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‘The right way to be a woman’: negotiating femininity in a prison-based drug treatment program

Introduction

Incarcerated women, especially those women in prison drug treatment programs, are generally more severely affected in a range of areas than are incarcerated men. For instance, they often exhibit a higher and more destructive drug use pattern (Fazel 2006), are more frequently prescribed medicine for psychiatric illnesses, are in poorer physical condition, have more often experienced sexual abuse, and have more social problems (Covington 2008; Hall et al. 2004; Langan and Pelissier 2001). Partly because of such difficulties, the issue has been raised as to whether imprisonment, including prison drug treatment programs, should be gender responsive and hence more effective in dealing with women-specific problems (Hannah-Moffat 2010). Some researchers however, have raised concerns that gender sensitive programs may (inadvertently) come to essentialize traditional ideas of appropriate feminine behaviour, in that gender responsive treatment typically focuses on women as relational, maternal, fragile, victimised, emotionally vulnerable or even immoral (Carlen 1983; Hannah-Moffat 2010; McKim 2008; Wyse

2013). Moreover, gender responsive approaches may tend to individualise women's criminality, social problems and problematic behaviour, explaining such problems as being the result of the individual women's psychological make-up, and thereby neglecting unequal power relations and structural inequalities (McCorkel 2003). In other words, structural problems (as in the intersection between class, race and gender) may become interpreted as individual problems (Bosworth 1999: 56). This is, for instance, clear in Wyse's (2013) study of officers' gendered rehabilitative strategies which primarily aim at containing women's emotions, whereas men are first encouraged to take on economic responsibility. As Wyse concludes: 'If women have no source of income and no place to stay (...) self-esteem building alone will not translate into real independence for women' (2013: 251). Moreover, gender specific programs in prisons may not only decontextualize and individualise women's problems but also function to assess and govern these women in terms of a normative femininity (Beck 2006; Brown and Bloom 2009). For example, in socializing incarcerated women to exhibit 'appropriate feminine behaviour' (e.g., teaching them to cultivate pro-social bonds thereby making them responsible in different ways than men), signs of masculine behaviour among female prisoners may often be sanctioned as indications of a problematic self (Rowe 2011: 572). In this way, 'women's violence and aggression tend to be pathologised, disciplined and censured even when it is defensive'

(Hannah-Moffat 2010: 204). For instance, in a study of a female prison in Sweden, Lindberg (2005) shows how it is the so-called ‘queens’, adhering to a traditional masculine prisoner culture, who are seen as problematic, but who also survive the best in the tough prisoner culture. This syndrome has also been seen in welfare institutions more generally, where women who display an overt masculinity are often sanctioned and disciplined, although such behaviour may be part of the women’s ‘street capital’ (Sandberg 2008), necessary in order to survive a tough life outside the institution (Bjønness 2015).

On the other hand, studies portraying incarcerated women as victims of gender specific programs’ paternalistic power may tend to overlook that these women are in fact active agents capable of constructing competing femininities (Bosworth 1999; Bosworth and Carrabine 2001; Rowe 2015). As shown by Rowe (2011; 2016) and Bosworth (1999), identity and selfhood is continuously negotiated in both practical and symbolic ways in the everyday life of the prison (see also: Du Rose 2015). Moreover, even though incarcerated women may rely on assumptions about male power and female weakness in their own accounts of the nexus of crime, as showed by Gueta and Chen (2016), such accounts are also fluid. Women, at times, portray themselves as weak and victims, while in other instances position themselves as actors endowed with strength, power and choice (ibid.).

Against the backdrop of these discussions, this article will investigate the struggle between staff and prisoners in defining appropriate femininities in a Danish prison-based drug treatment program for women. Based on ethnographic research, we will examine how the treatment program promotes specific kinds of female behaviours and how the prisoners experience dilemmas in this struggle. Analytically, we perceive the drug treatment wing as a social field (Bourdieu 1977). In this field, the actors (staff and clients), occupying different social positions, struggle about the right to define and determine what can be acceptably contested in the first place, and then what counts as prestigious and creditable capital in this struggle. In other words, an actor's social position and amount of symbolic capital is determined by the extent to which the individual actor complies with central values and to what extent this compliance is recognized by dominant actors in respect to the defining capital within the field (Bourdieu, 1977; see also Bjønness 2015: 790). Moreover, in the social field in question, the staff's struggle with prisoners in determining proper behaviours is backed up by their potential use of institutional sanctions and rewards. As a consequence, we see the institutional identities (Gubrium and Holstein 2001) (including institutional femininities) in a drug treatment wing to be constructed in an ongoing struggle between active, albeit unequally positioned, actors and not as subject positions automatically overtaken by the individual. Moreover, we suggest that the institutional

