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“We Incarcerate to Set Free:” Negotiating Punishment and Rehabilitation in Jail

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Abstract

Criminology has documented the decline of rehabilitation in the age of get-tough approaches to crime and punishment. Therapy and punishment, however, are not mutually exclusive. Rehabilitation and traditional punishment have long co-existed in penal facilities. In this article, I examine the role of rehabilitation at Northeast Jail, a county jail in the U.S. that adhered to an ideology of rehabilitation. But Northeast Jail was, first and foremost, a penal facility where offenders were confined and punished. While staff and administrators at Northeast Jail routinely invoked a rhetoric of rehabilitation, they adhered to rules and engaged in punitive practices that interfered with the rehabilitative process. Based on 18 months of participant observation, I found that managing the irresolvable tensions between confinement and rehabilitation was part of the job for staff at Northeast Jail. I identify three strategies that staff used to negotiate these tensions: rehabilitation as rhetoric, role-switching, and deferring to punishment.

INTRODUCTION

The get-tough trend that has marked the past few decades in U.S. penal policy has resulted in an unprecedented number of prisoners. The dramatic shift toward incarceration as the predominant solution to the nation's social problems, particularly drug use, contributed to the death of the rehabilitative ideal: the notion that penal measures should focus on reformatory efforts, not simply incarceration (Garland, 2001). But the decline of rehabilitation as an organizing principle of the criminal justice system does not mean that rehabilitation has no place in U.S. jails and prisons (Garland, 2001; Moskowitz, 2001). While rehabilitation as a goal of the criminal justice system has fallen out of favor, rehabilitation is alive and well in penal facilities, a

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reality that suggests rehabilitative approaches in the form of therapy and get-tough policies are not mutually exclusive. Programs that seek to reform inmates have grown in conjunction with the war on drugs and the explosion of incarcerated people (Haney, 2010; McCorkel, 2013; Nolan, 1998).

Northeast Jail¹ is a contemporary facility that combines the rhetoric and ideology of rehabilitation with the practices of traditional punishment. Northeast Jail provides therapeutic treatment to address the needs of inmates with complicated histories of abuse, drug addiction, and social marginality. Yet, the jail looks and operates much like a traditional penal facility, with cells, solitary confinement, and staffing objectives that mandate punishment and security over therapeutic concerns and practices. My research examines some of the contradictions inherent to providing therapy in a place designed to punish, and the ways that staff and administrators negotiate those contradictions.

REHABILITATION DURING INCARCERATION

The role of rehabilitation within incarceration has been debated by administrators (Cheliotis, 2006; Cullen, Latessa, Burton Jr, & Lombardo, 1993), politicians, and citizens (Garland, 2001) at various points in the history of U.S. penal institutions. Questions regarding the utility and possibility of combining rehabilitation and criminal justice have puzzled academics as well (Brown, 2009; Cullen & Gendreau, 2001). Rehabilitation as an organizing principle of the criminal justice system, one that treats incarceration as a last resort, fell out of favor most recently in the 1970s, guided in part by a pessimistic view that “nothing works” to reform criminals and reduce crime (Martinson, 1974). Correspondingly, the incarceration rate in the U.S. exploded. Today, more than 2.4 million people are incarcerated in United States, more than any other industrialized nation in the world (Sabol, West, & Cooper, 2009). Despite the shift away from rehabilitation as the primary goal of the criminal justice system, the number of inmates receiving counseling and drug treatment has increased steadily since the 1966 passage of the Narcotic Addict Rehabilitation Act (NARA), which mandated treatment for drug offenders convicted of federal crimes. After NARA, treatment programs became more prevalent in U.S. prisons and jails (Nolan, 1998). Since the 1990’s, rehabilitation programs oriented toward re-entry that cover such topics as “how to find a job, manage budgets, control anger, and parent children” have proliferated (Phelps, 2011, p. 55).

Historical and contemporary literature on the role of rehabilitation in prisons and jails demonstrates that rehabilitation and incarceration are fundamentally at odds with each other (Rothman, 1971, 2002), that rehabilitation is used to induce good inmate behavior (Rafter, 1990), but that rehabilitative endeavors are often punitive rather than therapeutic (Haney, 2010; McCorkel, 2013). The limits associated with combining therapy and incar-

ceration are well-documented in historical accounts of the reform efforts of the late 1800s and early 1900s (Rafter, 1990; Rothman, 2002). By the end of the 19th century, the failures of prisons and asylums were well recognized by researchers. Reformatories and asylums “were rife with corruption and brutality” (Blomberg, 2002, p. x). For well-meaning progressives, this posed a dilemma: beliefs about criminals as people in need of individualized treatment and rehabilitation did not mirror the realities of American prisons (Rothman, 2002). Starting in the 1880s, a social movement emerged to replace the traditional custodial prison with facilities that promoted education, work, and community with the goal of uniting incarceration and rehabilitation. This movement continued well into the 20th century.

This movement ultimately failed. At the heart of the failure were its conflicting goals: to protect society and to reform the criminal. Reformists mistakenly believed “that the same person and the same institution could at once guard and help, protect and rehabilitate, maintain custody and deliver treatment” (Rothman, 2002, p. 9). Rothman argued that reformists’ unwillingness to challenge the roots of the system resulted in unrealistic expectations of accomplishing both goals, which ultimately proved fatal to the reformers’ designs and led to the privileging of incapacitation over therapy and rehabilitation.

These findings are supported by Rafter’s (1990) account of the women’s reformatory movement. This movement took place slightly earlier, from about 1870 to 1935 (Rafter, 1983). Yet, it followed a similar trajectory as the rehabilitative era that Rothman (2002) described. Rafter argued that the introduction of rehabilitation constituted unique punishment that reached beyond the scope of custodial prisons; she reported that education, religion, and domestic pursuits were used in women’s reformatories in an effort to transform women into dutiful housewives and domestic servants. Access to children and privileges were used to induce good behavior, while indeterminate sentencing encouraged inmates to embody rehabilitation as narrowly defined by reformatory matrons. Rehabilitation broadened and expanded the reach of the criminal justice system. Yet, reformatories also failed. They were costly to run and did not benefit from the inmates’ labor as men’s prisons did (Freedman, 1981).

