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The "left" and "right" arm of the prison: Prison work and the local legal culture of the penitentiary

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Abstract

This contribution aims to explore the tension between the juridical dimension of the prison system and the everyday practices that take place within it. The article focuses on prison officers' and health professionals' legal culture, drawing from ethnographic researches made by the authors in 4 correctional facilities in Northern Italy. Prison officers' and health professionals' working practices can be representative of two ideal-typical patterns of prison staff's action, that we exemplified using the "right" and "left arm" metaphor. The empirical researches conducted by the authors, while highlighting differences and affinities between the two working styles, describe the mutual adaptation of both groups to the peculiarities of the "local legal culture" that characterizes the prison environment. Both groups, grafting within this local legal

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culture of the prison, contribute to reproducing the maintenance of order and the pursuit of security, which are the main aims of the prison itself.

Key words

Legal culture; prison officer; healthcare professional; prison; ethnography; Italy

Resumen

Esta contribución pretende explorar la tensión entre la dimensión jurídica del sistema penitenciario y las prácticas cotidianas que tienen lugar en él. El artículo se centra en la cultura jurídica de los funcionarios de prisiones y de los profesionales de la salud, a partir de investigaciones etnográficas realizadas por los autores en 4 centros penitenciarios del norte de Italia. Las prácticas de trabajo de los funcionarios de prisiones y de los profesionales de la salud pueden ser representativas de dos patrones ideales-típicos de actuación del personal penitenciario, que ejemplificamos utilizando la metáfora del “brazo derecho” y del “brazo izquierdo”. Las investigaciones empíricas realizadas por los autores, a la vez que ponen de manifiesto las diferencias y afinidades entre los dos estilos de trabajo, describen la adaptación mutua de ambos grupos a las peculiaridades de la “cultura jurídica local” que caracteriza el entorno penitenciario. Ambos grupos, injertados en esta cultura jurídica local de la prisión, contribuyen a reproducir el mantenimiento del orden y la búsqueda de la seguridad, que son los principales objetivos de la propia prisión.

Palabras clave

Cultura jurídica; funcionario de prisiones; profesional sanitario; prisión; etnografía; Italia

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1. Introduction

Almost 50 years have passed since Lawrence Friedman (1975), in his seminal book *The Legal System*, analysed in depth the concept of legal culture. As the author himself stated, "the locution has been used without rigor, in order to describe a wide range of interlinked phenomena" (p. 326). Since then, the concept remained controversial and somehow problematic, being used in a variety of debates and with reference to a number of different issues (Nelken 2014). Given this wide but sometimes ambiguous adoption of the term, the semantic and analytic field of the concept remain uncertain. Nonetheless, that of "legal culture" could be a rich and prolific analytical tool for socio-juridical analysis (see Pennisi *et al.* 2018).

As Nelken (2004) argued, "legal culture, in its most general sense, is one way of describing relatively stable patterns of legally oriented social behaviours and attitudes" (p. 1). In this sense, the concept emphasizes the role of *meanings* which are attributed to the law in specific social situations, groups and organizations, appearing as a central element in the sociology of law field of inquiry (see Ferrari 2004). Nelken continues his dissection of the concept, highlighting once again the wide range of topics that could be (and, indeed, has been) analysed through the legal culture framework: from the macro-level comparative studies about juridical systems and their functioning in States and international organizations; to the micro-analysis of laymen's perceptions, attitudes and representations toward law, that of legal culture has proved to be a particularly versatile analytical tool for the sociological understanding of law and its social dimensions. Anyway, such a semantic richness runs the risk to make the concept poorly significant in the understanding of social phenomena if not tempered by internal distinctions and clarifications.

The first and central distinction to be made is between *internal* and *external* legal culture. While the first refers to the legal culture of those social actors who carry out specialized juridical activities and are part of groups and professions who adopt a technical approach toward law; the second pertains to the population at large, which is to actors who are not directly involved in a specialistic framework on law, its functioning and its uses. In other words, if it is true that law affects everyone, behaviours, representations and attitudes towards it vary significantly between those who are integral and active part of the "juridical field" and those who are merely involved in its functioning without having a professional or technical knowledge of the various patterns that characterize it. As Bourdieu (1987) argues, indeed,

> the institution of a 'juridical space' implies the establishment of a borderline between actors. It divides those qualified to participate in the game and those who, though they may find themselves in the middle of it, are in fact excluded by their inability to accomplish the conversion of mental space – and particularly of linguistic stance – which is presumed by entry into this social space. (Bourdieu 1987, p. 828)

Despite this significant distinction, as it will be argued later, the border between "internal" and "external" is not as clear and straightforward as it may seem, appearing in fact blurred and discontinuous.