narratives of prison staff can be analysed as institutional images or ‘formula stories’ (Loseke 2001) of typical prisoners; that is, ‘narratives of typical actors engaging in typical behaviour’ (Brookman et al. 2011: 398; see also: Donahue and Moore 2009). Whereby institutional narratives frame how the problems and needs of clients are understood and how they are acted upon (Gubrium and Järvinen 2014). Finally, we focus less on individual narratives, and more on the shared staff narratives that construct prisoners’ problems and channel their responses towards these (Sandberg 2010; see also: Nielsen and Kolind 2016). In analysing the drug treatment wing as a social field, we will focus on the actors’ negotiations about defining a “proper” kind of femininity. Such negotiations, we will show, involve issues such as respectability, self-responsibility, resourcefulness, agency, defiance, and community.

Method and setting

The article focuses on a prison-based drug treatment program located in an enclosed wing in a Danish prison.¹ The wing can accommodate up to 14 women. Contact with the rest of the prison is restricted in order to reduce the supposed ‘negative impact’ from other

¹ Denmark has five closed/maximum security prisons and eight open/minimum security prisons which, together with the remand prisons, have a capacity of approximately 4,000 prisoners.

prisoners and also reduce the risk of drugs being smuggled into the wing. However, the women in the drug wing, like the other prisoners, retain access to the prison grocer, the gym, and the church. The treatment program is run by an outside independent organisation contracted by the prison to conduct drug treatment. The programme builds on a combination of an Italian family-based treatment model (called Ce.I.S), arguing that everyone has a choice and a possibility to change their life, and the Prochaska and DiClementes model of change (1986), which views personal change as ambivalent and circular (clients shift between thinking about change, taking decisions, and acting). In addition, the treatment staff employ motivational interviewing, cognitive therapy, and training of social skills. In general, the program stresses empowerment, support, and community. The drug treatment program is built on 'a structured daily routine' of eight hours of work/therapy, eight hours of leisure time and eight hours of rest/sleep. There is a two-hour group session daily (Monday to Friday) and individual counselling with a counsellor once a week. Together with a member of the staff (counsellors or officers), the women take turns cooking for each other and for the staff, and they all eat these meals together. In their spare time, the women are often in their rooms watching television, talking and smoking cigarettes, or engaging in activities planned by the officer on duty, including going for a walk, going to the gym or doing creative work. In general, officers

and prisoners at the treatment wing have a more relaxed relationship compared with the regular prison wings, and the treatment staff refer to the prisoners as ‘women’ or ‘girls’. Twice a month, the prisoners, a counsellor and an officer go on a ‘culture-excursion’ such as a theatre performance or horseback riding. In addition, the prisoners can exercise in the prison gym, and they have access to hairdressers and dentists. The programme permits use of prescribed medicine such as Seroquel, Truxal and Methadone. At the time of the study, the treatment staff comprised of one director, one project manager, one secretary and three counsellors (all female except one). The staff worked together with the prison officers assigned to the wing: one head of department and six officers (three women); however, additional officers would fill in, if required.

The study is based on one month of observational studies (end of 2013) at the treatment wing. The fieldworker participated in group therapy sessions, meetings (both with and without the women being present), the prisoners’ and staff’s daily scheduled activities and interacted with prisoners during their leisure time. The fieldworker took notes when interacting with the research participants, and they were invited to read and comment on these notes. Besides providing the researcher with additional information, this research strategy also made the project more transparent for the research participants. This is important for ethical reasons in order to continuously reinforce the notion that the

