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# Introduction

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## What is this book about?

The purpose of architecture has been defined as improving human life (John Lautner, 1911–1994), and as a combination of shelter and pleasure, by providing well-being and making people feel good (Zaha Hadid, 1950–2016). It has also been argued that the State, on behalf of society, has the right to punish people who break the law and hold them captive within architecture. The State, using its legal, judicial, and political structures, can keep people captive for a certain period. However, the overwhelming majority of people who are incarcerated are, sooner or later, released and put back into society. Thus, the State has the duty to treat prisoners with respect due to their inherent dignity and value as human beings, and the duty to protect prisoners' physical and mental health and the prevention and treatment of disease based on clinical grounds only <sup>1</sup>. Considering the above, prisons should be designed for promoting the health and well-being of their users as a matter of principle. However, prison architecture cannot be analysed in a vacuum. Although the physical environment created by buildings can significantly affect prisoners' emotions and health, their well-being is, to a large extent, a consequence of their perceived treatment, which exacerbate pain when staff are "indifferent, punitive or lazy in the use of authority" <sup>2(p534)</sup>. Therefore, while analysing the design process of prisons it is essential to take into account the overall approach of the prison service. This book investigates what factors have to be considered in prison design, as well as how prison authorities and prison designers from Scandinavia (Norway and Finland), North America (the US), and South America (Chile) address concepts of health and well-being in their prison projects, representing three very different but typical financial, cultural, and social scenarios.

Prison services are unique and complex systems that are exposed to multiple and often conflictive demands. Usually within a single prison service, we can find supportive theories and unique design approaches that reflect the social, cultural, and financial realities of the time. However, there are also

similarities between prison services in terms of their approaches to punishment, rehabilitation, human rights, and human dignity. Prison services can be clustered according to these similarities and differences to visualise their typological characteristics and investigate their roots, causes, and evolution. In this regard, this book proposes a theory of typologies of prison systems, identifying the four ideal types, and then investigating three of them using a case study approach.

In prison design research, where despite numerous initiatives linking health and well-being to architecture, there is a limited amount of academic research addressing the issue in prisons, and the vast majority of the literature is mainly historical<sup>3</sup>. Case studies are useful when topics are poorly researched<sup>4</sup>, helping to retain the essential characteristics of events. Case studies are accurate instruments for examining sequences of causation or causal mechanisms because it is often possible to generalise from a single case<sup>5</sup> while improving the odds of identifying the context in which a specific causal mechanism operates. Given the early stages of this research topic, a case study method was considered appropriate.

## **Why health and well-being in prisons?**

The general well-being of both the prisoners and the prison staff is heavily influenced by their physical and mental health, which is under stress daily. Many common issues in prison such as overcrowding, loss of privacy, social isolation, low stimulation, restrictive and repetitive routine, and prisoner social hierarchy could precipitate or exacerbate mental health problems, such as violent behaviour, depression, anxiety, drug misuse, self-harm, and suicide<sup>8</sup>. Several studies have also found that people's health, or rather the presence of illness, is associated with a lower level of well-being<sup>6-9</sup>.

However, reaching acceptable levels of well-being in prisons requires significantly greater effort from decision-makers and stakeholders than in other settings, because the prevalence of mental disorders among prison inmates has been continuously reported as significantly higher than in the general community<sup>7</sup>. A comparative study in Australia between prisoners and the community<sup>10</sup> found an 80% prevalence in the 12 months studied for any psychiatric illness among prisoners, in contrast with 31% in the general population. Similarly, another study<sup>11</sup> which compared mental issues among citizens and prisoners in western countries found that "any personality disorder" was pertinent in 65% of men and 42% of women prisoners, in contrast with 5 to 10% in the general population (men or women).

Improving the quality of the built environment can help to substantially change the mental health of its users, which in turn would help to diminish psychological issues, such as anxiety and depression<sup>12,13</sup>. Since most of the

inmates will return to the community sooner rather than later, inmates should not be suffering worse physical or mental health upon their release than when they were imprisoned.