Accounts of more recent therapeutic provisions inside penal facilities also demonstrate the fundamental opposition between punishment and rehabilitation. Richie (1996, p. 7) noted that daily life at Rikers Island is “rigidly controlled and tense,” and that “the correctional system’s goal of custody, confinement, and control takes precedence over delivering services.” Rhodes’ (2004) ethnography of the supermax prison is a powerful illustration of the obstacles to providing mental health care within a facility designed to confine the “worst of the worst;” the researcher presented the paradox wherein mental health workers attempted to provide mental health care to inmates who were confined in conditions seemingly designed to foster mental illness.

Literature on women's punishment sheds light on rehabilitation and incarceration in large part because of "the considerable rhetoric that has developed around the notion of 'what works' for women offenders" (Kruttschnitt, 2010, p. 38). The rate of women's incarceration has increased by 800% over the past three decades encompassing the War on Drugs. Scholars, activists, and women's health practitioners have argued that the criminal justice system does not adequately provide for women's specific mental and physical health needs (Covington, 2007; Bloom, Owen, & Covington, 2003; Covington & Bloom, 2007; Kosak, 2005; Pollock, 1998; Roth, 2004), nor does it adequately support the maintenance of mother-child relationships (Hoffman, Byrd, & Kightlinger, 2011; Women's Prison Association, 2009). Chesney-Lind and Pollock (1995) referred to the tendency of prisons to neglect women's needs as "equality with a vengeance," because policies that treat women like men often result in harsher punishment for women. Bloom, Owen, and Covington (2004) have called for gender-sensitive incarceration, including treatment programs that address women's histories of physical and sexual abuse, trauma, and substance dependency.

In turn, gender scholars have examined rehabilitative incarceration as it pertains to women inmates' experiences. Several have argued that rehabilitation and therapy can constitute new forms of punishment (Haney, 2010; Hannah-Moffat, 2001; McCorkel, 2004, 2013). For example, the Canadian penal system has been heralded as sensitive to needs of female inmates (Maidment, 2006). But a number of researchers who have written on the Canadian system have reported that rather than address women's needs, therapeutic incarceration transforms their needs (as perceived by government and prison officials) into social control (Hannah-Moffat & Shaw, 2000; Hannah-Moffat, 2001; Hayman, 2006; Pollack, 2005, 2009). In an interview study of women formerly incarcerated in the Canadian federal prison system, Pollack (2009) concluded that prisons as places of punishment do not facilitate therapy and healing. She argued that while some inmates in her study received treatment for the first time during their incarceration, their experiences spoke more to the lack of services in the wider community than to the quality of counseling on the inside. Furthermore, the nature of therapy during incarceration was coercive. Pollack discovered that inmates were required to participate in programming and, at a minimum, tow the program line in order to benefit from reduced sentences or avoid sanctions.

Therapeutic incarceration is not limited to the Canadian context. Haney (2010) and McCorkel (2013) have provided in-depth analyses of the role of therapy in contemporary punishment in the U.S. Both have shown how rehabilitation² can operate as a form of punishment by providing illustrations of staff-inmate interactions and harsh conditions of confinement. Haney studied two alternative-to-traditional-incarceration programs: one for teen mothers (Alliance) and another for adult mothers (Visions). She contended that the state used therapy as a way to manage inmates' psychological and

emotional conduct (Haney, 2010). The model of group therapy employed at Visions included confessionals, whereby inmates were required to reveal all their problems in a group setting. For the women at Visions, the presence of their children only increased opportunities for punishment, because their children's demeanor and behavior become fodder for critique by staff and fellow inmates. One woman resorted to hiding in the bathroom with her young son in an effort to provide him with some physical and emotional privacy.

McCorkel (2013) studied Project Habilitate Women (PHW), a drug-rehabilitation program that comprised its own unit within a women's prison. Like Haney's (2010) account of Visions, the inmates in PHW endured harsh therapeutic methods and faced incredible pressure to reveal their innermost thoughts and feelings. In addition to the public confessional, inmates were subjected to encounter sessions where staff members hurled horrendous insults at them. The goal of this therapy was to break down the addict within and to replace her with a healthy, drug-free person. These practices coincide with other findings that *different* does not necessarily mean less severe when it comes to incarceration (Hannah-Moffat, 2001; Irwin, 1980; McCorkel, 2003; Young, 1994). As Foucault (1977) argued, shifts in penal policy and practice constitute qualitative, but not necessarily quantitative, change. For instance, Western democracies characterize incarceration as a more humane, less barbaric form of punishment than its historical precedent of physical torture, yet incarceration is its own form of torture. While different, confinement is not necessarily more humane than physical torture.

Though many scholars focus on the gendered indications of therapeutic punishment models, their findings have implications for the role of therapy during incarceration in more general applications. The Canadian approach (Hannah-Moffat, 2001; Pollack, 2009) and the research of Haney (2010) and McCorkel (2013) suggest that despite a rhetoric and methodology that differs from traditional imprisonment, therapy and rehabilitation can function as mechanisms of punishment and control. In fact, therapy often works alongside traditional forms of punishment like incarceration, isolation, and deprivation (Sykes, 1958) to control inmates as subjects of state power (McKim, 2008). Hannah-Moffat (2001) described rehabilitation as "punishment in disguise" because the practitioners and subjects of rehabilitation may not recognize it as a form of social control. As such, rehabilitation during incarceration may be different from straight custodial confinement, but it does not necessarily constitute a lesser form of punishment or social control.

My analysis examines how staff and administrators at Northeast Jail managed the seemingly disparate goals of rehabilitation and punishment. I argue that the contradictions of therapy and punishment were built into the staffing structure and architecture at Northeast Jail, where the goals of traditional punishment and rehabilitation came into conflict on a daily basis. However, as Hannah-Moffat (2001) argued, penal facilities are adaptable institutions; they are good at responding to and incorporating often-competing

ideologies. The everyday work of adapting to this structural contradiction fell to staff members, whose jobs required them to negotiate the challenges of providing therapy and punishment at the same time. I demonstrate how staff used three strategies to negotiate this tension: rehabilitation as rhetoric, role-switching, and deferring to punishment.

RESEARCH SETTING AND METHODS

Northeast Jail, the site of this study, was built in 1992. It is a relatively small facility, designed to hold 962 inmates. At the time I began fieldwork at the jail in the mid-2000s, it housed approximately 150 women and 1450 men. Its status as a county jail meant that only pre-trial offenders and those sentenced to two-and-a-half years or less were housed there, while those serving longer sentences went to a state prison. The average sentence at Northeast Jail was six months.