participants are actually participating in research (Musante 2015). In addition to these notes, the fieldworker also noted compromising or confidential and personal information in a secured private document. During the period of observation, interviews were conducted with nine women² (aged 19 to 54, almost all having experienced multi-substance abuse), four counsellors, two nurses, one psychiatrist, four officers, two heads of department and one social worker. All informants are anonymized in the article. Although the interviews followed different semi-structured interview guides, they all nevertheless focused on motivation, treatment (content, challenges, experiences), institutional setting, staff-collaboration, and drug control. All interviews were recorded, transcribed and analysed together with field notes. Methodologically, the process was data driven (Strauss and Corbin 1997), focussing explicitly on what was at stake in the program for the differently positioned actors (Bourdieu 1990). We focussed on the practices and experiences of our research participants in their attempt to both define and acquire symbolic capital useful to gain recognition in the field (the rehabilitative program) (see also: Skeggs 2004). As a result of this analytical strategy, recognizing the existence of different social positions in the field, the staffs' and the prisoners' different identity constructions, their strategies and experiences are presented separately. More specifically, we focussed on how the two

² Only nine women were enrolled in the program at the time of the research.

groups respectively conceptualized motivations for entering the program, expectations of program outcomes, female socialites, the significance of incarceration, the role of drugs, and the atmosphere in the prison wing.

Analysis: negotiating femininities

In the following, we analyse two institutional identities/femininities negotiated in the treatment wing; the *passive victim* and the *disruptive female*, respectively. We analyse the staff's and the prisoners' constructions (including acts of resistance) of these two identities.

'The passive victim' – staff's perspective

The staff in the treatment program often see the women as victims. They are victims of, among other things, violent men outside (or inside) prison, an abusive childhood, harmful social conditions and substantial drug use. The women are perceived as having never had the chance to develop as healthy and complete people, as being poorly socialized, lacking any basic social skills, afflicted with psychological problems and as women unable to care for their children or even themselves. One of the counsellors made the following general statement about the women at the wing:

Dysfunctional families...sexual abuse problems, violence, that kind of thing...Very, very difficult upbringing. Youth institutions. Many of them have been removed and then placed many times. Many people failed them in their lives. Most of them are in fact shy and very insecure. (Interview, Peter, counsellor)

The point about the women being shy and insecure is highlighted by this counsellor possibly as an explanation for the women's overly tough and self-confident demeanour, which is now reinterpreted as a façade. Hence, the women, despite their toughness, are still in need of the treatment program. Another counsellor stressed the following deficiencies as being characteristic for most of the women:

Social origins and lacking skills. Lack of self-confidence. Low self-esteem (...)
They have no education, I think that is their biggest problem in reality. (Interview, Mette, counsellor)

Seldom did the staff recognize the women as active, resourceful and adequately reflective persons when starting in treatment; rather, they were seen as having the potential to become active and resourceful only through treatment.

As the staff find that the women in the treatment wing lack basic social skills and psychological competencies, these competencies become the centre of the treatment's focus. The women are perceived as immature and socially vulnerable and consequently they need to learn to become active responsible adults, able to take control of their own lives. This viewpoint can be seen in the following quote from a counsellor:

All those everyday things, like cooking and cleaning and managing daily routines, and how you talk to people, there is some upbringing in this as well (...) It's a lot about getting some thought patterns changed, you know, and a lot about preparing them for 'What now when you are not in here any more and there isn't anyone to take hold of you each day, and you come out (of prison) and you have to pay your rent yourself?' (Interview, Peter, counsellor)

In similar ways, all counsellors stressed how important it was that the treatment focuses on training social skills, self-care, and self-responsibility and not just drug use and abstinence. Such an approach was also shared by the prison health staff, who believed that the treatment should help “build the women up” from scratch. This is clear in the following passage, in which the ‘pre-treatment prisoner’ is represented as a passive victim and the

rehabilitation as a project of creating traditional female virtues such as being nicely dressed and acting respectably.

We take a photo when they arrive. And some of (these women), they look like shit when they get their picture taken. They usually sit there staring completely blank down in the bottom of a photo. And then we see them 14 days later...and so comes such a woman, shined up, nicely clothed, sharp replying, so you really have to say, 'Wow, man, it's really so great that she ended up coming to prison, you know'.

