.

Being treated like a child, or "infantilized", as Miller (2000) described it, was a key feature of the management, and therefore of the relations between inmates and officers. Even as enhanced prisoners, the interviewees described how officers were condescending and 'parent-like' in their attitudes towards them. In particular cases, the parent-child relationship between staff and inmates was based on censure and nepotism; some officers had 'favourites' while other inmates seemed to receive unfair treatment by staff. As in Foucault's (1977) analysis, some inmates were thus treated as 'delinquents', and, as Cohen and Taylor (1981) found in Durham Prison, some underwent a form of social regression becoming more 'childlike' in their conduct. However, the inmates in this study were acutely aware of this process and of the paternalistic approach of staff. Thus, some became equally patronising, condescending and parent-like towards officers, some receded into a passive 'child-mode' stance, and others strove to adopt an 'adult' stance by dealing assertively with the management. These different responses to their treatment could be empowering or disempowering and therefore have important implications for an inmate's sense of control and self-esteem. The child-like inmate effectively adopted a victim stance and was therefore more liable to exploitation by fellow inmates, while the parent stance resulted in an inmate becoming aggressive towards staff and fellow inmates, and therefore being generally antagonistic, confrontational and intimidating.

Those who showed little respect for officers tended to take this stance. By contrast, the relative minority who adopted an 'adult mode' deflected the paternalism of the staff by 'keeping their heads down' and displaying respect for and co-operation with staff, a stance that was difficult to sustain since it could signal allegiance or loyalty to the authorities.

Inmates were expected to progressively regain their autonomy and responsibility as adult males through rehabilitation, which comprised education, offending behaviour programmes and employment. But most interviewees instead said that they found these unfulfilling and that they spent much of their time in prison "vegetating", regardless of their status in the regime. Their former lives and identities were effectively suspended and, in their view, they were not being adequately prepared for release. Underemployment and low-skill work prevailed in the prison, which provided little incentive to work beyond earning wages. The apathy and boredom therefore associated with the daily prison routine compounded inmates' sense of worthlessness and damaged self-concept. This thus contributed to and intensified mental health problems for inmates as their increased privileges had little effect in building up their self-esteem or renewed hope in preparing for life beyond prison.

These issues relating to the prison regime suggest that the authorities had little regard for rehabilitation of prisoners or for their health and welfare. The regime was a highly effective system of control, so effective that it rendered inmates idle, apathetic and powerless. The 'carrot and stick' approach distracted inmates from the important and necessary goals associated with release to more immediate gains, such as access to in-cell TV, PlayStations, canteen provisions and the gym. While this made prison more comfortable, it likely exacerbated their levels of worry and stress, given that they had more time to think and less motivation to prepare for the future. Inmates complained of a range of feelings that culminated from living under these conditions, including depression, insomnia, paranoia, suicidal feelings, loneliness, homesickness, sadness, boredom, anger and irritability. Others complained of physical problems such as deteriorating eyesight, musculoskeletal pain or respiratory problems, which they attributed to the conditions in prison. As men, there was a strong sense that they had little role, purpose or direction and therefore several inmates expressed anxiety about release given that some would have to return to a breadwinner role and support their families.

The atmosphere of the prison was described by most interviewees as tense and intimidating. The social order was based on a system of inter-male dominance hierarchies (Sabo et al 2001), where inmates projected their identities and status through prison masculinities or fronts. These contributed to the high levels of tension across the prison. On entering the prison social environment, most inmates were compelled to comply with particular social norms, in line with the

traditional inmate code. These were deprivations of prison in the sense that it was difficult to 'opt out' without drawing unwanted attention, and thus it was difficult for inmates to freely express themselves and project their true identities in public. It would be easy, though, to suggest that a clear pecking order existed, with dominant and subordinate inmates displaying particular traits or roles in the prison subculture. In fact, what actually prevailed were not prisoner 'types' as such, but styles of front management whereby inmates would strive to project a positive image of themselves to others. Thus, while a traditional hegemonic masculine persona may have been attributed to a particular inmate, this was essentially the perception of others and likely 'masked' the respective inmate's true persona. In this sense, prison masculinities were performances or productions, rather than 'givens'. Front management therefore gave others the impression of one's character as a strategy for social survival. An individual might then risk his physical or mental health in attempting to produce and present a particular front. For example, Lance, who was regarded as tough and macho, had injured himself in the gym trying to build up his physique, and others had admitted to fighting in order to assert their status. Rather than being perceived as 'dominant' or 'subordinate' statuses, inmate fronts were generally viewed in terms of social legitimacy. Thus, various fronts were perceived as projecting a 'legitimate' or positive image, while others were viewed as 'illegitimate' or of lesser status. On the whole, unless an inmate had very little self-confidence or self-esteem, he would strive to match up to a legitimate persona, most inmates striving to appear 'normal' in others' eyes, perhaps by joining in with the wing banter or dealing with confrontation in an assertive fashion. Some evidently strove for a higher level of legitimacy, whether to attain respect, power, dominance, or positive regard, while others were viewed as illegitimate on account of various features or traits they were believed to have and were therefore ostracised by the majority.