The secure campus of the jail consisted of four large buildings: three of them for inmate housing and another building that accommodated the medical facilities, gym, programming rooms, and a staff cafeteria. The space between them was shaped like the letter T, and everyone referred to the outside area as "The T." Female inmates were housed on the top floor of one of three large housing buildings. A dedicated elevator transported staff, volunteers, and inmates whose medical conditions that made it difficult or impossible to climb the four flights of stairs directly to the women's unit. Within the women's unit, there were two living units or pods, one for sentenced inmates (who wore green uniforms) and another for those awaiting trial (who wore orange). Exceptions to the separation of pre-trial and sentenced inmates were made when particular inmates had to be separated due to conflict or love affairs. A long hallway connected the two main pods, off of which were offices, the segregation and mental health pods, and a multi-purpose room where therapeutic groups, programs, and staff meetings were held. The entrance to the unit was also in the middle of this hallway. Like many contemporary correctional facilities, the interior was austere, with muted paint colors and clearly stenciled cell numbers on the walls. It had industrial-style stairs and railings, with mostly-metal furniture bolted to the floor. The living space had very few, very small windows in the two outer corners of the main space and one each in the cells. The lights were fluorescent, and the air was stale.

Researchers have largely overlooked jails as a research site in favor of prisons (Irwin, 1985; Klofas, 1990; Richie, 1996). This is an unfortunate oversight given the importance and reach of jails in our society. The number of jail inmates has increased steadily over the past two decades (Sturges & Al-Khattar, 2009); thirty times as many people rotate through jails as prisons (Richie, 1996, p. 14). According to Klofas (1990, p. 69), "The jail touches more people's lives than does any other form of correctional service." The variety of inmates in jails is also wide-ranging; they include "serious repeat

offenders, novices in crime, or even naïve traffic violators (Klofas, 1990, p. 69). Jails serve as an entrance point to the penal system and as detention facilities for those awaiting trial (Richie, 1996). Irwin (1985, p. xi) argued that jails are actually more important than prisons because, "When persons are arrested, the most critical decisions about their future freedom are made while they are either in jail or attached to it by a bail bond."

The reach and scope of jails have implications for the study of rehabilitation during confinement as well. Jails house inmates with the same problems seen in prisons. Men and women come to jail with mental illness (Hayes, 2010; Steadman, Osher, Robbins, Case, & Samuels, 2009), drug addiction (Bahr, Harris, Strobell, & Taylor, 2012), histories of abuse and trauma (Green, Miranda, Daroowalla, & Siddique, 2005), and other health problems (Maruschack, 2006). However, due to short sentences and a high turnover rate, "there has been less emphasis on rehabilitation programs in jails than in prisons" (Bahr et al., 2012, p. 3). Whether or not short sentences associated with jails reduce the effectiveness of treatment programs is still up for debate (Bahr et al., 2012; Sung & Richter, 2007; Wilson & Davis, 2006). In short, jails are an important part of the criminal justice system, and research on incarceration should include jail populations (Bahr et al., 2012).

Northeast Jail was also a fitting site for a study on rehabilitative incarceration because staff and administrators celebrated and promoted the jail as rehabilitative and different from most other penal facilities. Northeast claimed to have a more holistic approach to incarceration that addressed the problems with drugs, self-esteem, and poor decision making that plagued the men and women who came through its doors. Staff and administrators attributed Northeast Jail's comparatively rehabilitative approach to the Sheriff, who was a social worker. First elected in 1974, he had run successfully for the office, without opposition, five times since. Renee, a high-level manager in the jail, applauded the Sheriff, saying that Northeast was able to maintain its rehabilitative focus because "When the rest of the country was shifting to more retributive tactics, he made sure that this place did not."

My research involved a participation observation study of Northeast Jail during the mid- to late-2000s. I began participant observation when I entered Northeast Jail as a volunteer in October 2005 and continued observations through May 2007, for a total of approximately 750 hours. I attended nearly all therapeutic groups and classes for women at Northeast Jail, including all parenting classes that took place during the research period. In addition to participant observation in classes, I spent time at the jail volunteering for the Mother/Child Visitation Program, attending staff meetings, assisting staff in family-related activities (planning holiday events, administering phone calls for mothers to arrange transportation for their children, visiting women who gave birth in outside hospitals), and hanging out. I took extensive field notes each time I visited the jail.

This article is based primarily on participant observation, but I also interviewed 83 mothers incarcerated at Northeast Jail as part of a larger study. My interview sample reflects the racial makeup of the women's unit. My sample included 42% who self-identified as White, 36% Latina, 20% Black, and 1% Asian-American. Interviews were semi-structured and covered such topics as first-time motherhood; women's drug, relationship, and work histories; relationships with children and caregivers; opinions on jail staff; programming; other inmate women; and plans for the future. All interviews were recorded and transcribed. Initially, data were coded openly. I began coding selectively once I discovered the importance of the paradox between punishment and rehabilitation (Glaser & Strauss, 1967).

My role in the jail was unique and ambiguous. Northeast Jail had not admitted a researcher, much less an ethnographer, in anyone's memory. College and Master's-level interns frequently worked at the jail, and I was commonly mistaken for an intern by staff and inmates alike. Unit leaders, who embraced the idea of a project on inmates' motherhood, initially welcomed me, but negotiating one's status as a researcher in a prison or jail is challenging because the prison is a polarized society (Sykes, 1958) with rigid social roles (Goffman, 1961). Research in penal institutions is difficult because of what Jacobs (1977, p. 216) called "the institutional line:" the stark divide between inmates and staff. One is either on the inmate side or the staff side; you cannot be on both sides. Nor, as Jacobs argued, can you be on no side. In an institution where one group incarcerates another, to be neutral was to be on the side of staff. In order to learn about the inmate social life and order, Jacobs (1977) placed himself firmly on the side of the inmates.