Another important feature which characterizes the concept of legal culture pertains to the extension of the social situation to be analysed and to the focal length which is deemed useful and appropriate for its study. As it seems obvious, the more in depth we

go, the more we will notice differences and peculiarities between one "type" of legal culture and another. Focusing on the different levels on which sociology has traditionally articulated its analysis, different features could be considered for analysis and comparison. For sure, at a macro-level it would be possible to distinguish between the legal culture of democratic societies and the one of authoritarian regimes; between juridical systems articulated on common law and others who adopt a civil law paradigm (see for example Friedman 1975). At the micro-level, it may be appropriate to study the legal cultures of individuals who differentiate for (or share) some relevant characteristics, which are deemed significant in what concerns the attitudes and beliefs about law (see Nelken 1995). Yet at another level, which situates in between those two, it could be possible to focus on the same traits concerning some professional groups or institutions, within which it may be possible to find specific configurations of legal culture (Ariens 1992, Friedman 1994). It is particularly in this latter sense that the concept of "local legal culture" (cf. Church 1985) gains significance, being a useful tool to analyse the local configurations of legal culture (see Cotterrell 1997) which emerge and evolve in a tension between the "internal" and "external" legal culture of the social actors being part of a given organization.

In this paper, we are going to focus specifically on the local legal culture of the penitentiary (cf. Sarzotti 2000, Prina 2018), considered as a symbolic framework that interacts with the professional and legal cultures of two specific groups operating within the prison: prison officers and healthcare professionals. The comparison between the two appears to be significant in understanding the ways in which the existence and pregnancy of a particular local legal culture blurs the distinction between what is to be considered as "internal" or "external" (which we can schematically attribute, respectively, to prison officers and healthcare workers). The focus on those groups, moreover, reveals to be particularly interesting in the analysis of how legal culture is constantly performed and negotiated within a setting which is strongly characterized by a rigid regulatory system. The prison is indeed a field which is "saturated" of official norms (Benguigui *et al.* 1994, Sarzotti 2010), whose practical uses and meanings often contrast with the declared functions of the institution, being constantly moulded according to an instrumental rationale which is strongly dependent from the contingencies and needs of everyday prison life.

2. Methodology

Doing ethnographic research within prison context is an important task because it helps to shed light on a particular social institution that is profoundly separated from the external society. (Drake *et al.* 2015, Sbraccia and Vianello 2016). Prison ethnography aim to question the "taken-for-granted" dimension of the functioning and objectives of this institution, shedding light on the professional and juridical knowledges within this particular social context (cf. Sarzotti 2010, Chantraine 2013, Sbraccia and Vianello 2016, Vianello 2018). Since it is a description of a particular social world using an unexpected perspective (Dal Lago and De Biasi 2002), ethnography shape up to be a "critical" research practice, capable of questioning, by breaking them down, the various elements that contribute to constituting the prison culture within which the operators live their daily lives (see Hammersley and Atkinson 2007, Chantraine 2013, Sbraccia and Vianello 2016, Shah 2017). At the same time, doing ethnographic research is particularly

complicated for the many difficulties and challenges that the researchers find in obtaining access to the field, in moving freely inside the institution, in interacting with prisoners and prison staff and, in general, in being accepted and recognized within the prison field (Ferreccio and Vianello 2014).