Front management was a strategy of control. Inmates generally had little control over their circumstances, yet were given the impression through the Incentives and Earned Privileges Scheme of having increasingly more control – through extra privileges – as they progressed through the regime. Front management was therefore a strategy for increasing control through status and positive identity affirmation. Some inmates would project a tough, aggressive and macho front, some would capitalise on their criminal reputations or sophistication, and some would use baroning or dealing to attain economic power. These might have the effect of giving an inmate a positive self-concept and sense of self-worth, although it may have the opposite effect on their victims. On the other hand, such immediate and short-term survival tactics probably had little lasting value in terms of inmates' future release and 'reconstitution' as able men. More generally, most inmates participated in the wing banter and engaged in a level of emotional repression. In this regard, they engaged in front management tactics that concealed their 'less masculine' side and enabled them to fit in and become accepted in the company of other men.

Another deprivation of prison was the effect it had on relations with relatives and friends outside prison. Most inmates found it difficult to communicate effectively with their families, particularly given that visits and phonecards were rationed and did not provide sufficient privacy. The physical and social distance added to inmates' frustrations. Therefore many found it difficult to maintain their links outside prison and some chose to suspend or sever relations. This was similar to Cohen and Taylor's (1981) finding, where prisoners would fatalistically break contact to reduce the emotional burden to themselves. In terms of masculinity, most of these men had partners, children and/or parents with whom they strove to maintain contact. These provided them with a focus, a source of emotional support, and some identification as a family member. While it was important for inmates to maintain contact and good relations, they were reminded of their fractured roles and identities as fathers, partners and sons, particularly inmates with children or who had formerly been male breadwinners. Prison caused the collapse of their male role and thus their need for heightened emotional support and reassurance. As with other research on masculinity and ill-health (Charmaz 1995; Dicks et al 1998; Waddington et al 1998; Ritchie 1999; Watson 2000), this research revealed how males faced with an identity crisis relied heavily on close relatives, particularly partners, mothers, or older children, to reconfigure their masculine identities and revalidate their status in the family. These inmates admitted to a range of neurotic mental health problems linked to broken relations with families and loss of role as a male family member.

As suggested in Chapter 2, the experience of prison can cause health problems or exacerbate pre-existing ones. As McCallum (1995) recently argued, prison organisation and culture, and relationships inside and outside prison can affect the health of prisoners. Also, Marshall et al (2000) found that many prisoners suffer neurotic disorders resulting from prison deprivations, such as loss of privacy, overcrowding, social isolation, restrictive and repetitive routine, low stimulation, and social hierarchy among inmates. These often lead to boredom, maladaptive behaviour and victimization (Marshall et al 2000:19). This research did not set out to provide explicit diagnostic categories of ill-health. Nonetheless, it has shown that prison life is endemically unhealthy, particularly in terms of prisoners' psychological and emotional states, which may be partly explained in terms of prison masculinities operating at organisational and social levels of prison life and precipitated by the deprivations of prison. Prison masculinities arising from deprivations of prison thus provide the conditions and medium for poor health.

12.4 IMPORTATION, MASCULINITY AND HEALTH

Importation theory is also useful for explaining how prison masculinities are produced and sustained. Masculinities and health status are evidently products of wider society as well as of

prison itself. It is therefore useful to examine institutional and social facets of prison in the light of importation theories.