My presence in Northeast Jail was ill-defined. At first, staff people who assumed I was on their side of the institutional divide welcomed me. When I did not embrace some staff members' derogatory statements about inmates or when I was seen laughing and joking with inmates, some staff became irritated with my presence in the facility. This led to considerable anxiety on my part as I sought to preserve access to the site and negotiate uncomfortable situations in the field.³ I awkwardly tried to walk the line by appealing to individuals, rather than staff or inmates as a group. I was close with one staff member whom the inmates appeared to like and respect. While I had several key informants among the inmates, a few steered clear of me. One declined my request for an interview.

THE PARADOX OF PUNISHMENT VS. REHABILITATION

I first entered Northeast Jail at a particular political moment that has implications for this study. The Sheriff's Department, along with several other counties in the area, had recently been granted funding by the state legislature to build a separate women's facility in nearby Glendale.⁴ Ground had broken by the time I began volunteering at Northeast, but the construction of

a new penal facility during a time when social programs were being cut was met with considerable opposition in the area. There was a social movement to fight the construction of the jail that had a significant presence: activists protested, organized a non-profit coalition, and wrote numerous letters-to-the-editor urging policymakers to invest in drug treatment and social programs rather than incarceration. Bumper stickers reading “stopglendalejail.org”⁵ adorned many cars in the politically-minded, largely left-leaning community. In the age of get-tough, those who supported the building of the new jail faced a unique problem: incarceration was not a popular solution to social problems in Northeast County and its surroundings.

The architecture and use of physical space at Northeast Jail provided few clues that rehabilitation was a primary goal of the facility, but the element of Northeast Jail that most flew in the face of a rehabilitative philosophy was the structure and practice of solitary confinement, which was generally referred to as the hole by inmates and some staff. The hole was the final stage in a graduated series of punishments that involved locking inmates in their cells. The physical space posed particular challenges for staff—it was stark—a single door separated two sets of ten cells. On one side, cells designated for solitary confinement, the hole, faced a small open area with a metal table. On the other side, cells reserved for orientation and inmates with mental health issues were set up in an identical fashion. From an elevated position that looked much like the captain’s cabin on a ship, a single officer controlled movement in and out of both pods, controlled lighting, and opened and closed individual cell doors.

The staffing structure of Northeast Jail embodied contradiction as well. The staff was bifurcated into counseling and security staff, but the duties were not necessarily distinct. Counseling staff wore civilian clothing, but had undergone the same police academy training as correctional officers. While plain-clothed counselors were bound by jail rules and had the authority to lock inmates (confine them to their cells within the main living area), only uniformed officers escorted women to the hole, performed strip searches,⁶ and conducted the twice-daily count of inmates. All counseling staff were charged with enforcing rules that pertained to security, but security staff were not responsible for counseling or therapeutic programming. In addition to plain-clothed counselors and traditional correctional officers, there were Correctional Caseworkers (CCW), uniformed officers who doubled as counselors. The CCW embodied both the contradiction of providing therapy in jail and an attempt at negotiating that contradiction.

FINDINGS AND ANALYSIS

The work of promoting a rehabilitative agenda in a facility designed for punishment fell to the staff at Northeast Jail. While some staff took rehabilitation more seriously than others, the fact that this contradiction was built

into the structure of the jail meant that negotiating it was part of the job for everyone. Here, I describe some of the contradictions that staff encountered and examine three strategies that they used to negotiate them: rehabilitation as rhetoric, role switching, and deferring to punishment.

Rehabilitation as Rhetoric

The rhetoric of rehabilitation was a useful tool that staff and administrators invoked when confronted with aspects of jail life that seem to thwart the goals of therapy. Supporters of the jail, namely Sheriff Jones and his staff, practiced a rhetoric of rehabilitation in the public sphere as they sought to counter public criticisms with claims that the new women's jail would enable them to provide gender-specific treatment and programming to women in need. Supporters argued that despite the rehabilitative efforts that took place at the current jail, it was not ideal for women because the men monopolized most of the resources. Furthermore, women's histories of abuse meant that the presence of men threatened the therapeutic process. In the local paper, the superintendent of the new jail suggested that people "Look at it as an opportunity for intervention. This stop along the way can break a cycle of destructive behavior."⁷ Upon the opening of the new jail, she argued, "There will be a lot of focus on substance abuse treatment and family work. Our focus will be on re-entry." Renee, the unit manager, was even quoted as saying, "We incarcerate to set free."

The irony of Renee's statement is clear. Society incarcerates to incapacitate and punish: to deny freedom, not to grant it. Her statement was indicative of the work that she, the superintendent, and other staff did to ameliorate the contradictions between rehabilitation and incarceration. At the level of public discourse, supporters of the jail engaged in considerable rhetorical work to assuage concerns about the punitive nature of incarceration by assuring the public that rehabilitation was the primary goal. This rhetoric often served to mask the realities of incarceration at Northeast Jail.

Inside the jail, the rhetoric of rehabilitation also served to counter the punishing aspects of jail life. Segregation, in particular, posed two major challenges to the rehabilitative ideology: The space and practices of the hole were clearly for punishment, but the mental health/orientation space was identical to the hole. In the hole, inmates were permitted to be outside of their cells for one hour a day, and only while cuffed and shackled. Inmates were permitted to shower three times per week and were served regular meals, but could not receive commissary. Renee asserted that inmates had access to all the rights required by law, but no privileges, including phone calls and visits. While inmates were not entirely isolated in the hole—they could communicate with each other, staff conducted meetings in there, officers were sometimes willing to chat—punishment at Northeast Jail was based on the classic penal model of deprivation and isolation (See Rothman, 2002). Inmates were sent to the hole at a staff person's request. After a period of 5

days, the inmate appeared before a disciplinary board to determine if further sentencing was necessary. Sentences lasted up to 30 days. Some offenses, such as gang-related activity, carried a mandatory 30-day sentence.

On my first visit to Northeast Jail, Renee took me on a tour that included segregation. As she introduced me to the hole, Renee said little about the hole itself, other than to say that inmates are guaranteed all their legal rights. There is not much one could say to cast the space and practices of the hole as consistent with the goals of therapy and rehabilitation. It was clear that it would be mentally and physically painful to be housed there. As the staff person most committed to the discourse of rehabilitation, Renee did not have a lot of room to maneuver when it came to portraying the hole in a therapeutic light.

