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Please cite the final published version:

Kolind, T., Frank, V. A., Lindberg, O., & Tourunen, J. (2015). Officers and drug counsellors: New occupational identities in Nordic Prisons. British Journal of Criminology, 55(2), 303-320.

DOI: [10.1093/bjc/azu088](https://doi.org/10.1093/bjc/azu088)

Publication metadata

Title:	<i>Officers and drug counsellors: New occupational identities in Nordic Prisons.</i>
Author(s):	<i>Torsten Kolind Vibeke A. Frank Odd Lindberg Jouni Tourunen</i>
Journal:	<i>British Journal of Criminology</i>
DOI/Link:	10.1093/bjc/azu088
Document version:	Accepted manuscript (post-print)

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Officers and drug counsellors: New occupational identities in Nordic Prisons

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Introduction

Prison drug treatment (PDT) has been introduced in many European prisons, including the Nordic prisons over the last two decades (XXXX 2010; Seddon, Williams and Ralphs 2012). The programs are being implemented as a response to increasing drug use among the prison population and the consequent health problems (EMCDDA 2012). The growth of PDT also relates to the fact that policy actors are increasingly being pressured to show resolve on solving the drug abuse and crime problems of society, and in this regard PDT, can be promoted as a way to simultaneously 'fight drugs' and at the same time to show concern about the inmate (see also: Seddon, Williams and Ralphs 2012; XXXX 2013). The increase of PDT may slowly begin to change the prison, not only in the way it is represented in political discourse, but also from the bottom up, as prison officers and drug treatment counsellors are given new occupational responsibilities. Processes such as these may be incremental, and may be expressions of the old dilemma between control and rehabilitation inherent in the prison (Garland 1985). However, very few studies have investigated the new occupational identities of the prison staff that emerge following the growth of PDT (Nylander, Bruhn and Lindberg 2008; Wheatley 2008). The main focus of this article, therefore, is on how prison officers and counsellors in drug treatment programs manage (new) dilemmas between punishment and rehabilitation evolving as a result of the growth of PDT. We will also bring the findings into a discussion on prison policy and drug policy.

Existing research on the occupational identities of prison officers may assist us in understanding the emergence of the new institutional work identities referred to above. The research documents a high level of conflict or antagonism between staff and inmates (Sim 2008) partly because of the double role of officers having to exercise both care and control functions, i.e., punishment and rehabilitation (Sykes 1957; Kristoffersen 1986). On the other hand, this research has also shown that officers and inmates may not only share common cultural codes and moral values (Shapira and Navon 1985; Owen 1988), but also a common interest in upholding a calm, predictable everyday life in prison

(Sparks, Bottoms and Hay 1996). In working to maintain this predictable everyday life, some officers tend to cultivate oppositional roles vis á vis the inmates, while others seem to be more accommodating or 'soft' (Tait 2011). The oppositional roles tend to exist in a structural relation to each other. They follow a cyclical pattern, going from hostility or non-involvement to courtesy or even impermissible degrees of fraternization (Goffman 1961). This predicament underscores the often neglected fact that prison work is highly emotional; moreover, such emotions are highly structured, with clear rules and expectations towards which emotions officers can in fact express and feel (Crawley 2004). For instance, Tait (2011) found five approaches to care among officers, going from a 'true carer', over to 'old schooler', to 'conflicted'. The last category was staff who, even though they wanted to offer care, conflate care with control. These staff tend to see the prisoner as the problem rather than as a person with situationally-based problems. The majority of prison staff were either of the 'old schooler' or 'conflicted' type. Differences in officers' emotional work, however, are also highly affected by the officers' different work tasks and by differences in local prisons' subcultures and informal norms (Nylander, Lindberg and Bruhn 2011). Also, it seems that there are gender differences in officers' roles, with female officers tending to contribute more to the rehabilitative side of prison work (Tait 2008; Bruhn 2013). When officers enact their professional roles and institutional identities in everyday interaction with prisoners, discretion seems to play an important part (cf. Lipsky 1980). Liebling, for instance, argues that officers' power and legitimacy depends not only on the authority invested in them by the prison/society but on how such power is enacted in practice (Liebling 2000; Liebling 2011). Hence, officers frequently downplay and individually adjust the use of control, as too rigid deployment of power would often generate conflicts (Sparks and Bottoms 1995; Liebling 2000: 3). In fact, Liebling argues that the moral quality of prison life is enacted by officers (Liebling 2011: 485). In line herewith, we argue in this article that the practice and discretion of prison drug counsellors is a growing factor in defining the moral worlds of prisons.

Another line of research has argued that prison management, like other welfare institutions, has been heavily influenced by New Public Management (Crewe, Bennet and Wahidin 2008), 'managerialism' (Liebling and Arnold 2004) and a general risk-oriented thinking (Garland 2001). Seemingly, this has resulted in an overall decrease in the discretionary power of prison staff; instead of professionally and morally balancing between rehabilitation and control, staff members have increasingly become administrators of risk policies and managerial schemes that adhere closely to established procedures and strict routines (Drake 2008). Risk reduction has increasingly been linked with

offender behaviour programmes, while rehabilitative work is being increasingly allocated to specialists. Rehabilitation 'is seen as a matter of cognitive re-writing rather than interpersonal influence' (Crewe 2011:464; see also: Smith 2006). Apparently, these changes have made staff-inmate relationship less tense and confrontational. The collective power of officers has vanished, and the 'old' more abrasive element of officers' culture (as for instance found in Tait's research, see above) has disappeared (however, see: Sim 2008). Instead of the traditional 'hard power', the argument is that prisoners are now controlled by a 'soft power' that provides them a pseudo-autonomous space allowing prisoners to govern their own conduct, engage positively with the regime, and accept responsibility for failing to do so (Crewe 2011). Therefore, what looks like a more intimate and relaxed relationship between staff and inmates, according to this argument, is in fact rather artificial, with officers mixing with inmates in the interest of 'dynamic security' and inmates interacting with officers only for instrumental reasons. Though convincing, such arguments may be somewhat overstating the present situation. There are reasons to believe that instead of wholesale rejections of discretionary power and previous welfare models – characterized by more sincere intentions of rehabilitation and seeing the inmate not as a risk factor but a whole moral person – we are seeing the emergence of 'late modern hybrids'. In these hybrids practitioners integrate and accommodate new penal ideas and initiatives into their existing occupational identity (Hardy 2013). In this article, we will describe one such hybrid. We will do this by analysing the practices and values of what we see, respectively, as the 'controlling drug treatment counsellor' and the 'rehabilitative humanistic officer'. The hybrid in our case, then, exists as a mix between welfare thinking, punitive approaches, risk thinking and discretionary power, and it seems that both officers and counsellors in their daily practices integrate these apparently contradictory elements.