Firstly, it was evident from the research that the prison population was highly transient in the sense that prisoners were constantly passing through the system, between establishments and through the progressive regime. This inevitably meant they brought different experiences and qualities to the prison, based on their different backgrounds. In this sense, therefore, the inmate code was also the code of the 'street'. Most inmates were from disadvantaged or socially excluded groups, had worked in traditionally masculine manual or semi-skilled occupations, and had low educational achievement. Despite the age range of inmates, many distinguished between traditional male and female roles and occupations, and perceived women as having subordinate economic status in the family and a principally domestic, child-rearing role. Such views were commonly expressed through inmate banter. Thus, while at one level the banter provided a means for inmates to bond socially, the values and beliefs expressed through it were generally those that prevailed beyond prison among low achieving, manual class males in society. In this sense, therefore, masculinities were imported and paraded in the prison public arena, which provided the social space to intensify and reinforce sexist, misogynist and homophobic values. Such values were also evident among prison officers, who were sometimes sexist or macho in their attitudes or behaviour.

Inmates' backgrounds tended to determine how they responded to education, training and employment opportunities in prison. Since many had previously been unemployed, had underachieved at school, and been firmly embedded in a culture of 'the street' (drugs, burglary, car theft, robbery, etc.), they had little vision or incentive in terms of pursuing an alternative life course. Their prospects on release were therefore usually limited to what they had done previously, and thus several inmates admitted they were likely to return to a life of crime. In this sense, therefore, prison masculinities were intricately linked to criminal and street masculinities. Males who had been initiated into crime in their neighbourhoods and learnt to give and take respect through allegiance to street values, were liable to share similar values to others in prison. Thus, the prison code and the code of the street were essentially the same, where experience, criminal sophistication, toughness and respect were viewed as positive male attributes. Such inmates would therefore continue in the same vein, and assimilate well with others – through banter and other forms of front management – in what Irwin (1970) and King and Elliott (1977) characterised as 'jailing' mode. There was also a clear sense from the inmates that a prison sentence represented a temporary 'blip' in their lives, and for some it was merely an occupational hazard or period of 'lie down', implying they would continue offending in the future.

Various researchers have identified poor health among groups from disadvantaged, criminal backgrounds (Fairhead 1981; Krefft and Brittain 1983; Raba and Obis 1983; Marquart et al 1999; Marshall et al 2000; Spencer 2001). While it was not evident that these inmates suffered a range of health problems associated with disadvantaged groups, many had either misused illicit drugs or were experiencing episodes of neurotic disorder. Few were hopeful about the future in terms of realising their potential through education or employment, and most had little idea what they would do following release. The high levels of apathy and poor motivation among inmates suggested that they had come to prison with little direction in their lives and would be returning in a similar fashion, in a state of psychological and social 'decay'.

Another important importation factor is the link with relatives or friends. Inmates' links with the outside world enabled them to retain some semblance of their former identities as free men. Familial contacts were important sources of legitimatisation of their male role. On the other hand, they also reminded them of what they had lost and of the burdens they left to partners and other family members. In this sense, much of the dis-ease of prison arose from family separation, and therefore inmates' relations outside prison were a major source of anxiety and potential mental ill-health. Research has certainly found that prisoners experience deteriorating mental health when faced with relationship difficulties beyond prison, particularly if they have a history of difficult family relations (Home Office 2000b; Singleton et al 1997; Smith 1998).

12.5 (UN)HEALTHY PRISON MASCULINITIES

So far it has been proposed that deprivation and importation factors are useful in attempting to explain the basis of prison masculinities. On the one hand, prison masculinities arise from the organisational and social fabric of the prison and, on the other hand, they reflect criminal, street and societal masculinities beyond prison. Through the interviews with prisoners and prison officers it was possible to discern a range of deprivation and importation factors associated with prison masculinities, from the paternalism of the institutional apparatus to the social conduct of individual inmates. It has also been argued that prison masculinities can precipitate health problems in prisoners. I will therefore discuss what I have termed unhealthy and healthy prison masculinities, outlining the institutional and social factors that potentially limit or enhance the health of prisoners.

12.5.1 Unhealthy Prison Masculinities

As suggested previously, the prison regime was essentially paternalistic, authoritarian and disempowering for inmates. Its impersonal and detached ethos meant that inmates were expected to survive and suffer the brutalities of prison life with little care or support from the authorities. Thus,

as inmates explained, they felt alienated, intimidated, lonely and powerless when they began their sentences. Officials showed little interest in their welfare; rather, as a few inmates suggested, prison was like living as a caged animal, under constant gaze of officers, civilian staff and fellow inmates, and with loss of dignity and personal space.