Instead, Renee shifted the focus away from the conditions of the hole to the offenses that inmates in solitary confinement committed. Renee argued that inmates had to do something very serious, like commit or threaten violence, and that it was usually because of fights that people ended up in the hole. Yet, I regularly witnessed inmates go to the hole for far less: Emily went for yelling at an officer; Sue was sent to the hole for a verbal altercation as well; Evelyn went to the hole for flashing her breasts at an officer; Justine was sent to the hole for being naked in her cell; Jordan served 30 days in the hole for possessing a homemade calendar with a gang symbol on it. When Ramona tried to hang herself in general population, she was sent to the hole. Lucy, who went to the hole pending an investigation of a sexual relationship between herself and an officer, was held there until her transfer to another facility several weeks later. Summer, on the other hand, often wound up in the hole because of her tendency to slap, punch, and spit at other people. Raquel went for trying to beat up Colleen. Thus, the reasons that inmates served time in the hole were varied, and they did include violence. But violence was not required to serve time in the hole; Renee's casting of inmates who were sent to the hole as perpetrators of serious or violent offenses was simply false. She portrayed inmates in solitary as worse than the average inmates, thus reducing the jail's culpability for punishment.

Adjacent to the hole, the orientation side held inmates who had just arrived at Northeast Jail. These inmates remained quarantined for three days pending the results of a tuberculosis test, or longer if they were detoxing from drugs, as was often the case. A single door separated the two blocks of ten cells each. The orientation space also doubled as a mental health pod, where women who had serious mental health issues could be housed apart from the rest of the inmate population. In addition, women could request time in the mental health pod as a respite, when they needed or wanted time away from the commotion of the general living area. The spaces that the jail used to calm and acclimate inmates—or punish in the harshest way possible—were side-by-side and identical.

On my tour of the jail, Renee told me that she would like to have the orientation, respite, and punishment cells separated, but “the taxpayers” would not allow it. Her claim that taxpayers were responsible for the combination of punishment, orientation, and mental health housing seemed to be a way to explain the obvious similarities between the two spaces. Even though the jail failed in its therapeutic approach in respect to the placement of the two pods, Renee was able maintain her own theoretical commitment to rehabilitation, even as the space and place reserved for providing solace for inmates with arguably the most severe mental health problems in the jail was akin to sending them to the hole. Inmates in the mental health section had greater freedom to walk around, but the recreation areas were equally sparse and tiny.

These two rooms were the physical and spatial nexus of therapy and punishment at the jail. Relegation to either space resulted in a painful and isolated one. Olivia was incarcerated for the first time in her forties. She was housed in orientation next to a woman who was going through severe drug withdrawal. She described her first night in jail:

One of the girls needed some help, she was screaming, screaming, and screaming, and I left my little thing open so they [the officers] could put the food in, and I’m like, “Hey this girl’s screaming! Help her!” So they go and help her and all of a sudden she was sick or something. Then she asked to borrow a pencil because they gave us a word search, so I gave her a pencil to use. Then later on that night, I hear her crying again and I can hear her making noise and I’m looking at the CO and I’m looking out trying to see out and everything, which you can’t, so I yell to one of the COs, “Just see how she’s doing, just see how she’s doing for me,” And all of a sudden I hear a cage start [the automated, metal door begin to open] him getting out the door and screaming. I guess she was trying to kill herself with the pencil. She was stabbing herself with the pencil. And I am freaking out. I am freaking out. Everything’s going through my head, first when she was screaming, and then to think about the pencil I gave her to do the word search and now she’s trying [to kill herself]. There’s blood all over the place.

Olivia’s experience was clearly traumatic, perhaps even more so because she was a first-time inmate. However, it speaks to another failure of the jail to provide for inmates’ mental health; those inmates who sought respite were housed alongside incoming inmates, whose suicide risk was quite high. Nearly a quarter of jail suicides nationwide happen in the first 24 hours of incarceration (Hayes, 2010). For an institution that promoted itself as rehabilitative in orientation, this harsh initiation was significant.

The use of rehabilitative rhetoric and sympathy in the face of suffering allowed individual staff members to distance themselves from the very processes that they participated in as workers in the institution. Another example of brutality took place next door to orientation, in the hole. Sarah and Jamie worked cleaning the mental health and punishment pods. They had to wash all of their clothes, even their sneakers, after they had a particularly tough job cleaning up the urine and feces of one of the inmates in punishment. They said that she was in four-point restraints, pregnant, and naked in a cell. Sarah said, "I couldn't even look at it." She [the inmate in constraints] had taken her food and smeared it all over the room, "shit and pissed herself." The woman had been hitting her head against the wall, so staff put her in the restraints due to liability concerns. She was screaming and cussing everyone out. A staff person said, "As long as she's on her left side, then she's okay. She's probably just really scared." While this sympathetic observation is likely true—the woman probably was scared—there was no mention of the isolation, the withdrawal, or the pain that she endured as a result of jail practices.

While these examples are extreme, the very fact that such violence could and did occur speaks to the disjuncture between the rehabilitative ideology and the actual physical structure of Northeast Jail. The suicide attempt with a pencil and the case of the woman in restraints both involved severe desperation and self-harm, to the horror of fellow inmates. Yet, one took place in punishment and the other in cells reserved for orientation and mental health. Although the two areas ostensibly served different purposes, they were strikingly similar in form and function. Neither area represented the rehabilitative mission of the institution. Renee had explanations at the ready to shift the burden for this failure away from the jail and onto the taxpayer. Or, she worked to shift the responsibility for punishment away from the jail and onto individual inmates. The other staff person was able to maintain a sympathetic perspective on the pregnant inmate's pain, but did so without challenging the punishing practices that likely caused the inmate's pain. Neither could fully deny the contradiction between therapy and punishment that was built into the architecture of the jail. However, their use of rehabilitative rhetoric made these contradictions more palatable to them.

Role Switching

All staff practiced front stage and back stage behavior (Goffman, 1959). Behind closed doors, staff people occasionally voiced frustration, complained, or vented like any workers do when they step away from the public (Ashforth, Kulik, & Tomiuk, 2008). Their roles—the rights, responsibilities, and expectations for behavior—required decorum as they dealt with inmates, fellow staff, and a myriad of bureaucratic obligations in the course of their workday. For Correctional Caseworkers (CCWs), role-switching was an important part of their job, for they were obligated to straddle the divide between therapy and punishment in ways that traditional security and counseling staff were not. As uniformed officers, CCWs visually represented the

authority that kept inmates imprisoned in the jail. At the same time, CCWs were charged with guiding women through the therapeutic services of the jail and providing one-on-one support. Upon entry into Northeast Jail, each woman was assigned a counselor, who might or might not wear a uniform.