In order to better understand how these elements become refigured and reinterpreted in contemporary occupational identities in the Nordic prisons due to the increase of PDT, we begin by offering some general reflections on the recent developments in penal thought that have framed these processes. According to Garland (1985, 2001), the trajectory of Western penal thought has been somewhat linear: from reforms in the late 19th century to the influence of welfare state thinking on rehabilitation in prisons in mid-20th century to the punitive turn escalating since the 1970s (see also: Sim 2009). In general, the same development took place in the Nordic countries (for a more detailed outline see: XXXX 2013). At the same time, however, we will argue that this narrative of penal philosophy is also somewhat undifferentiated, at least regarding the Nordic countries. Since the mid-1990s and all through the 2000s, we have witnessed some relatively rapid changes in the Nor-

dic prisons with the growth of PDT; currently, 5-15% of all inmates are in some kind of drug or alcohol treatment program (Giertsen et al. n.d.). This development has been analysed as a reintroduction of the treatment ideology – the penal-welfare paradigm – in Nordic prisons (Kyvsgaard 2001). According to Garland, the trend toward treatment ideology is only apparent, as risk and punitive ideologies are still all-controlling. However, we will argue that it is not a question of either/or, but of both/and. The present reinvention of the treatment ideology – the penal welfare – is not a return to previous rehabilitative doctrine but a re-interpretation hereof. Since the 1960s, the very idea of treatment or rehabilitation has changed, as has the ideology of the modern Nordic welfare state (Christensen et al. 2005). Previously, rehabilitation was in the hands of ‘experts’, whose task was to normalise inmates and re-integrate them into the welfare state (Borch 2005). Today, focus is on the public management of services and on welfare consumer’s rights. Therefore, PDT is a service offered to inmates the intent of which is to empower them to govern themselves from within (Villadsen, 2008). In short, from being the leading principle in prison philosophy, rehabilitation and especially PDT are now seen as a service, alongside other services, offered to inmate-consumers in the modern welfare state (XXXX 2013). The rebirth of the rehabilitation ideology is thus a rebirth into a new cultural reality, with new ways of thinking about treatment and control as well as the ways in which the two are connected to each other. As a consequence, we do not find, as does Garland, Western penal thought to be linear. Rather, following Foucault (1991) and others (e.g. Sim 2009), we see a continuous oscillation or rather spiral-like movement between ideologies of control and rehabilitation. In this way, the tension between the two is not new. It has been with the prison since its birth (Mathiesen 2006). And as Foucault argued, the prison has always managed to hold this seemingly contradictory oscillation:

‘...the reactivation of the penitentiary techniques as the only means of overcoming their perpetual failure; the realization of the corrective project as the only method of the impossibility of implementing it ‘(Foucault 1991: 268)

In this way, there is nothing distinctive about late modern penal excess. The same trends were also observable in the mid-19th century (Sim 2009: 3). Similarly, the occupational dilemmas which we identify in this paper may not necessarily be that new. Rather, we will argue, that PDT is reshaping a longer-running inter-relationship between punishment and welfare, between control and rehabilitation. Nevertheless, if we accept that developments in penal thinking and practice are moving for-

ward but in a spiral-like way, our data may indicate some important reconfigurations of the penal-welfare paradigm.

Context and data

The article presents results from the research project ‘Prison-Based Drug Treatment in the Nordic Countries’, which compares PDT at the level of political discourse, institutions, and inmates’ experiences in Denmark, Finland, Norway and Sweden. The four Nordic countries have low prison populations compared to other European countries, with 61 to 76 inmates per 100,000 in 2010 (Kristoffersen 2010: 30-34). In general, 55-60% of inmates in the Nordic countries have used or abused drugs prior to incarceration (though definitions on how to define misuse varies) (Heltberg 2012: 115; Lintonen et al. 2012; Rikosseuraamuslaitoksen 2013¹). The 15% of prisoners serving sentences for drug crimes in Finland is the lowest proportion of drug users among the four Nordic countries (alongside the Netherlands, Germany and UK). In Denmark, Norway and Sweden, the proportion of prisoners serving sentences for drug-related crime is between 21% and 28% (alongside Spain, Switzerland and Portugal) (Council of Europe 2012:94). Finally, the number of inmates enrolled in drug treatment programs varies from 5-15%, though figures are difficult to compare.

Our data stems from a parallel research strategy in all four countries, where we have conducted interviews with prison officers and drug counsellors, observations in prisons, and analysed documents on PDT programs. Altogether, 12 drug treatment programs, three programs in three prisons in each of the four countries, were studied. Of these, eight were treatment wings (resembling in-patient treatment) and four were day treatment programs (resembling out-patient treatment). In this article, we focus mainly on the treatment wings. One of the programs in each country was for female inmates. A total of 104 staff (counsellors, officers, managers, physicians, nurses and work instructors) were interviewed individually or in focus groups using semi-structured thematic interviews. In addition, a total of six months of observational studies was conducted in the prisons, focusing on the operation of the drug treatment programs. Common interview schedules and observational guidelines were used in all prisons (for further details see XXXX 2012). The interview schedules focused on the rationales and goals of the drug treatment programs, the interviewee’s assessment of in-

¹ The lifetime use of Finnish inmates was 80% in 2006.

mates' main problems, the control and disciplinary sanctions related to illegal drug use, and the roles and relations between the professional staff. The observation guidelines focused on the social environment, personal relations, as well as the daily routines, procedures and control measures related to the running of the treatment programs. All interviews and observational notes were transcribed. Hereafter, these data were discussed and compared on an ongoing basis by the researchers involved in the project based on a shared coding tree (NVivo) followed by national specific sub-codes.

Analytical framework

Our main analytical tool for exploring the development of new occupational identities in Nordic prisons in connection with the introduction of PDT as an example of a new modern hybrid is social representations. The social representation concept stresses the collective base for creating and maintaining certain patterns of thought, also known as 'institutional narratives' (Sandberg 2010). When being socialized into an occupation, individuals undergo a process whereby their general understanding of the relevant field is transformed into a professional understanding. Such socially developed representations are based upon shared knowledge evolving in interaction concerning an object, common problems, or practical tasks of some kind, and these representations affect the picture of reality that is constructed by the social group (Jodelet 1995; Arnold, Liebling, and Tait 2007). Hence, in a given work context and in an occupational group, particular and distinct professional representations, or dispositions, concerning the occupational role and how to perform different work tasks normally develop (Crawley and Crawley 2008: 142), helping individuals to operate in a professional situation and making their work life more predictable (Piasser and Bataille 2010: 94). Social representations are thus developed by experience and are subject to particular professional contexts. Accordingly, employees in different wings will develop different occupational identities related to their main tasks and everyday practices, i.e. doing mostly security work or involved in treatment (Holm et al. 2014; Nylander, Bruhn and Lindberg 2008). Therefore, professionals' discretionary acts will be based on what is socially acceptable within a certain work context (cf. Lipsky 1980). Moreover, such work contexts are affected by both local staff and organizational cultures, meaning that differences can exist between the same occupational groups with similar tasks located in different settings (see e.g. Liebling 2004). In the following, we will look at two different occupational identities: the officer and the drug counsellor. We will argue that in the development of their social representations, both have been formed around the same object: the drug treatment programs, but with different types or levels engagement, different roles and different problems gen-

erated by such programs. Nevertheless, in the collective process that has formed the development of these representations, the two groups have been inspired and influenced by each others' processual developed representations.