(Interview, Viggo, health staff)

The treatment's focus on self-responsibility and training in social skills, evident in both group and individual sessions, was central to the way the everyday life on the treatment wing was organized and scheduled. The women had to cook, clean, learn to take care of themselves (hygiene and health), and engage in a community of mutual obligations. Also, the women were supposed to train and take care of newcomers. Moreover, as the practical and the social skills training takes place *in situ* together with other prisoners and the staff, the staff believe that the prisoners also learn empathy: to do something for other people, to give and receive care, and to give recognition and handle criticism. Finally, the cultural

excursions are a means of teaching the women about the world outside prison and introducing them to alternatives from their drug-using lifestyles.

In general, we found that the counsellors, via the treatment program, construct a certain kind of femininity: *the passive female victim*. The staff view the female prisoners in our study as active, resourceful subjects primarily only when they began to perceive themselves and their surroundings differently from before, when they show the staff that they are working on themselves psychologically, assuming responsibility and acting in what the staff viewed as socially minded. Given this view of proper femininity, the treatment may fail to recognize the women's existing competences, experiences and ways of solving problems.

Being a victim and resourceful – prisoners' perspective

Some of the women, in some situations, took on and found support in the institutional role of *the passive victim*, while other women experienced it as patronizing and disrespectful. Most of the time, however, the women were ambivalent; they accepted being portrayed as passive victims in need of help, while also attempting to uphold an image of themselves as active and resourceful.

When the women talked positively about the treatment wing, they primarily stressed the help they received from counsellors in achieving a personal transformation, a lesser degree of violence (compared to life on the regular wings), appreciating a drug-free environment (drugs were more available on the regular wings), and commenting on how their participation in the program improved their chances of being transferred to an open prison. Some of the women also highlighted the view that treatment helped them to better control their emotions and temper and avoid getting into conflicts with other prisoners or staff. Several of these opinions lend support to the women having taken on the institutional identity of *the passive victim*. Consider, for instance, this excerpt from an interview with the prisoner Susan, who describes her personal change at the treatment wing:

When I arrived, I was so defensive, that is, I took care of myself. And I had a dull body language, I was told. But it was also difficult right when I arrived. That all changed so quickly. They say: 'Well, you've certainly become completely different'. 'Yes, I've become more myself'. Because I had so much defensive body in the beginning...So, a prison, it can bring out the worst in you...And you also have to be accepted. But everything is going fine now. (Interview, Susan, prisoner)

In contrast, when some of the women dissociated themselves from *the passive victim*, they could produce narratives highlighting how they had managed to assert themselves in a tough world outside. It was a world characterized by violence, abuse, drugs, and children for whom they struggled to retain custody. Hence, some of the very same actions and attitudes that the counsellors highlighted as problematic, with these women they were seen by them as resources. Stella, for instance, told how she experienced that her normal way of dealing with conflicts in her outside life did not fit well with the attitudes endorsed at the treatment wing:

I'm used to if things don't go the way I want, I just say, 'Fuck you, fuck off. Come back when you want to!' I have to get used to not doing this. Now, I just have to sit down and talk about things and ... I call it porn feelings. It's not me. But it's also a part of life. (Interview, Stella, prisoner)

Stella was unskilled, convicted of violence and had spent a great part of her life at the local pub, with what she calls a more direct approach that according to her, does not fit well in the treatment wing.

Other women dissociated themselves from *the passive victim* and the stereotypical image of 'the drug-using criminal' by emphasizing that they themselves were in fact rather atypical

and that unlike the other prisoners, they had social resources and ‘normal’ pre-prison experiences. Nina, for instance, explained in an interview how she had tried to downplay her pre-prison life in the everyday interaction with the other prisoners:

So, I'm certainly atypical in terms of being in such a wing with women who've had a really hard life, you know. And then I just come in here and have everything that they don't have, so you can be a bit afraid to talk about those things, because it shouldn't sound too flashy; that I have my family and that I've always had a place to live, and have always been able to manage financially and always lived really cool, and you know, had a life, whereas many of them have just been living on the streets. (Interview, Nina, prisoner)