The progressive regime, based on the Incentives and Earned Privileges Scheme, required inmates to earn privileges and increased status in the regime through good order and discipline. In reality, inmates viewed the regime as divisive and unfair. Firstly, they felt that privileges and status were inequitably apportioned and, secondly, that staff censured some inmates while treating others in a nepotistic fashion. This had a 'divide and rule' effect on the inmate population.

These institutional factors had a certain impact on the health of inmates. Throughout the interviews there were references to how the institution – either through its structures and processes, the regime, or the officers – exacerbated existing health problems for inmates or precipitated them. In particular, unfair treatment by staff, poor communication regarding an inmate's progress (parole, transfer, tagging, etc) and the brutal induction process were viewed as causing progressive emotional and psychological deterioration. During induction, they remained in their cells for long periods, constantly monitored and deprived of their liberty, possessions, autonomy and security. By the time they reached the enhanced unit, they lacked motivation to take up opportunities available to them and spent more time 'vegetating' – sleeping, watching TV or on their PlayStations – than engaging in purposeful activity. The effect of the regime was to render them powerless and apathetic, and thus to instil a sedentary lifestyle that made them lethargic, unmotivated, depressed and anxious. Indeed many interviewees stressed how they had too much time to think and this in effect created a spiral of damaging emotions and psychological turmoil.

At individual and interpersonal levels, inmates and officers engaged in front management strategies to enable them to fit into the prison culture. As well as engaging in the prison banter, some inmates would project characteristically masculine facades in order to fend off exploitation. Others, on the other hand, would actively intimidate fellow inmates for their own personal gain, whether as a form of one-upmanship or as a route to some other reward, for instance economic gain. In this regard, there were discernible hegemonic relations among inmates where some received greater respect and status than others, often on account of their backgrounds and experience of prison. Thus, an inmate with a string of convictions, numerous previous prison sentences, some level of maturity, a Welsh accent, a reputation for toughness or violence, and who was clearly heterosexual, could expect a high level of respect, loyalty and allegiance from fellow inmates, although these did not necessarily guarantee this. An inmate with a tough image and a violent background could equally become ostracised by fellow inmates if he failed to fit in or had a bad attitude. The general

consensus, though, was that inmates should not appear weak or vulnerable, openly homosexual or have committed heinous offences against vulnerable members of society, particularly children; such inmates were labelled ‘nonces’. Given this ‘illegitimate’ and subordinate status, inmates endeavoured to distance themselves from appearing or being labelled a nonce or a grass, since this invariably led to bullying and other forms of exploitation. Thus, front management, based on hegemonic masculine mores, prevailed within the inmate community. Staff were equally aware of the dangers of appearing weak and of the reputation they carried for working with enhanced inmates. The social environment and the risk of exploitation made prison highly stressful for most inmates, regardless of their level of experience. Inmates and officers were constantly on their guard against opportunists out to take advantage of them. This meant that inmates were usually reluctant to leave the relative safety of their cells or rooms and the officers were less than enthusiastic about attending for work. Both inmates and officers thus lived with the constant threat of violence or intimidation, evident in the way they used their fronts to compose themselves in the company of others. The most obvious health consequences of prison social relations were physical or mental bullying. Also, the tension that characterised the social environment meant that fighting occurred on a frequent basis, particularly since inmates were “in each others’ faces” a lot of the time. At a deeper level, behind the ‘masks’, the stress associated with living on one’s guard and maintaining one’s composure had its emotional and psychological costs, particularly since inmates made references to their own or others’ suicidal or depressive behaviour as evidence for this. Living in a tight and crowded prison environment thus created the potential for poor health, under conditions where much emphasis went on asserting one’s masculine status and identity and denying one’s ‘feminine’ side.

Unhealthy prison masculinities were also evident in the ways inmates conducted their relations beyond prison. Inside prison, there were few opportunities to find true companionship, loyalty and trust, and thus inmates depended on their links beyond prison for emotional support. Thus, the need to suppress their emotions in the company of other inmates meant they tended to place inordinate importance on these external social relations. The burden on relatives could therefore be immense, and some inmates became hypersensitive and paranoid in their relationships. In some cases, they would sever relations as a way of curtailing the stress. Difficult social relations with relatives were partly a consequence of physical and social distance, as mentioned previously, but they also reflected the strong masculine values of the prison, which prevented prisoners from becoming socially intimate for fear of exposure and ostracism for ‘unmanly’ or ‘feminine’ conduct. Thus, while relationships with people outside prison were important for inmates for many reasons, they were also constrained and damaged by pressures to conform to masculine norms and ideals. This resulted in further damage to self-esteem and self-worth, as they became increasingly self-centred, focused on their immediate world, and less attuned to the needs of their families.