Results

Differences exist among the four Nordic countries regarding the aims and methods of the PDT programs and their organisation. In Norway, for instance, drug programs are termed 'rehabilitative' rather than 'treatment' programs. As rehabilitative measures, their aim is to motivate the inmate for enrolment in an outside treatment program after release; this thinking is also in line with official policy stipulating that drug treatment is a community effort.² In Finland, the prison drug counsellors are specially trained prison staff who at times also carry out control tasks; they are prison staff who also do drug counselling. In Denmark and largely also in Norway, the counsellors are recruited mainly from community drug treatment agencies and have no other control functions in the prison; they are drug counsellors who happen to work part- or full-time in a prison. In Sweden, we see a mixture of such staff arrangements. Despite such differences, there are some clear similarities in the different programs' outlook and in the way control and treatment practices are integrated into the occupational identities of counsellors and officers and interpreted by them. In the following, we will start by briefly sketching out the overall similarities in the different programs' treatment philosophies. We then discuss how control becomes integrated into the occupational identities of the counsellors and becomes redefined as a support for treatment and conversely, how treatment philosophies become part of the occupational identities of prison officers.

The philosophy of PDT

Drug treatment wings in Nordic prisons are often isolated from the rest of the prison. This is done in order to hinder the influx of illegal drugs into these treatment 'enclaves' and to impede the influence of what is seen as the detrimental prison culture. The treatment work, consisting of both group sessions and individual counselling, is inspired by a variety of approaches: cognitive therapy, motivational interviewing, 12-step and Therapeutic Communities. In general, the counsellors carry out their work according to ideals of equality, mutual respect, and inmates' active participation in deci-

² In this article, we employ the term drug *treatment*. We use it in a broad sense to indicate any deliberate intervention that might modify the extent of drug use as well as the health and social damage caused by drugs (see also: Neale, Sheard and Tompkins 2007).

sion-making. They are inspired by contemporary pedagogical ideals of meeting the client on equal terms and with a focus on care. Counsellors see mutual trust and honesty as essential in order to work with the inmates, and they are aware that establishing this trust relationship takes a considerable amount of time. Creating rapport and a feeling of community with inmates is an important part of the treatment ideologies and central to the counsellors' work. Hence, the counsellors often see it as their task to create an egalitarian and open environment and to encourage inmates to manage in a trustful and positive setting.

Counsellors have two main objectives in their work with the inmates. First, they work with inmates' social relationships. This involves relations to friends and family members outside prisons, as well as relations inside the prison and among the inmate culture generally. Counsellors encourage the inmates to rid themselves of what counsellors view as negative behaviour. To work on relationships also entails work on the prisoners' material and practical situation, as regards their work, education, housing, financial situation, social activities and health care. As a consequence of these orientations, the other inmates often perceive the inmates in treatment wings as 'weak' or 'soft' and as being too friendly towards the officers, to the extent that they may be suspected of informing on their co-inmates. Our observations indeed show that officers and inmates spend more time together in the treatment wings compared to the regular wings. In some treatment wings, they eat and have coffee breaks together and mix in different activities within or outside the prison. The atmosphere in the treatment wings also tends to be more relaxed, with less distinct hierarchies. Second, counsellors also work with the inmates' self-perception, what is seen as their personal drug and crime problem, in order to give them self-insight and an opportunity to move in a positive direction and towards a drug-free lifestyle. The direction of such personal change is seldom explicitly stipulated by counsellors. It is mapped out individually by inmates in co-operation with counsellors, other inmates in group sessions, with prison officers, or all in combination. Some themes are reserved solely for individual therapy. Abstinence, however, is always perceived as a precondition for change. As a consequence, inmates may be discharged from programs if they are discovered using illegal drugs and if they do not participate actively and fully in the programs and group sessions.

Integrating control in treatment

In Norway and Denmark, where most of the counsellors are not employed by the prison but by community drug treatment agencies, control and disciplinary sanctions in prisons are the officers' responsibility. In Sweden and Finland, the roles are more mixed. Counsellors in these two countries

had previously worked as officers and also carried out control functions. They define themselves more as prison officials than as therapists. In Sweden, however, the prison also offers 12-step programs partly run by external counsellors who do not identify with the prison regime. Nevertheless, in all four Nordic countries, we found that counsellors often rather pragmatically adjusted their work and treatment ideology to the prison disciplinary environment. Moreover, counsellors did not necessarily see prison control routines as contradictory to treatment. In the following, we examine different ways in which the counsellors adapted their occupational identities and rehabilitative work to the prison setting. We will show how their social representation managed to integrate both control and sanction practices as parts of their occupational identity.

Though counsellors hope and believe that their rehabilitative work will have a positive effect on those inmates who are motivated, they are also pragmatic. They realize that the programs are a way for inmates to use their time in prison in a sensible way while they are incarcerated. Moreover, some counsellors also explain that it is easier for inmates to obtain treatment while imprisoned. This is probably the case because there are no waiting lists in the prison, treatment is at hand, and drugs can be difficult to obtain, so that some inmates become drug free anyway. In some Finnish and Swedish programs, the counsellors had noticed that several inmates participated in drug treatment programs for the first time in their lives. Counsellors as well as officers believe that control and assistance combine and support each other: simply by being incarcerated, prisoners obtain an opportunity to receive help.

However, prison was not only perceived as a convenient place for undertaking drug treatment. Some counsellors also found the very prison environment supportive for their treatment philosophy. When PDT was first introduced in Denmark, counsellors were rather sceptical about conducting treatment in disciplinary settings such as a prison (XXXX 2010). In the present study, however, several counsellors found that the prison setting could provide a support framework for their work with the inmates. A Danish counsellor explains:

‘If you’d asked me when I started working here, a lot of it was about adjusting our treatment model to a prison setting. And there were both pros and cons. A lot of treatment institutions lack a proper framework – they have a method and a target group, but it can be a challenge to structure the treatment and establish fixed boundaries. But we have this in prison. Here we have fixed boundaries, you know.’

Counsellors also found, however, that the prison setting might impede the effectiveness of the programs. These were generally practical obstacles, such as finding suitable rooms for group therapy,

difficulties for inmates to participate in outside NA meetings, or financial restraints on the programs.

