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“I try and make my cell a positive place”

Tactics for mitigating risks to health and wellbeing in a young offender institution

Abstract

Prisons provide an important public health opportunity to improve the health of a hard-to-reach population. However, the prison as a place for health promotion requires greater attention. Using De Certeau's concept of tactics, semi-structured interviews with 35 young men who had screened as low on an anxiety and depression scale, illustrate how they stitch together discrete tactics to navigate the prison system and mitigate the risks to their health and wellbeing. These involve a process of being vigilant to the cracks in the system whilst appropriating objects and seeking out spaces of comfort. Understanding imprisonment in this nuanced approach provides greater insights into the interplay of health and place with the potential to inform context-relevant practice and policy.

Keywords: prison health, young adulthood, healthy prison, tactics, de Certeau, health promotion

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Introduction

Prisons in England and Wales are in crisis with huge increases in violence over the past five years (HM Chief Inspector of Prisons, 2018). Recent examples of the breakdown of order and control through acts of violence and rioting have highlighted the crisis at hand with the Chief Inspector of Prisons affirming that 2017-18 was *“a dramatic period in which HM Inspectorate of Prisons documented some of the most disturbing prison conditions we have ever seen”* (HM Chief Inspector of Prisons, 2018). Never has it been more relevant and significant to understand prisons as places of control, punishment and rehabilitation.

Prisons are not usually known as places for health promotion but have been heralded as an important public health strategy internationally as a way to access a vulnerable and hard-to-reach population who present with a range of complex health and social needs (Senior and Shaw, 2007). The health status of prisoners is particularly important given that there are a record number of people residing within prison establishments worldwide (Walmsley, 2018) with just under 83,000 prisoners detained across some 118 prisons in England and Wales (Her Majesty's Prison and Probation Service, 2019). Young adult men aged 18 – 21 years old are a particularly vulnerable group with similar high levels of health needs as the general prison population (Williams, 2015), but with increased vulnerabilities relating to histories of violence, bereavement relating to the deaths of relatives, abuse and neglect, and time spent in local authority care (Bradley, 2009; Harris, 2015; House of Commons Justice Committee, 2016). Prisons are therefore viewed as an important place with which to reduce health inequalities by returning prisoners back to their communities in better health and now features as a goal in most public health strategies around the world (UN General Assembly, 2015; World Health Organization, 2007).

The paradox however is that prisons are largely regarded as unhealthy places (de Viggiani, 2007) which is more likely to be a 'health depleting experience' (Burgess-Allen et al., 2006, p. 300) rather than health enhancing. Health is widely acknowledged as a broad state of mental, physical and social wellbeing where all are inextricably linked yet imprisonment itself also exposes prisoners to a multitude of risks to their health and wellbeing; structurally, prisoners face barriers to accessing and engaging with prison and community-based health services (Herbert et al., 2012) as well as exposure to a variety of healthy food, physical activity and fresh air,

green and blue spaces (Jewkes et al., 2019). Psychologically, living in close proximity with others, places prisoners under considerable pressures relating to the loss of freedom and isolation from friends and family (de Viggiani, 2007). The complex social hierarchies within prison have also been the subject of numerous ethnographic studies, which confirm the negative impact of unwritten codes and power relations on prisoners health and wellbeing, where violence and bullying are rife (de Viggiani, 2003; Jewkes, 2005). The nature and role of space in prison therefore play a significant role in prisoners lives (Moran, 2012; Wahidin, 2006) where prisons are more than just a place in which people are enclosed, but is a psychological and social construction of which the effects can in itself leave lasting impact (Jewkes, 2018).

The health status of prisoners therefore relies on how people respond, adapt and adjust to the prison context to mitigate these risks of health (Crewe, 2009; Harvey, 2012; Van Ginneken, 2015). For many prisoners, 'doing well' in this way is captured by the ability to find meaning in the prison experience and use the available resources and support in pursuit of a better future (Crewe, 2009; Van Ginneken, 2015). In this sense, although the hardships of imprisonment are unavoidable, some prisoners can mitigate and maintain their health particularly if they can reinterpret their situations and come to realise that '...the art of living can be practiced anywhere' (O'Donnell, 2016, p. 187). However, 'there is little systematic knowledge of how prisoners actively live out their sentences within the spaces and constraints of the environment' (Crewe, 2009, p. 7) with a particular dearth with young adult prisoners and consideration of health as the broad state of mental, physical and social wellbeing.