This article draws from two ethnographic researches conducted between 2012 and 2018 by the authors in four correctional facilities located in Northern Italy: one research was focused on prison officers, the other on healthcare professionals. The former has been conducted in a Casa di Reclusione, a prison that hosted prisoners condemned with a final sentence higher than five years. It was a prison facility composed by several detention wings for different typology of prisoners: “general population” detention wings; “high security” detention wings, for prisoners who belonged to organized crime of the Mafia-type; detention wings for prisoners that for safety reasons needed to be separated from other inmates (mainly “sex offenders”); “University area” for prisoners enrolled at the University. It was a medium-big sized correctional facility, an overcrowded prison with more than 900 detainees, a number that doubles the official prison capacity (on the Italian overcrowding problem see for example Associazione Antigone 2013). This correctional facility was informally considered a “re-educative” and “open” prison (see Torrente 2018), due to the several treatment activities that were carried out within it.

In order to access to such a complicate field, each author adopted two different strategies. The first, a formal one, with a request to the Prison Service explaining the aims of the research and methodologies that would have been used. The second, accessing the field with other roles (Degenhardt and Vianello 2010) in order to become familiar with the prison context and the objects of the research. In particular, the first author entered the field as university supervisor for prisoners enrolled at the University, a role that he covered for two years. During this period, he obtained a formal authorization that allowed the conduction of a participant observation that lasted for four months, between March and May 2014 and August of the same year. This has been done in detention wings, places assigned for working, educational and cultural activities, staff offices. During this period, 15 audio-recorded semi-structured interviews to prison officers has been conducted (with low, medium, and high rank officers; 3 female officers and 12 male officers), together with several other ethnographic interviews (not audio-recorded).

The research conducted by the second author focused on three Case Circondariali, namely correctional facilities that hosted inmates awaiting trial and convicts sentenced to less than 5 years of imprisonment. Two of these had a detention wing called Articolazione per la Tutela della Salute Mentale in carcere (ATSM) (Mental health prison ward), respectively one for men and one for women. The other had a Reparto di Osservazione Psichiatrica (ROP) (Psychiatric observation unit). Two of those were medium sized prisons with more or less 400–500 detainees each, both with a certain rate of overcrowding (more or less 130%). The third was a big sized prison with 800 inmates, with a “tolerable capacity” of 900. In this case, the researcher gained accessed to the field as an activist for Associazione Antigone, an Italian NGO who works on prison conditions. With this role, he sporadically accessed the prison field in all its spaces. At a second moment, he also obtained a formal authorization to conduct 5 months of participant observation within the three abovementioned prisons, that lasted between

October 2018 and February 2019. This has concentrated mostly on healthcare wards and ambulatories within prison, rooms dedicated to educational and healthcare activities (such as art-therapy, mindfulness, music therapy), and offices within and outside the penitentiary where the prison healthcare staff hold the team meetings. During the previous year, 20 long semi-structured interviews were conducted with doctors, nurses and psychiatrists (4 female and 16 male), followed by several ethnographic interviews with the same figures during participant observation.

Moreover, in the last 5 years both authors visited many correctional facilities in Northern Italy for Antigone's National Observatory on Detention Condition, from which some useful observations about the prison context have been gained.

In both researches, semi-structured interviews were aimed at exploring participants' experience, with particular reference to the complex features of their everyday work, their interpersonal relationships with colleagues, with other member of prison staff and prisoners. The interviews were conducted in prison or in healthcare facilities during participant's working shifts and their length varied from 30 minutes to 2 hours. Almost all of them have been audio-recorded and transcribed verbatim. The empirical material to which we refer in this article is the result of a cross-over of the data collected in the two separate research projects, from which we have been able to compare our experiences, rework the material collected and formulate new analyses.

3. Prison officers, healthcare workers and prison's local legal culture

Since the 19th century, prison assumed a central role in the penal system (Vianello 2012). The progressive affirmation of the penitentiary as the main site for punishment has been accompanied by its legitimization focused on a "rehabilitative ideal", which itself has contributed to frame prisons as paradigmatic sites of legality (Sarzotti 2010). However, despite the progressive bureaucratization and rationalization of penal execution, its concrete articulations have proved insufficient in guaranteeing the fulfillment of those "rehabilitative" aims (Mosconi 2001). In particular, as argued by Sarzotti (2010), the vast configuration of norms who was aimed to regulate and organize the institutional functioning of the penitentiary clashed with "the localistic system of material conflict management and of the informal relationships that comes to be established between the confiners and the confined" (p. 184). The prison appears to be, indeed, as a sociologically peculiar environment, in which the uses and applications of norms are subordinated to locally determined power relationships and to a system of negotiation between the different groups who take part in its everyday life (Sykes 1958, Ronco 2014, Signori 2016, Sbraccia 2018, Vianello 2018).