An example of how control may support treatment in the eyes of counsellors relates to urine tests. These are closely linked to the policy of zero tolerance on drugs which applies in all prisons. In Sweden, Norway and Denmark, urine tests are conducted randomly every day, whereas in Finland, urine tests are carried out only when there is a suspicion of specific inmates' drug use, though more regularly if inmates serve in a drug-free ward or go on weekend leave. In all countries, positive tests result in disciplinary sanctions, such as fines, so-called drug-interviews, solitary confinement for 3-5 days, deprivation of furlough, or expulsion from the treatment programs. As such, one might expect that urine tests and most of the related disciplinary sanctions conflict with the counsellors' rehabilitative work and with their ideology as outlined above. According to counsellors, however, this is not necessarily the case. Sometimes, urine tests as well as cell or body searches were not seen as offending the inmates' integrity. Rather, the tests transmuted and became part of the rehabilitative work. Such a view is expressed by a Norwegian counsellor:

'It can be necessary to take urine samples sometimes. It sometimes reveals that they've been using drugs and then we can work with that.'

By 'that', the counsellor means that it gives him the possibility to work with the inmates' drug use in the rehabilitative setting, in group sessions, for example. Similarly, several counsellors described urine tests as an opportunity to check up on the inmates' drug use and especially on their 'honesty' regarding drug use. As mentioned above, for many counsellors, honesty is both an important goal and a means in their treatment work with inmates. A Swedish officer working as a counsellor in a treatment wing had these reflections on how control and treatment could be combined:

'I have great interest in security work, but at the same time I also have an interest in treatment. As a prison officer, you have to dare to show that there are two dimensions in our work that run side by side. The inmates are in prison for some reason, and in prison we have our rules and routines. But the thing is that we want the best for our inmates in the treatment wing, and we want the inmates to see their own problems. So, I see no hindrance or conflict ... well there are problems with all control measures, but as long as you as a prison officer talk openly about it to the inmates, it works.'

In this way, counsellors and prison officers working with treatment may take on a double role: they are engaged in control and punishment but also in motivating the inmate to personal change. Another example is from Denmark, where some counsellors argued in favour of the disciplinary practice

of placing inmates in isolation cells for a few days as punishment for illegal drug use. The counsellors found that such a practice could in fact support the drug program's rehabilitative philosophy. By being placed in an isolation cell, inmates were detoxified, a warning sign was conveyed to other inmates in the wing, and the inmate had time to reflect on his or her situation, actions and motivation for change. In fact, in one situation, some Danish counsellors argued that an inmate should be punished with time in an isolation cell for having sniffed his prescriptive medicine, as this was perceived as a typical drug-user attitude. Within the prison regime, however, such an action would not be sanctioned. Some officers have noticed what they see as the Danish counsellors' increasing preference for integrating the prisons' control element into the treatment. This quotation from a Danish prison officer is typical of such attitudes:

‘Treatment used to be more tolerant, more inclusive. The counsellors have become more rigid, and they’re a bit stricter. Sometimes they rely too much on the prison rules and use them in treatment – and then they say “we don’t want this person in treatment” – Then “Where’s she supposed to serve her sentence?” I ask.’

A final example of how counsellors argue for the positive impact of the prison regime on drug treatment is from the Finnish and Swedish drug treatment program's use of ‘sobriety contracts’. A signed contract obliges the inmate to abstain from use of illegal drugs and to be committed and motivated for treatment. As a way to test the sincerity of the inmate’s contractual obligations, regular urine tests are given. Moreover, a signed contract is a precondition for obtaining leaves, meeting with families, being transferred to an open prison, and for participating in drug treatment programs. Counsellors argued that this practice reduced the presence of drugs in the treatment wings, thus making drug treatment easier. The contracts also ensured that only genuinely interested inmates participated in the treatment programs. In all countries, we found similar arguments about how control and disciplinary sanctions supported drug treatment by bringing about less use of drugs and by motivating inmates for treatment (presumably, inmates should be motivated for drug treatment by facing the prisons’ strict disciplinary sanctions towards continued drug use). Our data also shows that some counsellors were critical of the prisons' disciplinary sanctions and punitive approach, such as urine tests and deprivation of leave. In practice, however, counsellors were often pragmatic and had few difficulties in adjusting the drug rehabilitative philosophy to the prison regime. In fact, in several ways, they found it supportive. The social representation of the counsellor’s occupational identity was thus flexible and could contain the tensions generated by the ambiguity between control and rehabilitation.

Integrating treatment in control

In the same way as control is integrated into treatment, the treatment outlook also informs the control perspectives and the disciplining practices of the officers' working at the drug treatment wings.

Officers working in the drug treatment wings explained that they themselves have often requested to be transferred to these wings and were generally sympathetic towards the drug treatment programs. In the same way as inmates in drug treatment wings are perceived by inmates in the regular wings as weak and on too friendly terms with officers, the officers also explain that they are looked down upon by colleagues working in regular prison wings, who perceive them as being too cordial towards inmates. The officers working in the treatment wing state that they find it easier to carry out the rehabilitative part of their job in a treatment wing, where they can convey a gentler occupational identity. Such attitudes are strengthened by the fact that they can interact in a more intense and varied way with inmates than is the case in the regular wings. For instance, they often take meals together with inmates, partake in joint meetings where inmates, officers and counsellors come together, and they discuss the atmosphere of the wings and the well-being of inmates with the counsellors. In sum, officers in the drug rehabilitative wings are more exposed to the rehabilitative thinking and practices than in the rest of the prison and this, together with their personal outlook, affects their occupational identity.³

Officers tell how they try to create a personal relationship with the inmates and express concern for their well-being, motivate them to stay on in the rehabilitative wings and support them in achieving their personal aims. As one Danish officer said: 'when [the counsellors] go home, we [officers] take over and help the inmates with cooking and with their daily tasks'. Moreover, both counsellors and officers explicitly tell how their mutual work-relations are good and that despite having different areas of responsibility, they often also find it productive that their roles merge. In a Norwegian rehabilitative wing, it is an explicit aim to be equal and to work as a team. As one counsellor explained:

'We have the idea that when we work here, whether as a milieu therapist, a supervisor or an officer, we have to do the same things. We are conscious about avoiding situations where the social workers are the good guys and the officers the bad guys.'

³ Norwegian, Finnish and Danish prison staff are not directly involved in treatment, such as individual or group therapy, unlike some Swedish prison officers.

Some officers explain that they have changed their approach and outlook by working in a treatment wing. While working in such a wing, they experience the difference from the traditional officer role with its impersonal, distant and confrontational character – cf. the ‘old schooler’ or ‘conflictual’ officer who uses more direct ‘hard power’ as outlined in the Introduction. They also start reflecting more on their own behaviour, as exemplified by this Danish officer:

‘I think it’s a different behaviour. You have to be a bit relaxed and patient. You cannot be tough and blunt, because it’s in conflict with your role: as somewhat of a care-provider.’

Such changes are also noted by the counsellors, as stated by a counsellor colleague of this Danish officer:

‘We hear them say that they adopt our way of doing things. How they talk to the inmates and pay attention to whether or not they’re escalating or defusing a conflict. They participate in our courses, and they receive training in conflict resolution’ (counsellor).