These long held tensions and conflict with the underlying goals of 'care versus containment' are still as relevant as ever and most exemplified in the contested idea of health and place of the prison (Jordan, 2011). This paper aims to provide some insights into the interplay between agency within structures, and health and place by particularly drawing on De Certeau's, (1974) concept of 'tactics'. De Certeau focuses on the everyday life as a realm where consumers are often assumed to be passive and guided by established rules set by the powerful (referred to as 'strategies'). He proposes that attention to practices assumed to be passive (e.g. reading, watching television, eating) can illuminate the subtle ways in which consumers exert some control in the spaces around them. They are used to survive

day-to-day but they fail when applied to entrenched structural problems. In this sense, all social relations as being a conflict between the 'strategies' of the powerful and the 'tactics' of the weak. Studies exploring de Certeau's concept of tactics have been applied to understand practices to mitigate some of the risks relating to health in other contexts (e.g. tactics utilised by a homeless man (Stolte and Hodgetts, 2015)). These studies highlight the ways in which people re-negotiate and reclaim control over spaces for their own health maintenance, however, no studies have examined tactics as relevant to prison context and health. This study therefore aims to provide an in-depth and original analysis of health and place as related to prison to build on the evidence-based around not just the risks to health and wellbeing in prison, but also the attempts to mitigate them.

Methods

Design

The study utilises a qualitative design, where eligible young men were invited to take part in individual, semi-structured interviews. Qualitative designs are useful to explore social reality (Byrne, 2011) and have been adopted by prison researchers who seek to explore the experiences of managing health in prison (Woodall, 2010). As the world of prisons can be complex and subject to hierarchical and power dynamics (de Viggiani, 2007), qualitative methods are highly appropriate when attempting to capture the nuanced and sensitive information around health and wellbeing and the experience of imprisonment; they allow conversations to develop during the interview around areas of interest or concern (Robson, 2011) providing greater in-depth and rich data (Byrne, 2011).

However, prisoners are a vulnerable group and there are very specific ethical issues to be considered (King and Wincup, 2008). Notably, the extent to which prisoners can provide consent has been highly contested (Freudenberg, 2007; Klockars, 1974). Prisoners are rarely afforded any options or choices within a prison context so may feel little choice as to whether to take part in the research when requested. Furthermore, prisoners are traditionally inclined to contribute to research activities largely due to their desire to occupy their time within the institution, to alleviate boredom and to spend time talking to someone viewed as outside of the core prison staff (Moser et al., 2004). Although it can be difficult to evade this type of influence, this research took extra care when presenting study information to ensure

that the young men were fully informed of the facts and consequences of taking part. They were particularly encouraged to discuss any concerns around the boundaries of confidentiality and the potential implications of the disclosure of actual intent to harm others, suicidal or self-harm ideations, plans to abscond, or illegal behaviours during the interview process. Indeed, research and ethics approval to conduct this research was obtained from a University and the National Offender Management Service (NOMS) (now Her Majesty's Prison and Probation Service). Here, NOMS specifically dictate that the researcher has to inform the prison of any disclosure of offences which can be adjudicated against (including disobeying lawful orders, failing a mandatory drug test or having an unauthorised item, such as a mobile phone). Indeed, these limits to confidentiality could have dissuaded some from taking part in the research and may have prevented some broader exploration of tactics, particularly those relating to illegal behaviours such as drug-use. However, all young men invited to interview subsequently consented after careful discussions and the researcher was not required to inform the prison of any needed disclosures.

Participants

At the time of the research, the prison detained approximately 390 young adult men aged 18–21 years old. Young men were recruited from a quantitative health outcomes survey administered as part of another study within a research programme. Participants were asked to complete a range of health outcomes questionnaires with the researcher, including an anxiety and depression screening scale, the Hospital Anxiety and Depression Scale (HADS: Zigmond and Snaith, 1983). Participants below the threshold for either anxiety or depression on the HADS (indicated by scoring as <8 on each of the sub-scales) were invited to take part in a semi-structured interview and provided with an additional information sheet outlining the study. If young men agreed, they were asked to complete an additional consent form.

In using this sampling strategy, the objective was to identify young men who might be engaging in 'successful' tactics to mitigate the risks to their health and wellbeing. The HADS was chosen as an appropriate and robust psychological assessment in recognition of mental health being an important dimension of young adult men's overall health in prison. Indeed, young adults tend to report few chronic

and other physical health needs compared with adults and older adults and during early development and piloting phases, young men highlighted that the items on the HADS largely reflected their overall wellbeing. Furthermore, the HADS is a well-established measure with a high sensitivity and specificity for caseness for anxiety and depression (Crawford et al., 2001).