Unhealthy prison masculinities thus prevailed at institutional and social levels. A key catalyst was the Incentives and Earned Privileges Scheme (or 'progressive regime'), which made inmates sense that they were treated inequitably. Masculinities characterised how inmates and officers projected themselves under these tense and competitive conditions such that there was a high level of mistrust and suspicion on the units as opposed to good will, co-operation and reciprocity. The management actively impeded team building and camaraderie from developing as a tactic to maintain order and discipline. Consequently, the prison environment was unhealthy on account of its paternalistic, institutional masculine ethos, which jeopardised inmates' mental health. It was also unhealthy in the way it assimilated prisoners into a culture based on traditional 'masculine' values that, again, fostered attitudes and behaviours that placed inmates' physical and mental health at risk. 'Imported' societal values tended to become magnified in their intensity in the prison community and therefore reinforced traditional unhealthy masculinities, turning many inmates from mature men into immature boys.

12.5.2 Healthy Prison Masculinities

A number of issues arose from the interviews, which suggested that *healthy* prison masculinities also prevailed within the prison. Essentially, this means that certain facets of prison life were health enhancing, generally those elements that were neither paternalistic and authoritarian nor traditionally 'masculine'. In a sense, I am suggesting that 'feminine' qualities were evident in some institutional processes and in the values and attitudes of some inmates and staff.

At an institutional level, a small minority of inmates found that the regime could be as beneficial as it could be harsh. Thus, if one came to prison with the attitude that prison was brutal, intimidating and unfair, then it was likely that one's conduct would make it more so. On the other hand, inmates with a more positive attitude tended to cope better and draw on support and resources as they became available. For instance, they might take advantage of education, training and employment opportunities in the prison, or draw on alternative sources of support, such as the chaplaincy. Such individuals tended to be highly motivated and positive in their outlooks, viewing prison as a period of personal development rather than punishment. They commonly had a higher level of education than most, experience of working in non-manual, clerical or professional occupations, and had lived in different parts of the UK or beyond. Stuart, for instance, had some GCSEs and had worked as a tour guide for a holiday company, and his outlook on life was very different to most. Likewise, Trevor had a university degree and was a trained accountant, with extensive employment experience. Such inmates took advantage of education and employment opportunities, or new privileges as they arose.

At a social level, such inmates also tended to show respect for staff, viewing them principally as employees rather than 'screws'. Given their non-traditional masculine values, they were sometimes treated as adults by staff, since, as mentioned previously, an 'adult' stance and outlook could enable good relations to be developed with staff, based on reciprocity, trust and respect. Indeed, several inmates admitted that this attitude towards staff earned them respect, positive regard and constructive interaction with staff, whether they were officers or 'civilian' staff. Some inmates also managed to form strong friendships in prison, which operated at a deeper level than the more superficial inmate banter. These close friendships enabled inmates to let down their fronts and develop high levels of trust, respect and reciprocity with fellow inmates. They also provided an important emotional outlet and source of mutual support. Some inmates were also acutely aware of their families' needs outside prison. These were usually inmates with children or with supportive parents, who would strive to maintain good relations outside and provide support for their relatives, through a contribution of their wages or through regular contact.

On the whole, therefore, a relative minority of inmates was driven less by the need to conform to the norms and mores of prison society, and more by common sense and maturity. Such inmates provided insight into how to survive prison and get along with other inmates with one's personality and constitution intact. However, these inmates did not tend to share the more mainstream masculine values and beliefs in the prison, with their potential health limiting effects. Essentially, this 'less masculine' minority had a more relaxed, less confrontational outlook and believed that it was important to get along with others, regardless of their 'status' in order to get the most from prison. A key priority was their families' wellbeing, and therefore it was important not to become self-centred and inward-looking, but strive to make prison life as constructive and positive an experience as possible. Perhaps the fact that such inmates were in a small minority underlined how the majority aligned themselves much more with traditional masculine and prison norms and mores, possibly reflecting their criminal and prison backgrounds. The minority, with their less 'masculine' approach to life, were usually from very different backgrounds, generally middle class and well-educated or from non-manual or professional occupations. They came to prison with different values and different attitudes towards prison. For them, prison was not an occupational hazard but a mistake for which they must repay society. This more enlightened attitude meant they were less likely to engage in the potentially health damaging pursuits of other inmates, although they were still subject to the brutality of the regime and exploitation by other inmates.