The above key studies demonstrate the need for the provision of a better and healthier physical environment in prison housing (cells) and living areas. However, most of the studies on health and well-being in prisons deal with the prisoners themselves<sup>6,8,9</sup> rather than with the environmental conditions that affect them. Relatively few, if any, have dealt with health and well-being from the perspective of the prison staff and their advisors. Moreover, very few studies<sup>14,15</sup> have covered actual factors of the carceral environment that affect well-being, and even fewer studies have approached health and well-being in prison design from a cross-continental perspective<sup>16</sup>.

## **The relation between health and well-being**

The concept of well-being has been symbiotically linked to the concept of health. The World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”<sup>17(p1)</sup>. Despite critics that suggest this definition would leave most of us unhealthy most of the time, the WHO definition remains unchanged. Health and well-being also became a fundamental human right in the International Covenant on Economic, Social and Cultural Rights<sup>18</sup> which states that it is “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. Implementing health and well-being as a human right within prisons, however, has been challenging, despite efforts made during the last three decades to globally promote this to be transformed into national policies, as discussed next.

## **The challenge of health and well-being in prisons**

The values of health and well-being have steadily influenced public policies over the last 30 years, including the prison setting. In 1986, during the first International Conference on Health Promotion, held in Ottawa, the WHO launched the Ottawa Charter for Health Promotion<sup>19</sup>, which is considered a seminal document and a template for health promotion worldwide<sup>20</sup>.

It incorporates three basic health promotion strategies:

- To advocate for health,
- To enable people to take control of those things which determine their health, and
- To call for professionals, social groups, and health personnel to mediate between differing interests in society for the pursuit of health.

The Ottawa Charter established that promoting health “goes beyond healthy lifestyles to well-being” more generally in society <sup>19(p1)</sup>. It was not until 2012 that a group of experts convened by the WHO recognised that health influences overall well-being, yet well-being also affects future health. The meeting proposed the following new definition of well-being: “Well-being exists in two dimensions, subjective and objective. It comprises an individual’s experience of their life as well as a comparison of life circumstances with social norms and values” <sup>21</sup>.

However, materialising this definition has proved to be a difficult task. Developing better-designed prison facilities to improve the health of people in prison must also consider the improvement of their well-being, but this requires a clear identification of the architectural factors that must be considered, as well as the understanding of the various barriers that are preventing the consideration of these factors. This book provides designers and prison authorities with the missing elements for the materialisation of the WHO definition of well-being in the design of prison facilities, offering a new framework for its implementation.

## Structure of this book

The book is divided into four interrelated parts:

Part I presents the theoretical and historical foundations that support the whole study. Chapter 1 builds the theoretical basis for this book by explaining its theoretical and ontological perspectives. It introduces the roots of well-being, its relation with health and their importance regarding prisons, and offers an explanation of critical realism as ontological theory. Chapter 2 presents the various approaches that justify punishment and imprisonment and will build a typological theory of prison systems. Chapter 3 presents the historical evolution of prison architecture from late antiquity to the origins of each of the three prison models considered in the study: the Security, the Rehabilitation, and the Hybrid prison models. The final chapter of the first part of the book will present a brief historical account of each prison model from the beginning of the twentieth century to the present day.

Part II explores how well-being has been addressed in prison and what are the factors to be considered. Chapter 5 presents the importance of promoting health and well-being in prison design, while Chapter 6 discusses the key human factors that act as stressors of health and well-being, and should be carefully considered in the design of prisons.

Part III presents each of the four cases considered in this book. Chapter 7 addresses the case of the International Advisors, Chapter 8 presents the Hybrid prison model case, Chapter 9 addresses the Security prison model case,

and finally, Chapter 10 discusses the case regarding the Rehabilitation prison model.

Part IV synthesises the information from Part III and provides recommendations for reform. Chapter 11 compiles the themes and Meta-themes individually collected from each case, to then identify cross-model Meta-themes and build the dimensions. These themes and dimensions are then used in Chapter 12 to present a new framework for prison design. Finally, prison typology is interrogated against the proposed framework, and the typological differences and organisational incongruences are examined through the lenses of the organised hypocrisy theory to identify useful recommendations for reform.