Young men were excluded if they had a current active and unmanaged mental health disorder and if they had very limited understanding and ability to communicate in English. Although part of the reason for excluding these groups were due to resource and operational limitations (i.e. lack of interpreting services), the main objective of this study was to learn from young men who might be engaging in 'successful' tactics to mitigate the risks of their health and wellbeing. Due to the dominant conceptualisation of health as a merely physical dimension, we also used the term, 'managing well' with young men to describe the broader dimension of health as a state of mental, physical and social wellbeing.

Of the 104 survey participants, 59% (n=61) and 66% (n=69) scored below the threshold on each of the HADS anxiety and depression sub-scales, respectively. 35 survey participants were invited and took part in further semi-structured interviews, when saturation of themes was achieved. Participants were aged between 18 – 20 years old (mean age of 19 years old), had received a sentence of between 6 months – 10 years (mean 3 years and 2 months) and had currently served between 1 month – 30 months at the prison (mean 11 months). Most were British (30 of the 35), from a minority ethnic group (22 of the 35) with English as a first language (31 of the 35).

Procedure

The researcher recruited participants to the survey by randomly selecting names from a list held on each prison wing who were then invited to complete the questionnaire survey (including the HADS). Participants in the survey study who met the inclusion criteria, were then invited to take part in the additional semi-structured interviews, which were conducted straight after the survey. The researcher asked the men to reflect on the ways they managed their health and wellbeing within the prison and were encouraged to consider the concepts of 'health' and 'wellbeing' in a broad holistic sense, therefore including their physical, mental, and social dimensions. The researcher provided prompts to encourage specific details and

examples and if young men struggled to describe their 'tactics', where they were encouraged to describe a typical day in the prison to prompt elucidation of their difficulties and solutions in relation to health and wellbeing. Due to security constraints within the prison, electronic items such as a Dictaphone were prohibited. This is a common barrier to conducting semi-structured interviews in prison where the researcher followed similar prison-based research designs where more pragmatic designs are required (Schlosser, 2008; Wilson, 2006). Interviews were subsequently conducted whilst taking written notes as close to verbatim as possible with careful consideration to the pace of the interview and the rapport built with the participant. During early interviews, a second researcher was present to provide additional written notes with which to supplement and double-check the main researcher's notes. The researcher reviewed the notes directly after each interview to ensure completeness and when necessary, obtained subsequent clarification from the participant.

Analyses

Written notes from the interviews were typed into electronic form and analysed in QSR NVivo (version 10). A thematic analysis was conducted to explore themes emerging from the data (Ritchie et al., 2003). This involved first gaining in-depth familiarity with the transcripts followed by a process of coding and indexing. In this process, sets of categories were developed to reflect the themes of the data (Ritchie et al., 2003). Themes were then discussed with the supervisors, a pragmatic version of double coding (Barbour, 2003). Interview transcripts were revisited where codes were double-checked with the interview data. Relevant quotations were then selected based on their frequency, richness, and ability to reflect the main points within each theme. Pseudonyms are applied to protect the identity of participants.

Results

The findings reveal that young men stitch together an intricate and complex set of tactics to alter and retexture the prison space to mitigate some of the risks to their health and wellbeing. Thematic analysis illuminates five key themes of tactics relating to: controlling time, reclaiming young adulthood, balancing food, vigilance to the cracks in the grid, and constructing spaces for comfort. These are described further and illustrated with exemplar quotes.

Theme 1: Controlling time

For nearly all young men, utilising tactics to control the perception of chronological time was crucial to maintaining their health and wellbeing. The everyday experience of prison was largely described as boring, with few young men engaged in purposeful activity and many spending long periods locked in a cell. Everyday chronological time in prison was therefore described as laborious with slow progression towards the prospect of release. Young men therefore described a range of tactics to distract and disengage from the perception of everyday chronological time in prison. They meticulously structured their daily routines to ensure that they planned the limited activities (i.e. meals, crosswords, cell workouts) on offer across their day to avoid long periods of inactivity. TV scheduling and music were the most often used method to structure and pass time, with young men going to great lengths to purchase TV guides to plan their days and weeks ahead. For example, Leonard (participant 30) re-enacted his daily schedule, where he states:

“...GETTING A SCHEDULE HELPS, LIKE TV PROGRAMMES ARE IMPORTANT. I LOOK FORWARD TO WATCHING PROGRAMMES SO ITS EMPIRE ON TUESDAY, THEN YOU GOT YOUR SOAPS. I ACTUALLY WANT AND NEED A RADIO NOW, I LOVE MUSIC. COS WITH TV, THE PROGRAMMES ARE JUST HALF AN HOUR USUALLY AND THAT MAKES YOU REALISE THE TIME MORE WHEREAS WITH MUSIC, YOU CAN JUST LISTEN AND BEFORE YOU KNOW IT YOU ARE UNLOCKED AGAIN. IT’S HARDER TO KEEP TRACK OF TIME” (PARTICIPANT 30)

Here, Leonard highlights the importance of planning his activities to control the perceived flow of chronological time. He further reflects on his practice of listening to music as preferable to watching TV programmes, where music serves a greater purpose to distract from the perception of everyday time. Many young men further describe the use of sleep as a tactic to pass time when they had saturated scheduling and distraction tactics. Cameron (participant 25) highlights the particular difficulties at weekends which were characterised by long periods of time locked in their cell with no meaningful activities on offer. He states:

“...THE WEEKEND IS THE WORSE, IT’S STRAIGHT BANG-UP...SO YOU JUST GOT YOUR SLEEP AND YOU SLEEP THROUGH THE WEEKENDS. THAT’S IT” (PARTICIPANT 25)

Sleep was often cited as a last resort solution to managing the flow of chronological time which reflected a complete disengagement with the prison experience. It enabled young men to completely block out the perception of everyday

chronological time. Managing health and wellbeing therefore involved employing an intricate set of tactics to control the perception and flow everyday chronological time.

Theme 2: Reclaiming young adulthood

Young men described their particular stage in the life-course, in transitioning to adulthood; not children but not quite adults. They recognised that this stage of life was punctuated by different experiences and milestones such as reaching key birthdays (e.g. 18 and 21 years old), socialising, building relationships, and finding employment. However, young men described imprisonment as more akin to a 'deep freeze' which stalled progression. Managing health and wellbeing therefore involved restarting progress (or at least the perception of progress) and reclaiming their young adulthood through reconstructing and reframing the prison experience.

Some young men sought to reclaim young adulthood through re-enacting what they may ordinarily be doing on the outside as a tactic to reassure themselves that they were not missing out key experiences. Jeffrey (participant 19) describes this where he and his cell mate re-enact situations from the outside world to reclaim a sense of normality as young adults. He explains that:

“...EVERY FRIDAY AND SATURDAY WE PLAY THE RADIO AND WE TRY AND IMAGINE WE ARE OUT LIKE RAVING AND WE STAY UP LATE LIKE WE ARE OUT PARTYING LIKE WE WOULD HAVE BEEN ON THE OUTSIDE ... YOU FEEL SO FREE AND YOU FEEL YOU CAN BE YOURSELF” (PARTICIPANT 19)

For Jeffrey, tuning into the outside world in this sense enabled him to retain normality and reclaim young adulthood. Furthermore, some young men further reimagine the prison as something more positive, for example, Andre (participant 13) described how he places himself in;

“...THE MIND-SET OF JUST NOT BEING IN JAIL. PRISON IS MORE LIKE A B&B¹ TO ME, I'M JUST HERE TO SLEEP AND I TRY AND DO OTHER STUFF AND GET OUT AS MUCH AS I CAN” (PARTICIPANT 13)

Stuart (participant 32) also utilises a similar tactic where he states that;

¹ B&B refers to Bed and Breakfast accommodation

“I TRY AND SEE THIS PLACE AS A HOSTEL, NOT A PRISON. LIKE I’M IN HERE WITH SOME OTHER PEOPLE AND FRIENDS NOT PRISONERS. I TRY AND TALK TO OTHERS ON ‘SOSH’² AND THROUGH THE WINDOW AND I SEE HEALTH AS PART OF THAT. FEELING PART OF SOMETHING AND HAVING PEOPLE AROUND YOU” (PARTICIPANT 32)

Both Andre and Stuart reflect the ability to reframe the prison experience as something more normal and akin to their stage of life as young adults.