CCWs were first and foremost, officers. When Glendale Jail was in the planning stages, three CCWs bemoaned what they viewed as liberal policies at both the current jail and the future Glendale Jail. Plans for Glendale Jail included contact visits for inmates, where they could sit with and touch their visitors, instead of behind-the-glass visits, like the ones at Northeast Jail where inmates had to talk on phones and view their visitors through glass windows. Glendale visits would be contact visits because “Women are *different*,” said one CCW in a mocking tone. Backstage consensus among the CCWs was that contact visits⁸ were a bad idea and would ultimately be done away with as they had been at Northeast several years earlier, when they had at least ten cases of visitors bringing narcotics into the jail in a single year. Another agreed that Northeast Jail was too liberal and expressed shock and dismay that an inmate had questioned an officer’s orders in “the T” in front of several other people. She predicted that there would be riots at Northeast Jail because of its liberal policies. While such attitudes were not exclusive to uniformed officers, conversations like these emphasized security, authority, and control over the therapeutic benefits of maintaining contact with family and friends during incarceration.

Yet, CCWs were important participants in the therapeutic process for inmates. Their dual roles required role switching as they moved between the duties of correctional officer and caseworker and group leader. The crux of the Women’s Unit’s therapeutic agenda was programming in the form of groups and classes taught by counseling staff, outside instructors, and uniformed CCWs. With few exceptions, uniformed security staff were called by their last names, while counseling staff answered to their first names. CCW Smith made this distinction explicit in class one day. At the start of “Changes,” a two-week program of classes that covered topics such as work, parenting, health, victim impact, and drug rehabilitation, she told the inmates in the introductory segment that they still had to call her by her last name in the classroom because she was “security too, so I don’t have that privilege” of going by her first name. Smith had also voiced the opinion that Northeast Jail was too liberal, but in the classroom, she implied that her security role was a burden that stood in the way of more informal interactions between herself and the inmates in her class.

In addition to the rules that governed their interactions with inmates, CCWs developed seemingly contradictory personas when negotiating their dual roles in the facility. When uniformed staff taught classes, the disjuncture between their day-to-day behavior and their teaching style was striking. When I first met Smith, her handshake was painfully strong and she did not smile at all. Smith’s usually stern demeanor, which made her alternately

respected and despised by the inmates, became warm and funny when she taught the class. She made jokes, smiled, and presented a soft side of herself that I had never seen prior to the class. The juxtaposition of Smith's classroom self with her officer self was stark and required significant identity work on her part.

The contradiction between CCW security duties and counseling roles was further exemplified by the behavior of another CCW, Grant. Inmates who were her individual clients reported that she was adept at helping them, getting things done, and approaching problems in a practical and useful way. But Grant was often quite harsh in her demeanor; she yelled a lot and was strict when she governed the pod from the officers' station, earning her a nickname that played on the word *bitch*. In a pod meeting to discuss the upcoming Christmas party, Grant warned that next time there was yelling or conflict, "You're all going on lockdown. Maybe we'll open the tiers for a couple of hours each day, maybe we won't open them at all." She bragged on two occasions that she wanted to be the first to send an inmate named Emily to the hole. (She was not.) Yet, the way she represented herself in the classroom was quite different.

I arrived a few minutes late to Grant's class on mental health, whereupon she greeted me with uncharacteristic warmth. "It's okay, come on in. We just started." When I arrived, Grant was working to de-stigmatize "forensics," the jail's mental health department. She explained the services available at the jail and assured the inmates that using forensics did not mean that they were crazy. Grant emphasized that all people, not just the incarcerated, can benefit from taking care of their mental health, saying, "I've never met someone that couldn't benefit from having a therapist." She also told the inmates about the mental health respite, that it was okay if they were feeling overwhelmed and needed a break from the regular pod. But Grant also said that she did not know everything about it, like whether or not inmates could attend classes or have visits while they were in respite, or if they could have commissary.

The blurred roles of staff, officers, and CCWs obscured the contradictory nature of providing both therapy and punishment in jail *and* exposed its inconsistencies. As she talked about the jail, Grant alternately used first- and third-person pronouns to refer to staff and officers. "As an officer, I don't feel that I'm better than you. Do most officers do that?" "Yes," the inmates responded. As she distanced herself from her fellow officers, she emphasized the similarities between herself and her inmate students, "I am not an addict. I am not a woman of color, but I've had trauma." Pushing her critique of her fellow officers, Grant said, "Do you think they don't do drugs, drink, hit their kids? We're human." As the class proceeded, Grant used her therapeutic, counselor role to encourage the inmates to obey the jail's rules, saying, "You have to respect other people without disrespecting yourself because all officers want to do is have a reason to lock you, so don't give them what they want by getting caught doing something stupid."

In the classroom, Grant played the role of an understanding counselor who empathized with inmates, so much so that she momentarily jumped the institutional line by accusing her fellow officers of actively seeking out opportunities to inflict punishment on inmates. Ironically, Grant was also the hypothetical officer of whom she spoke, one who was eager to send Emily to solitary confinement if given the opportunity. Here, we can see that work as a CCW requires conformity to contradictory sets of feeling rules (Hochschild, 2003) and identity codes. Neither of Grant's two roles would have been sustainable in the opposite context: she could not have taught her class comfortably as her harsh officer self, while the job requirements of punishment and control did not lend themselves to the kindness and understanding expected of an instructor-counselor.

The jail required all women's unit staff to complete the same training, enforce the same rules, and often mete out the same punishments. The practice of referring to some staff people as counselors and allowing them to wear civilian clothes did not change the reality of their duties, but it did disguise it in an attempt to privilege their therapeutic role.⁹ Unlike counselors, who could disassociate from the inherently punitive nature of their jobs as workers in a penal facility, CCWs were forced to openly switch between the security and counseling roles of their job. While such role switching was awkward, it highlighted the interconnection of punishment and therapy at Northeast Jail. Grant, Smith, and other CCWs negotiated this contradiction by alternately expressing allegiance to security and therapy, inmates and officers.