This is not to say that dilemmas do not exist when officers integrate the treatment approach into their traditional occupational identity (see also Introduction). Officers may at times feel ambivalent, having at one moment to control and sanction and in the next to talk personally and honestly with inmates and display a caring attitude. Such dilemmas are especially prominent in some Swedish drug treatment wings, in which officers are trained in 12-step programs, partake in the actual treatment sessions and also work as mentors for inmates (see also: Nylander 2011). However, these officers also feel that they can handle such conflicts, and that their dual role can even be advantageous:

‘I’ve become more and more comfortable with this. Now I see the advantage of the double roles. We get so close to the girls [inmates] that we can talk to them about the importance of security when we conduct searches and collect urine samples. We know the girls, so most often we know which reactions we’ll get. Usually things goes well.’

In general then, many officers found that the drug treatment wings were valuable for the inmates, as stated by this Danish officer:

‘Being in prison doesn’t make you a better person, that’s for sure. But you might become a better person if you get the treatment you need while you’re locked up.’

Besides stating that they had acquired a more nuanced and sometimes even critical perspective on punishment, the treatment approach is also seen by officers as valuable in their work of keeping peace and order. Most officers feel that when communication is improved, tensions are reduced and

relations between staff and inmates become more relaxed and the control is easier to carry out. Officers expressed the view that when they build up positive relations to inmates, they obtain more respect for the job they do, which includes control. From a pragmatic perspective, therefore, some officers appreciate the drug treatment program simply because it makes their job easier (see also: Carlin 2005).

A final example of how the rehabilitative outlook affects the officer's occupational identity concerns discretionary power. As argued in the Introduction, discretion is fundamental in the everyday running of large organizations (Lipsky 1980) and especially prisons (Liebling 2000). Officers' discretion is central in the smooth running of prisons, as a too rigid enforcement of controls would tend to create conflicts. What is special about the drug treatment wings, however, is that such discretion is enacted not only as a means of making prison power more acceptable, but also in deliberate support of the treatment. This is the case, for instance, in a Swedish prison, where officers explain how they can ease up on the safety regulations and condone a more humane perspective on inmates. As expressed by one Swedish officer:

'When we in the treatment wing collect urine samples, we only need to be one person together with the girls, and they can wear a robe. When the security group comes to collect urine samples, they're always two persons, and the girls must be naked. The security group also searches the girls' clothes.'

Similarly, a Danish officer explains that he may sometimes refrain from submitting an official report when he discovers that an inmate is in possession of drugs:

'If I write a report on them, their leave is postponed. But when there's nothing in the papers, there is no sanction regarding parole and leave.'

The reason why this officer refrains from reporting such irregularities is that he fears that the inmates discharged from the program would sabotage the progress that these inmates have achieved during their drug treatment. In a similar way, another officer tells how he sometimes leaves inmates' cell doors unlocked if they are feeling depressed, anxious or lonely due to the treatment.

Discussion

As demonstrated, the PDT programs which have come into existence in the Nordic prisons over the last two decades have had a great influence on the occupational identities of counsellors and officers. Increasingly, counsellors have integrated and reinterpreted the control, order and disciplinary sanctions of the prison environment into their treatment approach. On first sight, this merging of the

two roles might seem contradictory to the treatment programs' valuation of care, trust, honesty and equality. Simultaneously, we have seen a move in the opposite direction. Officers working in the drug treatment wings highlight the importance of the treatment ethos in their control work, adjusting the social representations of their professional identities accordingly. These officers increasingly depart from the traditional officer role centring on control, order and discipline. Instead, they begin to reflect on the relevance of and their own role in motivating, caring and supporting inmates in treatment. Though they also find it easier to keep peace and order at the drug treatment wings due to the atmosphere in these wings, they also use their discretionary power in support of individual inmates because of their belief in the worth of the treatment programs.

The occupational identities of both counsellors and officers are affected by the social relations in which they engage and by the organization of their work tasks. Though security and discipline tend to have the upper hand in a prison context, expressing the so-called 'custodial imperative' (McIntosh and Saville 2006), our data also show how the rehabilitative approach has affected the occupational identity of officers. Officers in the treatment wings are successively socialized into the general treatment culture of the wings at the same time as they develop their social representations in their daily interaction with their colleagues. At the same time, we also see how counsellors are affected by the general prison environment and the social interaction with officers. Both groups develop a shared knowledge in which control and sanctions become a natural ingredient in the treatment work and, consequently, is seldom questioned (Holm et al. 2014). Even though the officers are often a little uncomfortable when they start working in the treatment wings, they become socialized into a certain way of thinking, feeling and acting in their interaction with their more experienced colleagues. In this process, they develop their identity as officers in the treatment wing, which means that they must manage the conflict between control and treatment. In this interaction and process of social learning, they also develop a more humane and respectful social representation of the inmates compared to the officers who work in other wings, as seen when they ease control measures when taking urine tests.

Acknowledging that our findings can be seen as an example and a reshaping of the well-documented dilemma inherent in penal thought and practice, between control and rehabilitation (Seddon 2007; Foucault 1979; Mathiesen 2006), our data also points towards some new developments in contemporary prison drug policy and treatment (see also Introduction) related to 1) the criminalization of social problems, and 2) the development of new modern hybrid identities.

First, seen from a drug treatment perspective, we will argue that the growth in PDT reflects a broader criminalization of social problems (Seddon, Williams and Ralphs 2012), characterized by welfare services increasingly becoming part of the control and penal system. That is, drug treatment is framed within a disciplining prison context and takes on some of the prison attitude (see: XXXX 2013). In actual practice, this means that part of the Nordic drug treatment apparatus is in this way returning to the stricter approaches of previous decades based on mistrust, control and sanctions (Jöhncke 1997; Edman 2012). The present community-based drug treatment in the Nordic countries entails elements of control (Dahl 2007). However, it is often of a more implicit form (Bjerge and Nielsen 2012). In this way, PDT, with its cocktail of control, discipline, care and therapy, may appear stricter and more disciplining than community-based drug treatment. At first glance, this development resembles Garland's (2001) analysis of the 'reinvented prison', arguing that although treatment modalities (like PDT) still operate in prisons, such programs only pay lip service to rehabilitative ideals, as 'the walls themselves are now seen as the institution's most important and valuable element' (ibid.: 178). However, as we have demonstrated, the treatment programs also affect the prison environment and strengthen the rehabilitative elements of the officer's job. In this way, we can identify a movement towards a new form of penal-welfarism. This is characterized by the belief that drug treatment programs can at one and the same time act as an individual deterrent and as rehabilitation; that is, individual inmates are encouraged to utilize their time in prison by participating in structured and supervised programs. Along these lines, prisons are not only focusing on preventing re-offending but also inmates' social problems. Inmates are now viewed as active, responsible participants in their own rehabilitation (Lappi-Seppälä 2011). It could be argued, that this special form of penal-welfarism may primarily reflect what has been termed 'Scandinavian exceptionalism' (Pratt 2008) characterised by a low prison population, relatively humane prison conditions, and an ideology of normalisation implying that life inside should resemble life outside as much as possible. If this were the case, our findings, and especially the humane approach of the officers in the treatment wings, would be little more than a reflection of the Nordic countries' humane prison institutions. Though we agree that Nordic prisons are unique in an international context, one should not exaggerate the significance of such characteristics. Several authors have modified Pratt's argument (see: Ugelvik and Dullum 2012), showing, for instance, that Nordic prisons are still delivering 'pains of imprisonment' (Mathiesen 2012; Shammas 2014) and reveal a Janus-faced character that includes infringements of individual rights (Barker 2012). Therefore, we believe that our findings may point towards some more general characteristics related to PDT as