Other young men described tactics to stay connected to what progress was occurring in the outside side and would reframe any missed experiences of their young adulthood. For example, many young men described the benefits to keep ‘in tune’ with outside time through watching the news and reading newspapers to keep up to date on current affairs as a way to support their health and wellbeing. Jeffrey (participant 19) highlights the benefit of this where he states;

“I WRITE LETTERS AND READ THE PAPER. IT KEEPS MY MIND HEALTHY AND UP TO DATE. I READ THE NEWSPAPER AND READ ABOUT EVERYTHING GOING ON IN THE WORLD. IT MAKES YOU FEEL THAT YOU’RE NOT MISSING OUT” (PARTICIPANT 19)

Peter (participant 31) also highlights the difficulties he feels in ‘missing out’ on the experiences associated specifically with young adulthood, but describes how he focuses on his new status on release and the time away being something positive, where he stresses that:

“...THE AGE AND TIME THINGS BOTHERS ME A LOT IN HERE. I JUST FEEL I AM MISSING OUT. I JUST TELL MYSELF I’LL BE FRESH WHEN I GET OUT AND ALL THE GIRLS WILL THINK I’M NEW AND WILL WANT ME. THEY WILL ALL THINK I’M BACK AND WILL COME RUNNING AND I’LL BE LIKE A CELEBRITY” (PARTICIPANT 31)

Young men further reframe and reconstruct the prison experience through lessening the impact on their stage of life. Billy (participant 8), for example, also stresses the difficulties of being in prison as a young adult where he states;

“...I FEEL LIKE I CAME HERE AT THE PINNACLE OF MY YOUTH – IT’S LIKE A TRANSITIONAL AGE FOR ME, YOU ARE BUILDING A LIFE WHICH IS WHAT I WAS DOING BEFORE COMING IN HERE. I SEE

² ‘sosh’ is an abbreviation of ‘association’ and refers to time where prisoners on the same wing can socialise with one another.

COMING IN PRISON AS A SPEED BUMP – A REALITY CHECK AND I’LL CONTINUE THROUGH”

(PARTICIPANT 8)

Here, Billy attempts to construct his journey into adulthood as a ‘developmental road’ and reframing prison as a ‘speed bump’, thereby buffering the impact of prison.

However, although the young men demonstrate the ability to reclaim their young adulthood, they were aware of the limitations of their tactics for reconstructing and reframing the prison experience. Billy (participant 8) for instance, notes that his developmental is inevitable stalled where he states:

“...THE CHANGES ARE HAPPENING OUTSIDE AND I’M EXPECTED TO BE AN ADULT AND MATURE AS I’LL BE 20 OR 21 BUT WILL HAVE SPENT THAT TIME IN PRISON SINCE 18 YEARS OLD. EVERYONE ELSE IS GOING TO UNI AND GETTING A JOB AND I CAN’T COME OUT AS AN 18 YEARS OLD STILL AS I WILL BE 20 OR 21” (PARTICIPANT 8)

Although Billy previously described gaining some comfort in viewing the prison experience as a ‘speed bump’ in his life and the perception of reclaiming young adulthood, he further acknowledges that he cannot fully mitigate the effect of imprisonment on his developmental stage of life. However, managing health and wellbeing for young adults involves tactics to control the perception of both everyday prison time, but also ‘unfreeze’ the stalled progression to adulthood.

Theme 3: Balancing food

Food was described as an important aspect of prison life, where both the quality and quantity of food items were crucial to maintaining health and wellbeing. Young men described wanting to increase the quality of food they were consuming and would often choose healthy options where available (i.e. fruit and vegetables). However, young men spoke of the conflict between the traditionally regarded healthy food choices with other foods which provided greater comfort. For example, Cameron (participant 25) explains the need to balance ‘healthy’ choices with ‘good’ comfort food, where he states:

“PORRIDGE AND PEANUT BUTTER ARE GOOD OPTIONS AS YOU GET PROTEIN...I REALLY STOCK UP ON THAT STUFF. YOU SEE, YOU HAVE YOUR HEALTHY STUFF LIKE THAT – YOU KNOW, CORNFLAKES, PORRIDGE, READY BREK. AND THEN YOU GOT YOUR GOOD STUFF – YOUR BISCUITS, CHOCOLATES, AND NOODLES. I PUT MY HEALTHY STUFF IN ONE SIDE AND MY GOOD STUFF ON THE OTHER. YOU

HAVE TO HAVE YOUR GOOD STUFF... IT MAKES YOU FEEL GOOD. LIKE YOU HAVE THE JAIL FOOD AND IT'S NOT GOOD, SO YOU GO BACK TO YOUR CELL AND YOU HAVE YOUR GOOD FOOD AND YOUR TREATS SO IT MAKES YOU FEEL HAPPY – LIKE IT GIVES YOU COMFORT” (PARTICIPANT 25)

Here, Cameron clearly demarcates and visually displays the balance of both traditionally healthy food and food for comfort; for him this balance was important to managing his health and wellbeing.