Deferring to Punishment

The third strategy staff and administrators used to manage the contradiction between punishment and therapy was to uphold punishment for punishment's sake, even when it contradicted or hindered their therapeutic ideology and role. In some of these instances, staff denied responsibilities for the punishments they enforced by deferring to the authority structure of the jail. In doing so, staff members entered an agentic state, whereby they denied their own authority and instead identified as agents of authority (Milgram, 1974). As a strategy, denying their own power allowed staff to enact punishment while simultaneously distancing themselves from it. In practice, choosing punishment over rehabilitation helped staff avoid some of the messiness associated with managing situations where punishment and therapy collided.

Punishment at Northeast Jail was institutionalized, written into the fabric of policies and practices that governed daily life at the jail. This allowed staff to rationalize punishment as "just doing their jobs" even when they were not called upon to do so by an actual authority figure. Deadlocks or locks refer to the practice of locking inmates into their cells within the general living space. Staff sent inmates to the hole for what they deemed to be serious offenses. For less severe rule infractions, they employed deadlock as

punishment. Sometimes inmates were locked in their own cells for a period of hours. Other times, staff sent them to designated deadlock cells specifically reserved for in-pod punishment. These sentences could last up to three days and carried the loss of an inmate's current cell and roommate arrangement. These arrangements were taken very seriously in the women's unit.

I observed a number of cases of individual deadlock sentences that spoke to the staff's responsibility to privilege punishment over utility, fairness, or relationship to the therapeutic process. The practice of sending inmates to deadlock clearly helped to control behavior in the pod. Ellen often landed in deadlock for yelling, disobedience, and failure to lock-in when told. Darcy, who was bipolar, once expressed to me the pity she felt for Ellen. To Darcy, Ellen clearly had a severe case of untreated bipolar disorder. Darcy said she could imagine how horrible it must be for Ellen to be locked in a small space, while the rest of the inmates walked around just outside her door. Indeed, Ellen was always seeking contact with those on the outside when she was locked in. When I suggested to Darcy that she chat with Ellen through her door she said, "I can't. I don't want to get locked too." As a message to other women to follow the rules, deadlock was effective.

Darcy described her own punishment in deadlock, the only one she had earned during her incarceration up to that point:

Like they put me on a new medication for anxiety because when I first came here, oh my God, I couldn't eat, I couldn't sleep, I couldn't do anything. Umm, and I fell asleep on that new medication and basically what ended up happening is it knocked me out cold and then we had an inspection the next day. Well I slept right through inspection and they locked me for it.

Darcy did not understand how she could have been at fault for her inability to wake up, when the medical team at the jail had put her on the medication that caused her to fall into a deep sleep. Yet, her argument that the medication *the jail provided* had made her unable to wake up fell on deaf ears. The fact that a therapeutic intervention had contributed to Darcy's rule infraction, but did not mitigate her punishment, indicated that when therapy and punishment collided, punishment won. This had occurred, despite the fact that both originated from the authority structure of the jail. In Darcy's case, the therapeutic intervention actually caused her punishment.

Evelyn endured a series of punishments immediately prior to her release from Northeast Jail. When jail staff discovered that her girlfriend was physically abusing her, Evelyn was sent to segregation as a protective measure. (Staff argued that the girlfriend could not be punished because Evelyn denied the abuse.) Upon her return to the main living area, Evelyn reportedly flashed her breasts at a correctional officer, prompting her return to segregation, this time as punishment without privileges or programs. Staff specu-

lated that the only reason why Evelyn had committed the offense was to escape her girlfriend's abuse by returning to the safety of segregation. Yet, she was still sent to the hole. In the weeks before her release, Evelyn returned to the general living area, but had no outside privileges. She said, "They took away my AA [Alcoholics Anonymous] meetings and my visits with my son, the only things that make me want to stay sober." In addition, Evelyn was put in deadlock the night before her release. Grant stuck her head in the office where I was talking with another counselor. "Evelyn's going to deadlock," she said smiling.

Evelyn's immediate relapse into drug abuse following her release did not surprise anyone. According to other inmates, she had arranged for a relative to procure drugs and shooting apparatus before he picked her up from Northeast Jail. Jane, her friend who had been released the week before, accompanied him. Evelyn's last night in deadlock and the weeks of missed AA meetings and visits with her son may not have caused her relapse. But these therapeutic interventions were not a priority for jail staff, even though they touted such practices as a way to overcome drug addiction and desperation. The therapeutic interventions that might have helped Evelyn were not important enough for the staff to make sure she had access to them.

I visited Emily over the course of two consecutive days in the hole. She had, admittedly, mouthed off to an officer. The tiny slot in the punishment cell doors meant that I had to crouch down to communicate with her, but the officer on duty had kindly brought me a chair. It was Friday, commissary day, and the delivery person had given Emily's order to the officer, since she could not have it, and the company could not take it back. "I got some good stuff, too!" The officer had been surprised by how much chocolate she had ordered and gave Emily a few of the treats even though he was not supposed to. In passing, Emily mentioned that the medication she was taking rendered her unable to urinate, and medical staff had to catheterize her the day before. "Not being able to pee must kill," I said. Emily agreed, but did not seem to be too uncomfortable or upset. We chatted some more, and I promised to stop in the next day.

Emily's situation had changed dramatically by the time I went to the hole after lunch the next day. She had tears in her eyes and was highly agitated. Her inability to use the bathroom had worsened, and getting treatment was complicated by the fact that Emily was serving a sentence in the hole—any movement of Emily required that an officer escort her, cuffed and shackled, to her destination. James, the correctional officer who often worked in the hole and with whom Emily had an amicable relationship, explained to her, "I can't take you to medical because the elevator is broken, so don't get mad at me." The staff did not think that they could move Emily via the stairs while she was cuffed and shackled. They were probably right; the metal cuffs that link the ankles allow for little more than a slow shuffle, hardly enough movement to navigate the three flights of stairs that led to the Women's Unit.

The officer who replaced James at shift change had an idea. He asked Emily what she needed and if it was transportable. "Yes," she said hopefully, "It's just a tube." He agreed to call over to medical and get Emily taken care of. Neither officer mentioned the possibility of removing the cuffs and shackles in order to transport Emily the few hundred feet to the medical building. Such a policy might have made sense if Emily had threatened violence or was at risk for escape, but in this case her punishment was largely ceremonial. Nonetheless, upholding the policy took precedence over medical treatment.