Finally, some of the women did more than simply dissociate themselves narratively from the institutional identity of the *passive victim*; they openly resisted it. Outright resistance however, could be difficult to express, as it could lead to discharge from the wing. Also, as mentioned, most of the women were rather ambivalent; they wanted to stop their criminal career and their drug use and hoped that the treatment could help them in that respect. Nevertheless, they refused the institutional identity accompanying the treatment. In a group session exercise in which the women were to talk about feelings caused by a fictive

situation in which they wait outside a cinema and their boyfriend does not show up, Susan experienced that her feelings and her interpretations of the situation were overruled. As she told the counsellor ‘my feelings are wrong’ and ‘my reality is not accepted’, to which the counsellor replied that this is because she was not open enough and that ‘many people have feelings that do not fit with reality.’ A month later, Susan had been discharged from the program, and in the interview we then conducted with her, she was very forthright in her rejection of *the passive victim* role put forward in the treatment program:

I really felt that...now I was being taken apart, and then they would probably put me back together, right. And I just didn't want that (...) I don't regret being thrown out...I think I would have felt ill at ease if I had to just go in and give in and just let them be right when I didn't feel that they were right. So I really felt that I got out of it in a good way by not compromising my feelings (...) It's one thing that you have to be drug-free and so on. But why do they have to change you as a person? And so all the time I felt that I'm not such a bad person. (Interview, Susan, prisoner)

The women's resistance against being identified as *passive victims* and having to learn to “feel the right way” was especially clear in group therapy. Here the women often felt that

their (alleged) personal deficiencies became exposed to everyone in the group, making them feel vulnerable and insecure. Their fear was that the other prisoners could easily exploit such weaknesses later on. These concerns were expressed by Karen, when she was asked why she did not want to participate in group therapy:

Then I have to sit with some of my feelings, which perhaps has been a problem for me, and then tell things to people whom I normally would never ever confide in (...) They (counsellors) forget that what they want us to do, it's to reveal unconscious things about ourselves, feelings about ourselves, which means that you get deep down into each other's lives in a profound way. (But) there will always be some people who use your weaknesses against you at one time or another. (Interview, Karen, prisoner)

Karen was not opposed to the drug treatment as such. She expressed an ambition to learn the skills and techniques that could help her move on with her life. However, as was also the case with several of the other women, Karen did not feel that the treatment program corresponded well with her own life experiences or the actual situation in the prison.

'The disruptive female' – staff's perspective

The disruptive female, as we have termed it, is another gendered representation produced in the treatment wing. In the construction of this institutional identity, counsellors reward or praise the cooperative women, whereas women who exhibit defiant or offensive attitudes are reprimanded. Central to the notion of disruptive female behaviour is a view of women as preoccupied with gossip, backbiting and “stabbing each other’s backs”; the women are simply “mean to each other.” As stated by Mette:

There is more bitching going on (in a woman’s wing). Oh boy! Now I’ve worked a lot with men in my old job. So, first, they call a spade a spade. Where here, there will be such bitching in the corners and backbiting and gossip... And it can be damn annoying. (Interview, Mette, counselor)

When the counsellors talked about disruptive female behaviour, they often compared this with behaviour in the male wings, and to masculine ways of interacting. Peter, a counsellor, expresses this contrast:

Women somehow like to be rough towards each other. There can be too much slander, too much drama...well, this also occurs among men, but not to the same extent. You have to be very, very, very patient (laughing) to work with women. (Interview, Peter, counsellor)

Several of the counsellors and officers also emphasized that the women were often their own worst enemies. Hence, the prison officer Stine concludes: “Yes, women, they are really hard on each other. Bullying and mean.” Stine implies that the women ought to stick together more and show (sisterly) solidarity, and that they should not be so tough on each other, as they (unlike men) cannot take it. While on the prison wing, there were naturally also quiet moments; however, these moments were often referred to as the calm before the storm. When there are no intrigues or tensions visible, then there is an expectation that something is going to happen.

As the women were seen as exhibiting disruptive (female) behaviour, a part of the treatment focussed on teaching the prisoners to behave in “appropriate” ways and, especially, to be able to engage positively as a social community. The program aimed at teaching the women to get along better, to be able to discuss and to withstand criticism without becoming aggressive, to help each other, to feel a sense of community and social cohesion, and to be less masculine in their appearance. For instance in group therapy, the prisoners and the counsellors often took turns praising and criticising each other with a special focus on community and solidarity. The “socially minded women” thus occupied a preferred position in the treatment program. Social responsibility was also central in the way daily life on the wing was structured. As stated in the program’s outline:

The daily tasks are part of the treatment compared to learning or re-learning routines and skills needed to perform 'domestic' work, as it helps to strengthen women's cooperative relations and thus the social community.