This brief analysis has implied that healthy prison masculinities can exist in the sense that institutional structures and processes and social interaction need not adhere to traditions and principles derived from masculine or patriarchal conventions. Some inmates and some facets of the institution managed to retain less masculine, possibly more 'feminine' qualities, which may have

been significant in terms of protecting prisoners from the health limiting or damaging effects of prison.

12.6 HEALTHY PRISONS: VISION OR DREAM?

This thesis has argued that health in prisons is intricately bound up with gender. In this male prison, masculinities played an important role in inmates' health chances, limiting or damaging their health through pressure to comply with the regime and the culture.

Health policy for prisons has tended to emphasise health care provision rather than focusing 'upstream' at public health and health promotion imperatives. Instead, it should consider the determinants of health inside and outside prisons and recognise that significant deprivation and importation factors influence the physical and mental health of prisoners; these should be the focus for policy and practice. Moreover, as this research revealed, gender is an important determinant of health, evident in the way masculinities operate at institutional and social levels. This is not to suggest that health care is not important in prisons, but without this broader focus the health of prisoners will continue to be a problem.

Although offenders are sent to prison as punishment for their offences, prisons of the twenty-first century should not be places of punishment. However, this research revealed a range of deprivation and importation factors that essentially disempowered and damaged inmates, such that they became progressively disengaged from society. They became involved in fruitless activities that earned them a meagre wage to support their basic needs. Scarcity of personal possessions, provisions and money provoked a baroning and gambling culture that reinforced exploitation, bullying and social inequality. These prisoners had real lives outside prison, but imprisonment divorced them from their external social networks, further alienating them from society. In particular, inmates reported experiencing apathy, fear, loss of self-esteem and self-worth, loss of direction and motivation, damaged self-concept, loss of autonomy, inability to make decisions or manage responsibilities, and sometimes physical harm or injury. The research revealed how out-dated paternalistic and patriarchal values, inherent within the prison system, reinforced a hegemonic masculine social order among inmates and officers, which effectively relegated inmates to an uncomfortable existence where they lived in a state of constant suspicion, paranoia and apprehension. The greatest challenge therefore was to survive psychologically, although inmates tended to focus more immediately on physical and economic survival.

Essentially, the regime was found to be disabling and disempowering; it limited inmates' opportunities for good health and rehabilitation. In this respect, it is important, as Tayler (1997) and

Marshall et al (2000) have argued, that prison managers regard health policy as a central part of prison policy, and thereby address the institutional and social determinants of health. Moreover, prison should be a positive experience that energises and empowers inmates, particularly given that most are from disadvantaged backgrounds and will eventually return to society.

The Prison Service for England and Wales is bound to a duty of care for prisoners, where it is expected to look after them with humanity. It is also a signatory to the World Health Organisation's Health in Prisons Project, which emphasises safety, good relations and a whole prisons approach to health. WHO advocates an approach to health promotion that is enabling, empowering and participatory, therefore requiring the Prison Service to ensure that institutions engage with their inmates and staff in positive and constructive ways to return damaged offenders to society energised, healthy and equipped for life beyond prison.

In conclusion, this ideally requires sweeping reforms to the way males are managed and 'processed' by the criminal justice system. The prison system of England and Wales still retains vestiges of its past, not only in its architecture but also in terms of its values and ideology. If prisons continue to take responsibility for the control and rehabilitation of some offenders, they need to lose their paternalistic and patriarchal values and instead embrace the public health philosophy that underpins the guiding principles of the World Health Organisation. This could enable offenders to become positively engaged in their empowerment and reconstitution as citizens. Thus, reforms to imprisonment should aim to change the value basis of the traditional carceral system and reconfigure prison practices to address the health and social needs of prisoners and the wider society. In keeping with the WHO 'settings approach', prison reforms should be mirrored by equivalent reforms in society to address social problems associated with offending, including social exclusion and addressing people's educational, employment and welfare needs. The following broad recommendations are suggested as a guide to prison reform. Although they do not overtly address unhealthy prison masculinities, they would transform them through the major changes to the system that would be involved.