The analysis regarding the concrete "action" of every norm which is introduced in prison must therefore be aware of those localistic traits. As Ronco (2014, p. 109) argued, the socio-juridical analysis should keep in mind that the norm is going to graft "within a network of relationships that develop with a plurality of actors who have a culture or subculture, often very distant and mutually conflicting objectives and operating methods, such as to produce organizational dysfunctions that are difficult to resolve". In view of these considerations, and following Carbonnier (1972), we can glimpse the existence of an "infra-law" of prison practices, which leads to an "autonomy of the carceral" with respect to "judicial power and any interference of the grammar of law"

(Sarzotti 2010, p. 185). This peculiar configuration of the relationship between the norm and its uses which takes place within the penitentiary sets the ground for the idea of a local legal culture which is specific of the prison social environment (cf. Prina 2018). This is possible because of the reduced visibility of prison practices, which leads to poor accountability toward the judicial system; of the violence and power imbalance that frames the relationships between prison staff and inmates, which leads to a reconfiguration of law's meanings and uses; and for the highly centralized bureaucratic organization which characterize prison administration (Sarzotti 2010, Prina 2018, Vianello 2018).

Those theoretical observations have been supported by some empirical studies, who – even though avoiding a specific reference to the concept of "legal culture" – emphasized the attitudes and patterns of behaviour of different prison workers toward law. Particularly significant in this sense is the study of Salle and Chantraine (2009), which describes "the plural and ambivalent effects of the mobilization of law in prison", highlighting the torsion of "prisoner's rights" intro "privileges" to be earned through appropriate behaviour. Similarly, Vianello (2018) tries to redefine the cultural and normative dimensions of the prison system: overcoming the traditional opposition between "culture of legality" and "criminal culture", the author suggests the existence of a common and trans-professional "prison culture", which outline a specific and locally oriented attitude toward law which is shared by all social actors within the prison. The pervasiveness of prison's moral horizon – and, as we will argue, of a local legal culture of the prison – has been recorded in different studies for what concerns the work of prison officers (Maculan 2014, Maculan and Santorso 2018, Gariglio 2018, 2019), prison educators (Torrente 2018), healthcare professionals (Ronco 2018, Scivoletto 2018, Sterchele 2020, 2021). Only some of those, however, explicitly used the concept of "legal culture" in describing each professional's attitudes toward law and its meanings. In constantly referring to those studies, trying to reflect on how the considerations they moved could be resettled within a "legal culture" framework, we'll look closely to the everyday activities of prison officers and healthcare professionals in prison in their relationships with the normative framework within which they operate. In doing so, we'll consider the tension existing between three cultural references which are relevant for each professional group. The interaction and tension between professional culture, legal culture of the group and local legal culture of the prison emerges in the everyday activities of each professional group. In the following chapter, we'll outline the peculiarities of the prison officers' and healthcare workers' professional cultures, highlighting how they interact with the respective legal cultures which we can assume are peculiar to each profession. Successively, in focusing on the analysis of a number of processes concerning medical examinations in prison, we'll show how those peculiar traits grasp within the local legal culture of the prison, giving place to dynamics of collaboration, conflict or blurring between groups and toward the institutionally consolidated patterns of conduct. As we'll see at the end of the paper, we're persuaded that the local legal culture of the penitentiary pushes towards an *instrumental* attitude toward law and its possible uses, which, however, should not be taken for granted.