Furthermore, young men highlighted the importance of these comfort food as a connection to the outside world and familial links. For example, Peter (participant 31), describes re-contextualising prison food for comfort. He reflects that;

“...MY MUM USED TO MAKE ME EAT SALAD, PLUS SHE GOT LOADS OF FRUITS, LIKE POMEGRANATES, ORANGES, LYCHEES, PLUMS, AND PEACHES AND STUFF. PLUS SHE USED TO PEEL THEM FOR ME TOO AND MAKE THEM LOOK SO NICE AND FRESH. I SOMETIMES CUT UP THE FRUIT HERE AND MAKE IT LOOK NICER AND SO I EAT MORE OF IT” (PARTICIPANT 31)

Here, Peter describes how although there are limitations in the choices of food on offer in prison, he is still able to exert some creative control in making the food he does have as more appealing and meaningful for him on a very personal level. Therefore, keeping healthy for the young men involved being able to balance both traditionally healthy options as well as using food as comfort and connections to social, cultural, and familial roots.

Theme 4: Vigilance to the cracks in the grid

Prison was overwhelmingly described as a place of control and restrictions, where young men struggled to find opportunities for both managing ill health and engaging in healthy lifestyles. However, young men described being vigilant to opportunities which would help them manage their health and wellbeing within the rules and regulations of the prison regime; the cracks in the grid. Most young men described tactics to enable them more enhanced physical activity and opportunities for food. For example, many young men described using the space in their cell to undertake workouts, many of which had been promoted in a prisoner newspaper³. Young men described creative ways they engaged in these cell

³ e.g. Inside Times, which is a national newspaper for prisoners and detainees distributed throughout the UK

workouts and how they were able to enhance these through re-appropriating items available to them. For example, Simon (participant 2) explains that he:

“...MADE MYSELF SOME WEIGHTS IN MY CELL WHERE I PUT SOME HOLES IN THE PLASTIC CHAIRS AND FILLED IT WITH WATER TO USE THE CHAIR AS WEIGHTS” (PARTICIPANT 2)

Nearly all young men described their frustrations in both the quality and quantity of food on offer. Some young men therefore explained the ways they stock piled on fruit and bread rolls from the servery to save for later in the day when hungry. This helped to save them money from their canteen whilst satiating their hunger. In addition, the young men described the benefits of befriending another prisoner who held a servery job where they could be given preferential portions of food. Leonard (participant 30) particularly describes how sharing a cell with a prisoner who works in the food servery is beneficial to his health. For him, being in good health involves eating as much food as he can since “...my body needs constant fuel to keep it going”. Therefore, the perceived small meal portions in the prison were a particular concern for him. However, he states the tactic he utilises to gain extra food where;

“...SOMETIMES I EAT 2 LUNCHES A DAY COS MY CELL MATE WORKS IN KITCHEN AND IS USUALLY BUSY IN KITCHEN SO ENDS UP EATING THE FOOD THERE ON THE SLY...THE GUVS DON'T KNOW AS THEY COME ROUND AND PUT THE FOOD IN THE CELL FOR HIM AS THEY JUST FIGURE HE'S STILL AT EDUCATION OR WILL COME BACK FOR THE FOOD. THEY DON'T KNOW HE EATS IN THE KITCHEN SO I GET TO EAT THE EXTRA FOOD” (PARTICIPANT 30)

Here, Leonard has found an opportunity to gain more food and takes advantage of this situation, which would not ordinarily be afforded to him. Furthermore, other young men also created games through using resources in their cells to help pass the time, for example, David (participant 7) explained how with his cell mate, they:

“...PLAY GAMES, LIKE WE USE OUR FLIP FLOPS AND PLAY PING-PONG” (PARTICIPANT 7)

Here, young men described re-appropriating items within their physical surroundings to promote their health.