well as the blend of control and rehabilitation in welfare state institutions in general. In fact, research shows the existence of both control and welfare (or care) ‘cocktails’ in most welfare institutions, not only prisons. For example, in unemployment services, clients must subject themselves to different kinds of control measures such as formulating ‘individual action plans’, regularly scheduled meetings with unemployment counsellors, and various courses in ‘personal growth’ far removed from traditional job skills training all in order to maintain the right to unemployment benefits. And unemployment counsellors tend to use sanctions in order to make clients adhere to such measures, which are perceived by the staff as appropriate welfare services (Mik-Meyer 2004). In medically assisted drug treatment as well, control with substitution medicine such as methadone plays an important role in the delivery of the services by the treatment staff. The sanctioning of clients for not using the substitution drugs in the prescribed fashion, sanctions such as lowering the dose, supervising intake, or even discharge from the treatment program, often gets in the way of the psychosocial counseling and assistance that is part of the treatment concept (Dahl 2007, see also Frank & Bjerger 2012, Gomart 2002). Studies of American in-patient drug treatment similarly show how counsellors tend to use withdrawal of social benefits or even parental custody to try to motivate drug-using clients toward positive change (Carr 2011). Similar blending of control and welfare measures in the occupational roles of welfare state employees is also found in hostels for the homeless (Siiger 2008) and even delivery of services and care to elderly citizens (Band-Winterstein, Doron & Naim 2014). The developments we have sketched out in our study, then, reflect a general predicament in welfare state institutions. How they will influence the general prison environment, however, remains to be seen. Clearly, the drug treatment wings are isolated enclaves within a larger prison regime. Furthermore, as these wings attract those officers already committed to rehabilitative work, the ordinary wings may be left with the less rehabilitation-oriented officers (Crewe 2011).

Second, seen from a prison perspective, our data may be seen as representing examples of what has been termed late modern hybrids in criminal practice (Hardy 2013). Recent arguments about penal practices have focused on the abandonment of welfare thinking in favour of risk thinking (Bullock 2011; Seddon, Williams and Ralphs 2012). However, these arguments may be overstated, failing to consider what happens to policy when it becomes practice (Shore and Wright 1997; Bjerger, Houborg and Frank 2013). According to such arguments, present risk thinking, influenced by neo-liberal principles of efficient management of welfare services, has eroded the humanistic and reha-

bilitative component in prison contexts. The morally-based, closer relationship between officers and inmates – based partly on officers’ discretionary acts – has been replaced by an impersonal focus on managerial regulation (Hardy 2013). However, as Hardy suggests, and as our data confirm, it may be more correct to see the prison as being in a state of flux, characterized not by a wholesale rejection of the rehabilitative ideal of former times, but by a mixture of welfare and risk. In this mixture, seemingly incompatible rationalities co-exist in practice. Yet as other research also shows, the officers have little difficulty integrating seemingly contradictory expectations (Gray and Salole 2006; Bruhn 2013). Moreover, we see such assemblages or ‘cocktails’ in the political discourses in the Nordic countries, in which prison drug treatment has been supported by political and administrative leaders whose agenda may extend from zero tolerance and crime reduction to promoting inmates’ rights, equating them with ‘users’ of welfare services (XXXX 2013). On a more philosophical level, such blending or hybrids may indicate that punishment and treatment seldom exist in pure form. We often expect punishment and treatment to be diametrically opposed. Punishment is related to concrete restrictions of time, space, and agency, inflicting some kind of discomfort, if not pain (Christie 1982). Treatment is supposed to focus on care, humanity and beneficial social relations and to hold out the promise of some kind of life chances. In practice, however, it may be difficult to properly distinguish the two regimes, as they can only be understood in relation to actual situations with concrete individuals (Svensson 2001). Treatment, no more how well-intentioned, can be without effect or even detrimental to the individual (Asmussen and Jöhncke 2004; Laudet, Stanick and Sands 2009). Punishment or constraint can produce benefits (Gomart 2002). In fact, constraints can be actively pursued by offenders in their path toward desistance from crime (Shapland and Bottoms 2011), while drug enforcement initiatives like police operations can act as a stimulus to seeking out drug treatment (McGallagly and McKeganey 2013). As Gomart reminds us (discussing French addiction treatment), freedom in the Western liberal tradition is perceived as the absence of external obstacles to the individual’s intention. However, such an idea of an authentic, non-corrupted monolithic self may not only be an illusion (Burkitt 1991). It may also overlook that in actual practice, such obstacles or constraints may in fact help give the individual a chance to act. Individual autonomy as such is not necessarily a pre-condition for action. In the drug treatment programs, only actual practice can show whether control can facilitate personal growth or whether rehabilitation can be constricting. In prison, it is not just the world that is turned upside down, our theories of human agency as well.

Funding

This work was supported by the Joint Committee for Nordic Research Councils for the Humanities and Social Sciences (NOS-HS) [210305].