3.1. Right arm: prison officers

The prison officers' corps has been created in the 1990 with the law number 395 that disbanded the previous corps of the *agenti di custodia* (custody guards) characterized by a military orientation with a new one characterized by a civilian orientation that, however, maintained a clear hierarchical structure. As the law 395/1990 stated at the article number 5, "*officers have to guarantee order and security within prisons, ensure the execution of the detainees' restrictive measures, and participate to the activities of observation and re-educative treatment of the prisoners*". In the first part, this law imagined and constructed prisoners as the main threat to prisons' security, delegating POs to ensure the condition of restriction and deprivation for the convicted persons. The last part of this law involved officer in the prisoners' treatment activities. Giving to POs this task, the Italian legislator wanted to enhance the officers' role: from a mere "turnkey" to a subject suitable to handle the changes that occurred in the penitentiary environment (Mazza and Montanara 1992). However, after thirty years, this passage never really happened. Most of the POs' tasks are still related to the dimension of prisoners' control while their contributions on prisoners' treatment remain ambiguous and a not so clear facet of their work. About that, even the Prison Officers Corps Regulations issued by decree of the President of the Republic number 82/1999 did not resolve this ambiguity because in the sections where it describes officers' assignments, it only lists tasks related to control and vigilance.

It shouldn't be surprising, then, if prison officers end up implementing regulations mainly through orders, prohibitions, and authorizations (Sarzotti 2000, p. 86) and enforce the prison rules through bans and negative sanctions. The many regulations that prescribe what prisoners can and cannot do would lead them to see rules as means to defend the order and security of the prison, which must be guaranteed against the "threats" of an unpredictable and dangerous prison population (Scott 2008, Drake 2011, Ugelvik 2014, Maculan and Santorso 2018, Haggerty and Bucerius 2021). In this way, prison violence (Bottoms 1999) would also be connected to the fact that rules have to be imposed to prisoners, in some cases even with force (Marquart 1986, Torrente 2016a, Gariglio 2108, Symkovych 2019), since the spontaneous consensus to these rules, in some circumstances, could be very low.

Prison officers' every day work is deeply oriented to the rules, leading them to understand their tasks as strongly connected to the laws. Rules, regulations and official guidelines that characterize prison life contribute to define the limits of prison officers' tasks influencing a wide variety of aspects like, for example, the language used every day during the interactions among colleagues and with prisoners (Sarzotti 2000). However, although the rules have a crucial role, it does not mean that they are always rigidly imposed to prison population. Prison work need a lot of communication skills (Crawley 2011, Liebling *et al.* 2011, Maculan and Santorso 2018) through which explain to prisoners the sense of a prohibition or a denial, especially in order to avoid unexpected consequences. Moreover, every rule has a room for interpretation and discretion that is used very often by prison officers since prison order and security in many cases need a great deal of flexibility on the rules' implementation (Gilbert 1997, Liebling 2000, Gariglio 2019, Haggerty and Bucerius 2021). However, as Sarzotti (2000, p. 92)

underlined, both when the rule is rigidly implemented, and when it is interpreted and "bent", the "reference point" always remain the normative one.

Most of the prison officers who work within correctional facilities, and especially within the detention wings, have to deal everyday with prisoners, with their problems, with their request, with their complaints (Ugelvik 2014, Maculan and Santorso 2018). For them, the risk is that everything is seen as a "request", from the simple talk to the more extreme and dramatic episode (like suicide attempts that can be interpreted as a help request made with the body) (Sarzotti 2000, Torrente 2016b). In these interactions the argumentative model "if-then" is widespread and it connects officers' actions to laws, norms and regulations that characterize their working environment. This scheme could be activated in situations like these: "if the request is related to something provided by rule, so it can be accepted, otherwise it can't". This scheme, however, may have a mystifying function: it can neutralize prison officers' choice and decision, together with the mediation they do while they implement regulations, since the responsibility for their decision is inevitably connected to what the rule states.

Prison officers' role perception would be "generalist" (Sarzotti 2000), that means that is mainly identified with the respect of their organizational rules within a strict hierarchical structure. After all, the deference to superiors and the duty to obey those in the highest positions of the hierarchy are established and accurately described by law 395/1990 and by the decree 82/1999. On top of this hierarchy, we find a diarchy: the warrant and the prison officers' chief. On its lowest levels we find many – and often young – prison officers with the task of executing orders, rules, and regulations without the possibility to discuss and question them (*ivi*. p. 94). This passive role of "executor" of rules can be used strategically, especially during the interactions with prisoners that make many requests. In these situations, the answer can be: "I cannot do anything. You have to discuss with those who have more authority and power".