A socially minded female role was inculcated, for instance, by having the women work at being a so-called “hostess.” At weekly arrangements on the wing, called “high togetherness,” the women took turns arranging a social event accompanied by some sweets and a game. As Lene explained:

High togetherness is both in order to have fun together and so they also see us in a more relaxed mood. For example, last time we played ‘Draw and Guess’, and it was damn fun, but it's also because one of the women has hosting duties and practiced planning it, being on time and such. (Interview, Lene, Counsellor)

The hostess role was also practiced at the quarterly visiting days for family members. The women’s relatives were invited into the prison, and the counsellors helped the women manage the meetings, for instance, meeting one’s mother from whom one had previously experienced desertion. On these “family days,” the women were also invited to dress up as, for instance, noted in our fieldnotes:

On the occasion of family day, Kristina is wearing a dress. Her daughter comes to visit with her foster father. 'This is the first time that I have a dress on', says Kristina. A counsellor has made up her eyebrows, and one of the other women polished her nails. Although she looks happy, she is also clearly nervous and affected by both the situation and the attire. (Fieldnotes)

Besides learning to engage positively in constructive female group relations, the program also focused on motherhood. This could take place as in the following example. After arrival at the treatment wing, one of the women wanted to regain contact with her children, who were in foster care. Because of her drug use, she had not showed up at scheduled appointments to see her children for a long time. Nothing prevented her from resuming contact with her children; however, the counsellors had some concerns. They decided, therefore, to support the woman, but they also clearly stressed that she should then make sure to continue the contact and that it was important that she took her responsibilities as a mother very seriously and behaved in a morally proper way.

To summarize, we see how the women's ways of behaving are perceived by the counsellors as disruptive and at times amoral. Hence, they are pushed to acquire a more socially-minded femininity.

Accepting help or rejecting 'the disruptive female' identity – prisoners' perspective

In general, the women took part in the construction of the idea of *the disruptive female*. When they spoke about their everyday lives in the prison, about other female prisoners, or about the interaction among the group of female prisoners, it became clear that they perceived the treatment wing as full of intrigues, a place where women were generally mean towards each other, and consequently they could not trust each other. In contrast with the staffs' characterization however, the women did not associate themselves personally with these traits and characteristics.

First, some women dissociated themselves from the institutional identity of *the disruptive female* by saying that they in fact adjusted better on the gender mixed wings in other parts of the prison with a more uncomplicated tone of communication. Such a view was expressed by Stella:

Women, they are hugely toxic. Fuck are they horrible. Because out there [on the mixed wings], there we call a spade a spade. Here they can sit and say 'No, we're best friends', and then two seconds later they sit around and talk bad about you like you wouldn't believe. (Interview, Stella, prisoner)

A second, and more critical way of dissociating from the idea of *disruptive female behaviour*, was to explain such behaviour as being a result of being confined to a small restricted area together with people with whom one did not identify and where managing psychologically was a challenge. The negative female characteristics that the women on the treatment wing identified were thus perceived not as belonging to the individual psyche, but to the institutional context. This is clear in this excerpt in which Stella criticizes two other women at the wing for not contributing to keeping the kitchen tidy:

It's that...indifference that's in the things. Like when I've been out shopping for the wing, and two other filthy camels (prisoners) don't even bother to empty a dishwasher, you know?...But then they want to eat and drink when they can, right? I can't have it...It's the small matters, but they get very big in here, because we're alongside each other 24-7. (Interview, Stella, prisoner)

Stella alternated between being furious about the other prisoners, considering leaving the treatment, and yet thriving while on the wing. Sometimes she said she felt better than ever before. Kristina, in similar ways, ascribed the negative way of behaving to the fact of being incarcerated:

It's fucking hard ... Because you are together very intensely in a prison, we are locked in on a wing like this one, right ... You've got to stay here ... and often the one bitches against the other, and the third bitches on the fourth, and the fifth just thinks they all are idiots, right. (Interview, Kristina, prisoner)

A third way of dissociation was to keep as much as possible to oneself and to participate only moderately in joint activities, as did a few of the women. In this way, the negative values associated with the identity of the incarcerated women were kept at arm's length and only partly associated with oneself. An example of this kind of attitude was repeatedly heard on the wing: "I'm not here to make friends."