Furthermore, young men also were able to manage ill health similarly through re-appropriating items and creating opportunities. For example, Neil (participant 34), described his frustration at the difficulties in accessing and interacting with healthcare services for common illnesses such as coughs and colds. He explains how he now employs a number of tactics for managing his own illnesses where he says:

“I’VE NOW LEARNT JAIL REMEDIES TO DEAL WITH MY HEALTH ISSUES. LIKE I PUT SQUASH IN A KETTLE AND YOU GOT LEMSIP. IF YOU DRINK LOTS OF AND LOTS OF ORANGE JUICE ITS WORKS OUT YOUR SYSTEM, FLUSHES EVERYTHING OUT AND GOOD FOR YOUR STOMACH. WORKS IF YOU DRINK PURE LEMON JUICE TOO. COLA ALSO WORKS TO GET RID OF HEADACHES...I’VE LEARNT HOW TO DO SO MUCH IN HERE!” (PARTICIPANT 34)

Neil describes the creative ways he has overcome the difficulties he has faced in accessing healthcare within the restrictions of the prison. In this way, young men were able to interact with the physical items and opportunities within the prison context for managing ill health and health promotion.

Tactics for managing health and wellbeing therefore focuses on the ability to be vigilant to opportunities, or the cracks, within the prison grid and be able to utilise them through creatively re-appropriating objects and being able to make oneself invisible to the surveillance within the prison.

Theme 5: Constructing spaces for comfort

Young men highlighted the challenges in managing the psychological pressures of incarceration and the social world of prison, where there were few people or spaces for comfort. Managing health and wellbeing in prison therefore relied on tactics to seek out and create spaces for comfort. Most young men described engaging in activities that took them outside of the prison cell to spaces which were deemed places of comfort, like religious spaces (i.e. Church, Mosque), gym and outdoor areas. For example, Cameron (participant 25) described taking part in any activities that were on offer at the weekends where he explains that he started to attend Church on Sundays “...just to get out my cell on the weekend”. For many like Cameron, the opportunities themselves were not of primary interest where they often presented spurious reasons just to take part. However, Cameron later discovers the benefit of attending Church where he reflects that;

“...AT FIRST, I JUST WANTED TO GET OUT MY CELL. BUT NOW IT’S ACTUALLY COOL AS YOU FEEL RELAXED AND CHILL. THE ATMOSPHERE IS SO DIFFERENT TO THE REST OF THE JAIL” (PARTICIPANT 25)

Therefore, finding spaces within the prison which can provide comfort were seen as beneficial for health and wellbeing. Although much of the motivation to seek these spaces were to avoid the monotony of the prison cell, most found comfort in these

spaces and allowed them some respite from the dominate culture of power and status.

In light of the lack of opportunities to seek alternative prison spaces through the variety of activities on offer, young men also described tactics to create spaces of comfort, particularly within their cell. Many spoke of keeping their cell clean and tidy and the importance for both personal hygiene and for creating a 'homely' positive environment. Cameron (participant 25), highlights the importance of purchasing luxury items for his cell to create a positive space, where he explains;

“I TRY AND MAKE MY CELL A POSITIVE PLACE REALLY. LIKE I BOUGHT A NEW PILLOW. IT’S PROPER FLUFFY AND NICE. IT WAS £10 THOUGH AND IS A LOT, BUT YOU GOTTA SAVE FOR IT AND TREAT YOURSELF. IT’S SO EXPENSIVE AND IT’S NOT ACTUALLY THAT GREAT AS IT GOES FLAT SO EASY BUT I PUFF IT UP AGAIN AND IT’S FINE” (PARTICIPANT 25)

Here, Cameron invests in creating a space of comfort in his cell and highlights the importance of tactics for treating oneself in the prison through whatever means available. These tactics to seek out and create spaces for comfort were important within the harshness of the prisons physical and social world, and for many these tactics were provide relief and comfort in subtle and discrete ways.

Discussion

This study aimed to provide an in-depth and original analysis of health and place, as a means to illuminate how young adult men may utilise tactics within the constraints and structures of the prison. The findings illustrate how young men stitch together an intricate and complex set of tactics to alter and retexture the prison space. Here, tactics were utilised to navigate the prison system through a process of invisibility and vigilance to the cracks in the system to make use of available resources whilst appropriating objects and seeking out spaces of comfort to mitigate some of the risks presented to their health. Furthermore, the findings highlight how young men conceptualise these tactics as resistance against the prison's structures, rules and regimes which prevent them to engage in health promotion activities. In this sense, the findings confirm that prisons are largely regarded as unhealthy places (Burgess-Allen et al., 2006; de Viggiani, 2007) rather than health promoting. However, the findings in this study goes beyond an analysis of how prison can compromise

health to understanding the ways prisoners attempt to mitigate these risks within an unhealthy place.