In conclusion, prison officers could be considered as a group who share a somehow "internal" legal culture. We can say this because although there are certainly differences among officers in the way they deal with their work (cf. Farkas 2000, Scott 2008, Tait 2011), it is also true that these differences vary in terms of degrees rather than kind (Liebling 2008). Moreover, as we will see, the cultural dimensions that uniformed staff share are further clear in the comparison with the other professional groups such as healthcare workers. Prison officers strongly and directly deal with law and its uses in their everyday work and we can say that, in their following an authoritarian approach, they represent the "right arm" of the penitentiary. Although prison officers know many things about prisoners since they spend much time with them (Liebling *et al.* 2011), their professional knowledge remain underestimate (Crawley 2011) since their participation in the re-educative treatment of prisoners remained often on paper. Prison officers' role remains strongly connected with the implementation of rules, the respect of laws and the execution of orders. Even for this reason, their relationship with prisoners continues to be based on diffidence and contraposition as if between them there was an invisible wall that divides them (Scott 2008, Sim 2008). This entails a continuous tension between these two groups and the impossibility to construct a relationship based on trust.

3.2. Left arm: healthcare workers

With Legislative Decree no. 230 of 22 June 1999, some innovative elements have been introduced for what concerns the provision of healthcare services in Italian prisons. In particular, the decree sanctioned that "prisoners and internees have the right, like citizens in a state of freedom, to the provision of effective and appropriate prevention, diagnosis, treatment and rehabilitation services, based on the general and special health objectives and the essential and uniform levels of assistance identified in the National Health Plan and the regional and local health plans". In this sense, the National Healthcare Service (SSN), as indicated in paragraph 2 of the same decree, is aimed to ensure levels of services which are equal to those guaranteed to free citizens, to put into practice proactive actions in the field of health protection and "interventions for the prevention, treatment and support of psychical and social disease". In short, the fundamental intent of the decree is to achieve a dimension of *equality* – in terms of access to healthcare services – between prisoners and free citizens, pursued through a fundamental "reorganization" of prison healthcare.

A further step in this direction is carried out with the emanation of the Prime Ministerial Decree of 1st April 2008, which defines "modalities and criteria for the transfer to the National Healthcare Service of health functions, employment relationships, financial resources and equipment for what concerns prison healthcare". This decree marks the beginning of a long process of separation of the prison healthcare sector from what can be conceived as the hierarchical line of the prison administration. By entrusting the healthcare competences to the Ministry of Health, and therefore to the National Healthcare Service (SSN), the reform led to a formal *autonomy* of healthcare workers operating in prison from the general objectives of security and rehabilitation which are proper of the penitentiary. In this way, the DPCM has determined the consolidation of a peculiar situation: within a structure which is governed by a department headed by the Ministry of Justice, a different organization is de facto "inserted". The latter not only belongs to a different Ministry (Ministry of Health), but also appears as completely different from the first for what concerns both professional aims and operators' professional (and, arguably, legal) cultures (cf. Ronco 2018, Scivoletto 2018).

This process of slow detachment from the organizational structure and functions of the prison marks on many fronts a clear differentiation of the healthcare staff from any other professional group who operates within the penitentiary (Starnini 2009, Ronco 2014, Cherchi 2016). The main difference, at least for what concerns the aims of this article, could be seen in the relationship they entertain with norms and regulations. Despite being embedded in an environment which is characterized by a strong pregnancy of norms, healthcare workers' everyday activities are mainly guided by a performative orientation, focused on the service they provide, its quality and the results it produces (Sarzotti 2000). Norms are constantly recalled in their work, but not as a set of rules which gives legitimization to their practices, but as a framework which could guarantee the dimension of autonomy of aims and functions that makes it possible for them to pursue their goals beyond the restrictions imposed by the prison environment (Ronco 2014, Cherchi 2018). In referring to norms, indeed, healthcare workers adopt an argumentative model which differs greatly from the "if-then" automatism implicit in prison officers' practices, explaining the reference to the norm within a goal-oriented

frame (Sarzotti 2000). Following those considerations, we can say that healthcare workers are a group who share an "external" legal culture: in their being external to the juridical field (Bourdieu 1987), they do not have any specialist knowledge of juridical features, and their reference to norms and regulations is made in non-technical terms. Given this different approach toward norms, and since their goal is that of provide support to the prison population, healthcare workers represent the "left arm" of the penitentiary.