References

- Arnold, H.; Liebling, A. and Tait, S. (2007). Prison officers and prison culture. In Jewkes, Y. eds.: *Handbook on Prisons*. Devon, Willan Publishing; 471-495.
- Asmussen, V. and Jöhncke, S., eds. (2004). *Brugerperspektiver. Fra Stofmisbrug til socialpolitik?* Aarhus, Aarhus Universitetsforlag.
- Band-Winterstein, T., I. Doran & S. Naim (2014). Troubles? Problems? Comparing social workers' and older persons' perspectives on elder self-neglect. In Gubrium, J.F. & M. Järvinen (eds.) *Turning Troubles in Prolems. Clientization in Human Services*. London and New York, Routledge: 121-136.
- Bjerge, B., Houborg, E. and Frank, VA. (2013). "Drug policy research at the Centre for Alcohol and Drug Research". *Drugs: education, prevention, and policy* 20/6: 443-450.
- Bjerge, B. and Nielsen, B. (2012). "Empowered and self-managing users in methadone treatment?" *European Journal of Social Work*, 17/1: 74-87.
- Borch, C. (2005). *Kriminalitet og magt. Kriminalitetsopfattelser i det 20. århundrede*, København, Politisk revy.
- Bruhn, A. (2013). "Gender relations and division of labour among prison officers in Swedish male prisons." *Journal of Scandinavian Studies in Criminology and Crime Prevention*. 14/2: 115-132.
- Bullock, K. (2011). "The construction and interpretation of risk management technologies in contemporary probation practice." *British Journal of Criminology* 51/1: 120-135.
- Burkitt, I. (1991). *Social Selves: Theories of the Social Formation of Personality*. London, SAGE Publications.
- Carlin, T. (2005). An exploration of prisoners' and prison staff's perception of the methadone maintenance programme in Mountjoy Male Prison, Dublin, Republic of Ireland. *Drugs: education, prevention and policy* 12/5: 405-416.
- Carr, E. S. (2011). *Scripting Addiction: The Politics of Therapeutic Talk and American Sobriety*. Princeton and Oxford, Princeton University Press.
- Christensen, N.F., Petersen, K., Edling, N. & Haave, P. (2005). *Nordic Model of Welfare. A Historical Reappraisal*. Copenhagen: Museul Tusculanum Press.
- Christie, N (1982): *Pinens begrensning*. Oslo, Universitetsforlaget og Chr. Ejlens Forlag.
- Crawley, E. and Crawley, P. (2008), Understanding prison officers: culture, cohesion and conflicts. In: J. Bennet, B. Crewe and A. Wahidin, eds., *Understanding Prison Staff*. Devon, Willan Publishing: 134-152.
- Crawley, E. M. (2004). 'Emotion and performance.' *Punishment & Society* 6/4: 411-427.
- Crewe, B. (2011). "Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy." *European Journal of Criminology* 8/6: 455-468.
- Crewe, B., J. Bennet, and Wahidin, A. (2008). Introduction. *Understanding Prison Staff*. J. Bennet, B. Crewe and A. Wahidin, eds.. Devon, Willan Publishing: 1-11.

- Council of Europe (2012), *Annual Penal Statistics. Space 1 survey 2010*. Marcelo F. A. and Delgrade, N. Strasbourg: Council of Europe.
- Dahl, H. (2007). The methadone game: control strategies and responses. In: J. Fountain and D. J. Korf, eds., *Drugs In Society. European Perspectives*. Oxford, Radcliffe Publishing: 102-115.
- Drake, D. H. (2008). Staff and order in prisons. In: . Bennet, B. Crewe and A. Wahidin eds., *Understanding Prison Staff*, J Devon, Willan Publishing: 153-167.
- Edman, J. (2012). *Vård & ideologi. Narkomanvården som politisk slagfält*. Umeå, Boréa Bokforlag.
- EMCDDA (2012). *Prisons and drug use in Europe: The problem and responses*. Luxembourg, European Monitoring Centre for Drugs and Drug Addiction.
- Foucault, M. (1979). *Discipline and punish : the birth of the prison*. New York, Vintage Books.
- XXXX (2012). 'Prison based drug treatment and rehabilitation in the Nordic countries.' *Nordic Studies on Alcohol and Drugs*, 29/6: 543-546.
- Frank, V.A. & B. Bjerger (2012). Empowerment in drug treatment: Dilemmas in implementing policy in welfare institutions. *Social Science and Medicine*, 73:201-208.
- Garland, D. (1985). *Punishment ad Welfare*. Aldershot, Gower.
- Garland, D. (2001). *The Culture of Control. Crime and Social Order in Contemporary Society*. Oxford, Oxford University Press.
- Giertsen, H; Nylander, P.-Å; Frank, V. A.; Kolind, T. & Tourunen, J. (n.d.). Prisoners' experiences of drug treatment and punishment in four Nordic countries. NAD. *Forthcomming*.
- Goffman, E. (1961), 'Asylums. Essays on the Social Situation of Mental Patients and Other Inmates'. New York, Anchor Books.
- Gomart, E. (2002). "Towards generous constraint: freedom and coercion in a French addiction treatment." *Sociology of Health & Illness* 24/5: 517-549.
- Gray, G. C. and Salole, A. T. (2006). The Local Culture of Punishment: An Ethnography of Criminal Justice Worker Discourse. *British Journal of Criminology*, 46/4: 661-679.
- Hardy, M. (2013). "Practitioner perspectives on risk: Using governmentality to understand contemporary probation practice." *European Journal of Criminology*. DOI: 10.1177/1477370813495758.
- Heltberg, T. (2012). *Væk kære væk. Om terapeutisk stofmisbrugsbehandling i fængsler og hvad der kan ske, når forskningsmaterialet forandrer sig undervejs*. PhD thesis, Copenhagen University.
- Holm, C., Lindberg, O, Jukic, E. and Nylander, P.-Å. (2014). "Flera nyanser av blått. Kriminalvårdare på behandlingsavdelningar – deras beskrivningar av yrkesroller, drogbehandling och de intagna " *Nordisk Tidsskrift for Kriminalvidenskab* 101/2: 183-204.
- Jodelet, D. (1996) Sociala representationer: ett forskningsområde under utveckling. In Chaib, M. and Orfali, B., eds, *Sociala representationer. Om vardagsvetandes sociala fundament*. Göteborg: Daidalos
- Jöhncke, S. (1997). *Brugererfaringer. Undersøgelse af brugernes erfaringer med behandling i de fire distriktscentre i Københavns Kommunes behandlingssystem for stofmisbrugere 1996-97*. København, Socialdirektoratet, Københavns Kommune.
- XXXX (2010). "Drug treatment or alleviating the negative consequences of imprisonment? A critical view of prison-based drug treatment in Denmark." *International Journal of Drug Policy* 21/1: 43-48.
- XXXX (2013). 'Prison-based drug treatment in Nordic political discourse: An elastic discursive construct.' *European Journal of Criminology* 10/6: 659--674.
- Kriminalforsorgen (2012): *Behandlingsindsatsen mod misbrug i fængsler*. Årsberetning 2012, Kriminalforsorgen. København.