As outlined above, the treatment program attempted to teach the prisoner to acquire a more "positive" and "pro-social" appearance as a replacement for the *disruptive female behaviour*. However, the women often felt ambivalent towards this undertaking. Most women highlighted that individual counselling helped them deal with their psychological and practical problems. Some stated that they were able to develop personal and supportive relations with other prisoners, and some valued the atmosphere on the wing compared with regular prison wings (including a relaxed relation to the officers). All found the cultural excursions inspiring. A visit to a museum, for instance, was described by one of the women

as an “eye opener.” Some of the women also valued becoming more feminine. A femininity we will argue, which is in line with the mainstream femininity (implicitly) communicated by the staff. This was Kristina’s experience, and she also valued the close interpersonal relations on the wing:

I've become more feminine. Such a small thing as trimming my eyebrows [...] I only started doing this here. When [my counsellor] started to trim them. And such things as paying more attention to your appearance if you have to do something ... there's always someone to talk to who knows you really well, because you get to know each other really well here. (Interview, Kristina, prisoner)

However, some women also found that the arrangements and exercises where social skills were practiced, including being a “hostess,” were out of place and even patronizing. They did not feel that these arrangements were in accord with their images of themselves, and a few even experienced them as being some kind of a play. Naja, for instance, made these comments about the “high togetherness” arrangement, where social skills were practiced:

Quite honestly, I'm 37 years old, you know. I'm not Little Naja with pig tails and sitting down in my kindergarten again. [With a shrill voice] 'Now we're all going to go out and play hide and seek!' ... Well, where do you want me to hide, down in

the laundry basket?'...I think it's so ridiculous. If they want us to do something, well so we can go on some trips or do some adult stuff instead. (Interview, Naja, prisoner)

Naja's experiences are indicative of the infantilization of women that has been documented in other studies of prison-based programs for women (Easteal 2001, Lindberg, 2005).

Some prisoners also explained that the community and solidarity, which the counsellors tried to create among the women was artificial and not what they themselves associated with close relations. In Maria's words:

You're forced to get to know each other, even if you really don't want to. There are many of the people who are in here, who I would never ever talk to. Why in heaven's name should I be forced to open up about my feelings to these people? I just want to keep it at a superficial level and not to go any deeper with it.
(Interview, Maria, prisoner)

In sum, the women were clearly ambivalent towards the institutional construction of *disruptive female behaviour*. Although most agreed that such behaviour was present on the wing, they tried to dissociate themselves individually from this role. Moreover, though they

felt that the treatment program was helpful and could teach them more positive ways of behaving, they also resisted the “infantilization,” the forced intimacy, and the emotionally challenging parts of the program.

Discussion

In our discussion so far, we have showed that the prisoners in the drug treatment wing were defined by the staff as passive victims whose task was to learn to become active individuals able to manage their own lives. Under these circumstances, they felt that their own experiences and competences were belittled. Moreover, the women’s behaviour was often described by staff as disruptive, and thus, accordingly, in need of regulation so that the women would not “break each other.” As a consequence, the staff attempted to teach the women what they believed to be a more acceptable form of femininity characterised by being able to interact cooperatively with the other women on the wing, care for each other and for the group, communicate in an open and engaged way about personal problems, and take care of their self and personal appearance. The prisoners, for their part, were mostly ambivalent: they both welcomed (part of) the treatment program but resisted its accompanying pressure to assume approved institutional identities. They resisted being defined as passive victims, as socially inadequate and as disruptive, and they felt that the

kind of femininities communicated by the program challenged or discredited their own image of themselves as independent, assertive women able to cope with harsh challenges.

We argue that the treatment wing can be analysed as a field (Bourdieu 1977) characterised by differently positioned actors with unequal amounts of creditable capital, who negotiate definitions of acceptable femininities. As the staff's interpretations are backed up by the possibility to exert institutional sanctions and rewards, the prisoners have fewer chances to influence the field beyond acts of passivity or resistance. Consequently, it is primarily the staff, who are able to define what is and is not to be accepted as proper femininities. This struggle over appropriate femininities was often neither explicit nor conscious. The counsellors did not explicitly place femininity at the core of their work. However, as we have shown throughout the paper, "the right way to be a woman" permeated a great part of their work. This finding is in line with other studies showing that even when gender is not necessarily directly present in treatment programs' own understanding of their work, gender constructions often permeate the operation of such programs (Bjønness 2015; Carr 2011; Du Rose 2015; McKim 2008; Nylander 2015).