1. A needs driven approach to prison management which prioritises the health and social needs of prisoners, specifically physical, safety, security, psychological, emotional, social, educational, familial, occupational and health care needs.

2. An architectural system geared more towards rehabilitation than security and control, more towards dignity, personal space and reflection than surveillance and deprivation, and more a college than a prison. Emphasis should be given to inmates preserving their identities and status since these provide the basis upon which to start their rehabilitation and personal development.

3. Emphasis on interpersonal and social relations, particularly in terms of the social interaction between prisoners and staff. Female staff should have a significant role in the prison and prison officers should have less of a disciplinarian role and more of a care/support role (which could include losing the traditional uniform and keys). Relations between staff

and prisoners should be based on trust, respect and reciprocity, staff acting as enablers/facilitators, mediators and advocates for prisoners.

4. Reform of the regime, so that inmates are treated on an equal basis regardless of their time in prison, and encouraged to participate in purposeful activities that are empowering, motivating and rewarding. This would require scrapping the divisive, inequitable and competitive Incentives and Earned Privileges Scheme and the Progressive Regime for a system based on need. Education and employment should be appropriate to inmates' needs while providing them with clear direction and purpose in terms of release.

5. Like the current sentence planning approach, rehabilitation should be planned and negotiated with prisoners, so that a programme can be delivered to match the needs of inmates. However, courses should be on-going and developmental, and they should be less focused on specific offending behaviour modification and instead take a personal development approach, providing a process and forum for inmates to explore values and ideas, develop interpersonal and group skills, as well as technical skills transferable to the employment market.

6. Emphasis on familial relations and contact so that families/relatives are not disadvantaged by imprisonment and instead are centrally involved in the rehabilitation process and benefit from the imprisonment process.

12.7 CONCLUSION

This thesis has suggested that prison masculinities are important determinants of health in male prisons. They are 'produced' and 'performed' at organisational and social levels of prison life, and form a key ingredient of prison discourse, in turn affecting the health behaviour of men in prison. In particular, prison masculinities play a highly significant role in mental health, since they impact on how inmates cope and adapt psychologically and emotionally with imprisonment. Inmates who struggle with prison life commonly experience a range of neurotic mental health problems, which prison authorities rarely appear to acknowledge or address. These are intricately bound to masculine values and practices endemic to the social and organisational fabric of the prison.

The ethnographic nature of the research meant that the findings were based on interpretation. Triangulation and reflexive approaches were used to guide the interpretation. Given this, there will always be some degree of uncertainty and speculation regarding the true messages embedded within the data. Nonetheless, the research sample was large for a qualitative study, which made interpretation easier as issues emerging from the interviews were repeatedly re-investigated with successive research subjects, to a point of 'saturation'. The large body of data necessitated a lot of work sorting and analysing themes, but was nonetheless highly revealing in terms of providing insight into the research questions.

Given that I was unfamiliar with the research field at the outset of the research, the process was very much a journey into the unknown. Entering the prison environment to conduct the research was both a major challenge and a highly rewarding experience. However, while the research

questions were on the one hand relatively straight-forward in my mind, they remained on the other hand somewhat confusing and elusive throughout the research period. Perceiving the links between prison, masculinities and health, and then making safe interpretations of the data, was a major challenge, and it was not until late into the write-up that my ideas began to gel and present themselves as a meaningful whole.

The whole research period, from inception to completing the write-up, was an educational marathon as I developed and honed my skills as writer and researcher. My sense now, though, is that this is just the beginning of a process, that I have only just begun to see what it is I have being trying to see, and that actually there is a lot more I need to do to make this research better. There is huge scope for further exploring prison masculinities *and* femininities, particularly in terms of mental health. This research has simply scraped the surface and revealed what a complex and challenging issue prison health is.

As a final word, I plead for an end to the castigation, condemnation and punishment of offenders and the start of a process that seeks to address the root causes of offending. The prison system represents a bygone age founded on patriarchal and paternalistic values, which form the basis of the maltreatment of prisoners in today's prisons. Unhealthy prison masculinities are essentially a consequence of this outmoded system of incarceration and therefore healthy prisons will only prevail with a new system of offender management based on humane, equitable and empowering principles. This will probably only happen when we fully recognise that the condemned prisoner is in many respects no different from ourselves.

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D APPENDICES

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