Going in depth in the features which characterize their legal culture, we can see how healthcare workers tend to identify with a "specialist" role model, which differs from the generalist perception which is proper of the prison officers' corp. To recall the analysis proposed by Sarzotti with reference to prison educators, this means that the healthcare professional group is "characterized by a profound identification with the professional competencies acquired, and for a likewise strong identification with one's professional group: the fellow specialists" (Sarzotti 2000, p. 88). This leads to the adoption of a "collaborative approach" in their everyday tasks, which is centered around the usefulness of their service and its significance for its users. Unlike that of the educators, however, the healthcare group is also internally differentiated, appearing heterogeneous in its composition. Parallel to a consistent group identification with the healthcare sector at a general level, there are also internal distinction which are concerned with the self-identification of healthcare operators with one's own profession. The medical realm is indeed composed by different professional roles, ranging from general practitioners to nurses, dentists, psychiatrists, infectious disease specialist, physiatrists and so on. Therefore, the identification with one own's professional sector appears to be somehow fragmented by the multiplicity of positions and specializations that characterize the medical field. In this regard, the sense of belonging of the nurse will be different from that of the physician, and even more with that of the psychiatrist; and it will be declined toward the restricted group of the "nurses", more than with the macro-group of the healthcare personnel. That said, a general sense of belonging and identification with the "medical staff" is still strong and consistent in every healthcare worker, especially in its juxtaposition with all the other roles and professions which are part of the prison administration. This distinction is well exemplified by the frequent reference to a metaphor that marks a distinction between "our home" and "their home": while the first refers to the prison spaces which are dedicated and managed by the healthcare sector, the second represents all the other spaces of the penitentiary, in which they somehow feel as "guests". This metaphor will be analysed and examined in depth in the next chapter.

4. Legal culture and the implementation of prisons' rules

The article n. 11 co. 6, of the Law n. 354/1975 says that "*the physician has to visit every day the sick and all those who request it*". Similarly, as we previously saw, the two prison healthcare reforms of 1999 and 2008 stated the formal equality between detainees and "free citizens" for what concerns the access to healthcare. In short, all those articles underline that all prisoners have the right to meet a doctor in case of need and receive medical care. In order to guarantee this right, a strict collaboration between different professional groups who work in prison is needed.

Numerous interviews and ethnographic talks with healthcare workers have highlighted how the process of application of the 2008 reform has been often seen as a gradual insertion into the prison environment of what was perceived by prison administrations as a "foreign body" (Sterchele 2021). In this sense, many healthcare workers described themselves as "guests" within an organization which remains strongly directed by an administrative body whose aims and operational styles, as we saw in the previous paragraph, differ greatly from theirs (*Ibidem*).

Nonetheless, the slow and difficult process of application of prison healthcare reforms has led – though with heterogenous results in different local context – to the consolidation of some spaces of (relative) autonomy for healthcare workers. This form of autonomy is spatially transposed into some spaces of the penitentiary, signally healthcare areas or infirmaries: those spaces, as ethnographic observation allowed to notice, are almost exclusively occupied by doctors, nurses and various specialists, and it is within those spaces that visits with patients/prisoners took place. In those areas, healthcare workers can do their everyday job "as if" they were on an external hospital: prisoners sit outside each office and doctors come out to call them when it is their turn, sometimes flanked by a prison officer who only helps them with the management of what is often a great number of patients. It is in this respect that the metaphor which distinguish between "our home" and "their home", constantly proposed by the healthcare workers when claiming the autonomy of their work and of their spaces in respect of those of the prison administration, become significant. "Our home" is, in the eyes of healthcare workers, the space in which the principles of autonomy and independence which are guaranteed by the 2008 Reform become concrete and effective. "Their home" is all the other spaces of the prison, those which are still under full control and management of the prison administration: in those places, healthcare workers are "guests", treated as somehow "external" figures, being constantly guided by prison operators and forced to follow their recommendations.

This tension between dimensions of autonomy and dependency is well exemplified in the triangulation that takes place between different social actors in the pursuit of prisoners' health, – namely healthcare workers, prison officers and prisoners – specifically in the dynamics that concern medical examinations in prison. This triangulation could make place for different configurations: there could be an effective collaboration between the prison staff and healthcare workers, but episodes of conflict and friction between the two sectors may also arise.