One could speculate whether the femininity promoted in the treatment wing represents a mainstream view of appropriate and respectable femininity. The ambition that the women should demonstrate sisterly solidarity, talk about their emotions, appear nice and

presentable, act as the centre of social life, and not be too physically aggressive could be theorised as the morally upright middle-class attempt to control the defiant, unruly, offensive and unmanageable women, who act in their own interests (Faith 1993). In this way, the gender constructions in our study are in line with and may also reinforce traditional ideas about passive femininity in society more broadly (Schur 1984), in welfare systems (Bjønness 2015; Du Rose 2015) and in correctional institutions more specifically (Carlen, 1983, Rowe, 2011). Women in drug treatment (Carr 2011), and especially women in prison drug treatment, are often characterised as physiologically, psychologically, and socially burdened – more so than male clients. Further to this point, incarcerated women are seldom represented as active resisting prisoners (Bosworth, 1999) and, as some researchers have stressed, certainly not as threatening, aggressive, drug dealing agents (Rowe, 2016), which is often the prism through which male prisoners are seen (Crewe, 2005). As also showed by Bjønness (2015), women in rehabilitative institutions are often indirectly rewarded for appearing passive, compromising and acting cooperatively, and, in contrast, receive less help if they appear too energetic, too independent and ‘acting out’ (see also: Carr 2011; Loseke 2001). In sum, we see how traditional female identities, characterised by dependence, being a victim, and being cooperative are supported by welfare institutional practices. Following on from this discussion, a consequence of the gender gaze employed

in our study of the treatment wing is that women's agency, experiences and acting repertoires are viewed as the very cause of these women's problems. However, it is precisely these skills that have enabled the women to survive and cope with the environment they have lived in outside the prison (see also: Hannah-Moffat 2010). In this way, the treatment on the wing, in so far as it rejects the experience and autonomy of these seemingly 'unruly' women, can be seen as both classed and gendered.

We end the discussion with a note on the implication of our study for the planning of practice within this arena. The women's habitus (Bourdieu 1990) when they start treatment is, we will argue, created under other circumstance and, hence, their "feel for the game" (Bourdieu 1996) has to adjust to a new field with new expectations and with different definitions of what constitutes prestigious cultural capital. In the treatment wing, their previous strategies are challenged. The women must accept a new everyday life with new gendered identities to be internalized and performed. This can result in a split habitus (Bourdieu 1999: 383), where one habitus is adjusted to the treatment setting and another formed by the former life outside prison. In other words, there arises a tension between the women's existing habitus and the one required as they undergo self-transformation in the treatment wing. Moreover, such a split habitus may result in a split self and feelings of personal ambivalence and emotional uncertainty, as we have shown in our data (see also:

Friedman 2016). To resolve this potential tension, the treatment should seek to focus on developing a 'composite habitus' (Waltorp 2013). The treatment program should work towards a more effective integration of the woman's past experiences and acting repertoires with the new dispositions they learn in the treatment program and not just see these past experiences as hindrances for rehabilitation. Women's agency and feelings of self-worth may increase, and their drug issues helped, if the program can find better ways to integrate the women's past experience with the treatment regime. Such a strategy would also be more in line with ideas of empowerment in drug treatment (even though also in drug treatment, empowerment is, in general, difficult to ascertain (Frank and Bjerger 2011)). In order to do so, we believe that women's specific programs need to be more reflective and conscious about the different gender roles and gendered expectations existing in programme practices. Further to this, programs could benefit from discussing how such gender roles and expectations are often classed, that is, how gender and social class intersect. As argued, the program under study may inadvertently produce a kind of femininity that probably to a larger extent reflects the staffs' social experiences than the social experiences of the prisoners. As a consequence of seeing rehabilitative programs in prisons for women as gendered interactions between socially dissimilar positioned actors, programs could most profitably benefit from also employing female counsellors with

experiences of being socially marginalised and having to develop gendered strategies not in line with mainstream expectations.

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