The officers on duty the day of Emily's medical crisis seemed genuinely concerned; they did not want her to endure pain or discomfort. Their efforts, along with the willingness of the officer to share his commissary with her, might be seen as evidence of Northeast Jail's sympathetic approach to incarceration—at least someone eventually acted on Emily's behalf to get her treatment. Yet, their rigid adherence to the requirements of punishment superseded any concern for Emily's mental or physical health. The stipulations of confinement in the hole blocked Emily from receiving the medical treatment she was constitutionally guaranteed as an incarcerated person in the United States. Far from breaking the cycle of destructive behavior in inmates' lives, the imperative of punishment facilitated it.

DISCUSSION

The rehabilitative programming provided by Northeast Jail is not unique. As other scholars have noted, such programming in prisons and jails has grown alongside the expanding incarcerated population fueled by The War on Drugs and get-tough penal policies (Garland, 2001; Haney, 2010; Moskowitz, 2001). Yet, Sheriff Jones and his supporters argued that Northeast Jail was special, a place where troubled women and men could overcome their problems through rehabilitative programming. The power of the rehabilitative ideology at Northeast Jail rested on the jail's promise to provide inmates with tools to better themselves and refrain from committing crimes in the future.

Despite a public image as rehabilitative, Northeast Jail was primarily a penal facility, the purpose of which was to punish and confine. The contradictions between the jail's rehabilitative rhetoric and the realities of traditional incarceration were built into the structure of the jail. Physically, the facility did not accommodate the mental health needs of the population, as epitomized by the placement and appearance of both the hole and the mental health pod, as well as the experiences of the women housed there. Staff members had to perform contradictory duties: propagating the rehabilitative agenda, teaching groups and classes, in addition to carrying out punishments that were clearly antithetical to rehabilitation. In the face of these contradictions, staff developed strategies to perform their jobs. The rhetoric of rehabilitation masked the jail's focus on punishment without challenging

the retributive practices that hindered rehabilitation in practice. All staff, but particularly CCWs, engaged in role switching, transforming their self-presentations and allegiances from rehabilitation to punishment constantly. Staff denied the power structure even as they employed it to present themselves as benevolent and subject to the same confines as inmates. Jail rules enabled staff to enact harsh punishments while laying claim to a preference for rehabilitation.

Several scholars have demonstrated that therapy during incarceration functions as an additional form of punishment that staff and administrators can use to exert control over inmates (Haney, 2010; Hannah-Moffat, 2001; McCorkel, 2013). The case of Northeast Jail demonstrates how therapeutic ideals gave way to traditional punishment in a penal setting. This case supports Haney's (2010) and McCorkel's (2013) findings that rehabilitation can lead to punishment itself, as in the case of Darcy and her medication. Furthermore, claims of rehabilitation shifted all the onus of bad behavior onto inmates without changing the structure that gave rise to their problems before and during incarceration. The rhetoric of rehabilitation was false and hypocritical; incarceration does not set a person free.

This study also adds to our understanding of what rehabilitation means within the context of modern incarceration. At Northeast Jail, rehabilitation referred to programming, but it was also rhetoric, a way of talking about incarceration that suggested its mission was greater than simply warehousing inmates. Thus, as long as staff and administrators expressed an affinity for kinder, gentler processes, the reality of how inmates were treated and punished could be overlooked. By adhering to the rhetoric of rehabilitation, staff and administrators could dismiss or justify extremely harsh and painful practices by blaming others (e.g. the taxpayers, inmates), role switching, or claiming to be just doing their jobs.

Indeed, the staff performed their jobs under often-difficult constraints. Their jobs required them to cultivate opposing roles, which alternately helped to foster rehabilitation and required them to conduct themselves in ways that were decidedly anti-rehabilitative. Many staff and administrators cared about the well-being of the inmates in their charge and believed in the mission of rehabilitation through incarceration. At the same time, I observed that some staff seemed to derive satisfaction from administering punishment. In either case, it is important to acknowledge the stress that characterizes working in a jail. Stress and burnout among correctional officers is well-documented (Lambert, Hogan, Cheeseman Dial, Jiang, & Khondaker, 2012; Schaufeli & Peeters, 2000). Such stress is bound to multiply in conjunction with a mandate to espouse rehabilitation while closely adhering to traditional punishment. With such contradiction built into their jobs, staff are in a position of never quite living up to their job requirements.

Future research should examine the role of therapy in prisons and jails with an eye toward the conflict between traditional punishment and security concerns and the rehabilitation of inmates. If rehabilitation is indeed the goal of penal facilities like Northeast Jail, then policies and retributive procedures must acquiesce to therapeutic concerns, and therapy itself must not be retributive. More research is needed inside facilities because, as I have shown here, the mere existence of rehabilitative programming in prisons and jails is not necessarily evidence that rehabilitation is a priority.

ENDNOTES

- 1 Northeast Jail is a pseudonym. In order to protect their identity, names of individuals are also pseudonyms.
- 2 McCorkel (2013) uses the term *habilitation* to describe the therapeutic processes that prison staff use to distinguish the prison's drug program from *rehabilitation*, which had become politically unpopular by the 1990s, because it was associated with a soft on crime approach to crime and punishment.
- 3 For a fuller discussion of the challenges I experienced doing this research, see Becker & Aiello 2013.
- 4 The terms Glendale and Glendale Jail are pseudonyms that refer to the separate women's jail that was in the planning stages when I conducted this research.
- 5 The URL is also a pseudonym for the website of the community organization that fought the building of Glendale Jail.
- 6 On at least one occasion, a counselor performed strip searches in my presence because numerous inmates needed to be stripped, and only one uniformed officer was there to do the work. She explained that she *can* do the strip search because she is "academy trained," but she is not *required* to and prefers not to.
- 7 I refrain from providing citation information for the three quotes in this paragraph in order to preserve the identity of the facility, staff, and inmates.
- 8 Of the penal facilities in the three closest counties, Northeast is the only one that does not allow contact visits. State Prisons in the area also allow contact visits.
- 9 This disguise is not wholly successful, because inmates are aware that their counselors are not bound by the confidentiality rules of therapists on the outside. "There's no such thing as confidentiality," according to one inmate.

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