The findings contribute to the literature on health and place and specifically, the tensions presented to young men when considering their health in prison. Tactics were subtle, discrete, and served numerous, overlapping purposes in prison relating to their general health and wellbeing. For example, young men acknowledged the role of food in prison and the tension between choosing high protein food for their physical health versus foods which provided more emotional comfort. For young men, tactics were therefore interconnected and had to be balanced as notable in the theme of 'balancing food' where food was symbolically and physically demarcated according to their functions for the multi-dimensions health needs. Here, young men are forced to consider the contradictions of what are 'traditionally' viewed as healthy behaviours and how these apply within the prison context. More broadly, young men described the prison as structurally unhealthy, where attempts to mitigate effects on their health and wellbeing were therefore viewed as acts of resistance against the competing strategy of the institution. Health therefore is something which is created through an interaction between the individual and their space, where tactics can transform an unhealthy place to one which is more bearable. Understanding the lived experience of imprisonment in this way avoids purely privileging the prison as an institution of control, which neglects examples of resistance and agency, particularly within a group who are usually viewed as hyper-violence or passive within the prison structure.

There are some strengths and weakness of the study which must be considered within these findings. The findings provide an original analysis of the lived experiences of imprisonment as related to health and wellbeing. This study specifically aimed to garner insights from young men who were deemed to be managing in their health and wellbeing in the prison as a way to understand the tactics they may adopt. We took a pragmatic approach to identify these young men through the use of a screening questionnaire for depression and anxiety (the HADS). We acknowledge that the screening questionnaire may not fully reflect the broad conception of health as relating to physical, mental and social dimensions nor the attainment of positive health (as opposed to absence of ill health such as depression and anxiety). This decision to utilise the HADS was based on earlier pilot work, where young men identified the HADS as particularly reflective of their overall

sense of health and wellbeing and a useful approach to identify young men for this study. We also acknowledge that this study does omit by nature of its aims and designs, the important of experiences of young men who struggle immensely within prison spaces, as reflective in the high rates of self-harm and suicide. Further research would benefit from further understanding of the practices and lived experience of imprisonment across a broad section of the prison population.

Despite these limitations, the findings hold significant implications for practice and policy. Prison health promotion activities tend to be blind to the broader social and structural determinants of health and are at risk of contributing to poorer health and wellbeing and being viewed as part of the disempowering power structure of the prison. For all young men, prison healthcare services were not identified as a source of support or a space for comfort but rather identified as another form of control and power exerted against them. Indeed, prison health has been largely aligned with a biomedical perspective which does not take into account the mental and social dimensions of health, particularly the pressures and efforts undertaken by young men to manage and survive the experience. Greater focus should be placed on working with prisoners to mitigate some of the negative effects rather than exposing them to the unresolvable contradiction of striving to achieve personal responsibility for health, while existing in what is ultimately an unhealthy place. The findings therefore support the need for greater engagement and involvement of young men within prison health practice to ensure that services reflect their needs and priorities for health. Prison commissioners from both health and justice departments should also consider the social environment, institutional structures and the specific needs of young adult prisoners within the broader coordinated strategies for healthier prisons. A whole systems approach which addresses the physical and social environments of the settings and understands the lived experience of imprisonment provides some starting point to inform context-relevant and specific practice and policy. This relies on an ideological shift to transform prison establishments into healthy and rehabilitative settings, where containment should be secondary to these goals. The prison environment should not be a place in which young adult men struggle to maintain their health and wellbeing, and perceive their time in prison as largely damaging to their development into healthy adulthood.

This is not easy task considering the current climate of resource constraints, austerity and budgetary cuts which are undermining the most basic of function of providing rehabilitative opportunities and maintaining control and order. Indeed, the current prison crisis suggests there are bigger challenges at present, with health and health promotion potentially viewed as trivial in comparison. However, focusing purely on the overt case of resistance just present part of the picture of prisons, where the more nuanced and in-depth insights presented in this paper are important contributions to how we understand prisons. Indeed, the current prison crisis highlights the ever changing nature of prisons where the focus of health and place warrants continued research attention to inform policy and practice.

Conclusions

This study provides an in-depth analysis of health and place, as a means to illuminate the ways young adult prisoners manage their health and wellbeing within the constraints and structures of the prison. The findings illustrate how young men stitch together an intricate and complex set of tactics to alter and retexture the prison space to mitigate some of the effects on their health and wellbeing. A whole systems approach which addresses the physical and social environments of the settings and understands the lived experience of imprisonment provides some starting point to inform context-relevant and specific practice and policy.

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