- Kristoffersen, R. (1986), *Bagatellenes tyranni - samhandlingsstrukturen i et norsk fengsel*. Oslo, Universitetet i Oslo.
- Kristoffersen, R. (2010) '*Correctional Statistics of Denmark, Finland, Iceland, Norway and Sweden 2004 - 2008*', Oslo: Correctional Service of Norway Staff Academy Oslo.
- Kyvsgaard, B. (2001). strafferetslig ideologi og praksis i det 20. århundrede. *NAD* 40: 107-120.
- Lappi-Seppälä, T. (2011): Rehabilitation reconsidered. In: Andersson, U., Wong, C. & Örneman Hanse, H. eds., *Festskrift till Per Ole Träskman*. Stockholm: Nordstedts juridik. 299-307.
- Laudet, A., Stanick, V. and Sands, B. (2009). "What could the program have done differently? A qualitative examination of reasons for leaving outpatient treatment " *Journal of Substance Abuse Treatment* 37: 182-190.
- Liebling, A. (2000). "Prison officers, policing and the use of discretion." *Theoretical Criminology* 4/3: 333-357.
- Liebling, A. and Arnold, H. (2004) *Prisons and their moral performance. A study of values, quality, and prison life*. Oxford, Oxford University Press.
- Liebling, A. (2011). "Distinctions and distinctiveness in the work of prison officers: Legitimacy and authority revisited." *European Journal of Criminology* 8/6: 484-499.
- Liebling, A. and Arnold, H. (2004), *Prisons and their moral performance. A study of values, quality, and prison life*. Oxford, Oxford University Press.
- Lintonen, T., Obstbaum, Y., Kääriäinen, J., Vartiainen, H., Aarnio, J., von Gruenewaldt, V., Hakamäki, S., Viitanen, P., Wuolijoki, T and Joukamaa, M. (2012), The changing picture of substance abuse problems among Finnish prisoners. *Social and Psychiatry Psychiatric Epidemiology*, 47: 835–842
- Lipsky, M. (1980). *Street-Level Bureaucracy. Dilemmas of the Individual in Public Services*. New York, Russell Sage Foundation.
- Mathiesen, T. (2006). *Prison on trial*. London, Waterside Press.
- Mathiesen, T. (2012): Scandinavian exceptionalism in penal matters. Reality or wishful thinking? In Ugelvik, T. and Dullum, J. eds., *Penal Exceptionalism? Nordic prison policy and practice*, London: Routledge.
- McGallagly, J. and McKeganey, N. (2013). "Does robust drug enforcement lead to an increase in drug users coming forward for treatment?" *Drugs: Education, Prevention, and Policy* 20/1: 1-4.
- McIntosh, J. and Saville, E. (2006), "The challenges associated with drug treatment in prison." *Probation Journal* 53/3: 230-247.
- Mik-Meyer, N. (2004). *Dømt til personlig udvikling. Identitetsarbejde i revalidering*. København, Hans Reitzels Forlag.
- Neale, J., Sheard, L. and Tompkins, C. (2007), 'Factors that help injecting drug users to access and benefit from services: A qualitative study'. *Substance Abuse Treatment, Prevention, and Policy*, 2/1: 31.
- Nylander, P-Å., Bruhn, A., Lindberg, O. (2008), 'Säkerhet eller rehabilitering. Om subkulturell differentiering bland kriminalvårdare.' *Arbetsmarknad och Arbetsliv* 14/3: 45-63.
- Nylander, P-Å (2011). *Managing the Dilemma. occupational Culture and Identity among Prison Officers*. Doctoral dissertation, Örebro university.
- Nylander, P-Å., Lindberg, O., and Bruhn, A. (2011). "Emotional labour and emotional strain among Swedish prison officers." *European Journal of Criminology* 8/6: 469-483.
- Owen, B. (1988). '*The reproduction of Social Control: A Study of Prison Workers at San Quentin*'. New York, Praeger.

- Piaser, A. and Bataille, M. (2011), Of contextualised use of "social" and "professional". In: Chaib, M., Danemark, B. & Selander, S. eds., *Education professionalization and social representations: on the transformation of social knowledge*. New York: Routledge.
- Pratt, J. (2008). "Scandinavian exceptionalism in an era of penal excess. Part I: The nature and roots of Scandinavian exceptionalism." *British Journal of Criminology* 48: 119-137.
- Rikosseuraamuslaitoksen 2012 (2013). *Rikosseuraamuslaitoksen tilastoja* [Statistics of Finnish Criminal Sanctions Agency 2012]. Rikosseuraamuslaitos, Helsinki.
- Sandberg, S. (2010). "What can "Lies" Tell Us about Life? Notes towards a Framework of Narrative Criminology." *Journal of Criminal Justice Education* 21/4: 447-465.
- Seddon, T. (2007) *Punishment and madness. Governing Prisoners with Mental Health Problems*. New York, Routledge-Cavendish.
- Seddon, T., Williams, L. and Ralphs, R. (2012), *Tough choices. Risk, security, and the criminalization of drug policy*. Oxford, Oxford University Press.
- Shammas, V. L. (2014) The pains of freedom: Assessing the ambiguity of Scandinavian penal exceptionalism on Norway's Prison Island. *Punishment & Society*, 16/1: 104-123.
- Shapira, R. and Navon, D. (1985), 'Staff-inmates cooperation in Israeli prisons: Toward a non-functionalistic theory of total institutions.' *International Review of Modern Sociology* 15/Spring-Autumn: 131-146.
- Shapland, J. and Bottoms, A. (2011), Reflections on social values, offending and desistance among young adult recidivists. *Punishment & Society*, 13/3: 256-282.
- Shore, C. and Wright, S., eds. (1997), *Anthropology of Policy. Critical Perspectives on Governance and Power*. USA, Routledge.
- Siiger, C. (2008). Caught-in-between: Dilemma management at a hostel for the homeless. In: Frank, V.A., B. Bjerge & E. Houborg (eds.). *Drug Policy. History, Theory and Consequences*. Aarhus, Aarhus University Press: 37-59.
- Sim, J. (2008), 'An inconvenient criminological truth': pain, punishment and prison officers. In: J. Bennet, B. Crewe and A. Wahidin, eds., *Understanding Prison Staff*. 187-209, Devon, Willan Publishing.
- Sim, J. (2009): *Punishment and Prisons. Power and the Carceral State*. Sage.
- Smith, P. S. (2006). Fængslet og forestillingen om det moralske hospital - fra religiøs omvendelse til kognitive behandlingsprogrammer. L. Kühle and C. Lomholt, eds, *Straffens menneskelige ansigt? En antologi om etik, ret og religion i fængslet*. Fredriksberg, ANIS: 93-124.
- Sparks, J. R. and Bottoms, A. E. (1995). "Legitimacy and Order in Prisons." *The British Journal of Sociology* 46/1: 45-62.
- Sparks, R., Bottoms, A. and Hay, W. (1996), *Prisons and the Problem of Order*. Oxford, Clarendon Press.
- Svensson, K. (2001). 'Straff och behandling, två delar av samma helhet'. In: H. Ólafsdóttir, ed., *Skyldig eller sjuk?* Helsingfors, NAD Nordiska nämnden för alkohol- och drogforskning. 40: 183-190.
- Sykes, G. (1957), *The Society of Captives*. Princeton, Princeton University Press.
- Tait, S. (2008). *Prison officers and gender*. *Understanding Prison Staff*. J. Bennet, B. Crewe and A. Wahidin, eds. Devon, Willan Publishing: 66-91.
- Tait, S. (2011). "A typology of prison officer approaches to care." *European Journal of Criminology* 8/6: 440-454.
- Ugelvik, T. and Dullum, J. (eds) (2012). *Penal Exceptionalism? Nordic prison policy and practice*, London: Routledge.
- Wheatley, M. (2008). The prison drug worker. In: J. Bennet, B. Crewe and A. Wahidin, eds., *Understanding prison staff*. Devon, Willan Publishing: 330-348.