4.1. Collaboration

Differently from what concerns free citizens, the prisoner could not always reach the doctor in complete autonomy, being subjected to the strict rules and regulations that characterize prison's bureaucratic organization. The highly bureaucratized functioning of the prison environment provides that the prisoner, in order to get access to medical visits and treatment, should present a *domandina*, which is a formal and written request that the inmate gives to the prison officer in order to claim the right of getting access to a specific service. At the same time, healthcare workers have difficulties in monitoring prisoners' state of health autonomously, because not all the spaces of the prison are freely crossable from all the social actors who work within the institution (Sbraccia and Vianello 2016).

Beyond the formal and clear moment of the medical examination, in fact, healthcare workers constantly underly the importance of a preventive intervention for treating prisoners' diseases. Despite the difficulties this could entail, many healthcare workers claimed the necessity of adopting a proactive approach toward prisoners' state of health: it could happen, in fact, that some prisoners in condition of mental distress do not ask to be visited by a doctor, letting a compromised health condition evolve that could eventually lead to self-injurious or suicidal acts. As several researchers underlined (see for example Torrente 2016a), a prisoner suicide is one of the most feared "critical events" that could possibly happen in prison, both because of the seriousness of the event and of the complex consequences it entails.

> It is the prison officers who inform us about the most delicate cases, because they are the ones who see... and when they see something strange they bring it directly to the infirmary, to have it evaluated... yes, yes, and often they are not wrong uh, I must say the truth... that is, we know that when the nurses tell us, the educators maybe – but when the police tell us... but in general no one is wrong, by now there is a good training in recognizing who really needs the psychiatrist. (Interview, Psychiatrist, Casa circondariale)

It is in this sense that forms of cooperation between prison administration and the healthcare sector are often recalled as fundamental in the pursuit of the prisoners' healthcare rights. This becomes particularly evident in the monitoring of prisoners' health, where a strict collaboration between healthcare workers and prison officers is often claimed as of central importance.

This is because, although being primarily concerned with the maintenance of order within the penitentiary, prison officers could play an important role in integrating healthcare workers' practices, helping significantly in the pursuit of prisoners' healthcare. In many cases, indeed, prison officers may report to healthcare workers the complicated and problematic situation that some prisoners live, exhorting them to schedule a meeting as soon as possible. Prison officers, indeed – as doctors, psychiatrists and psychologists generally underline – are kept abreast of those situations since they spend most of their time with prisoners, especially in detention wings (Liebling *et al.* 2011), spaces which are often precluded to autonomous visits by healthcare professionals.

Prison officers, thus, play an important role in establishing a connection between prisoners and healthcare workers, which is somehow a constitutive part of their duties, though it can be interpreted in several ways.

Firstly, it is connected to the article 42 of the decree of the President of the Republic number 82/1999, which states that every officer have to promptly report to the superior responsible for the detention wing *every relevant fact (…) that may affect people's health*. This function of connection is a task that every officer has to do. On recognizing prisoners' need and health problems, prison officers can perform an "aid function" towards people that live in a complicated situation of deprivation (Sykes 1958, Crewe 2011a). A function that would put somehow into practice one of the officers' aims provided by law, namely to not be only "keepers", but professionals that participate to the activities of observation and re-educative treatment of the prisoners.

> …solving inmates' problems. There are many small things... Think about health-care when maybe prisoners are sick. They ask you when the dentist is coming, then make a call to the infirmary... just a little thing... Maybe the dentist is there, so ask him if he can go. And if he says 'no problem, I can visit him immediately' you solved a problem to the prisoner because maybe he had toothache... In those situations, you can feel at ease, yes… You feel satisfied and you did a good work and the right thing! But I do not have to call eight thousand times because I am not paid to do the switchboard, you do it only to solve problems. (Interview, prison officer, Casa di reclusione)

However, it is also clear that relationships within prison are more complicated than that, especially when we consider social groups that live a profound situation of contraposition and conflict like prisoners and prison officers (cf. Clemmer 1940, Goffman 1961, Kauffman 1988, Sparks *et al.* 1996, Scott 2008). In fact, the report to healthcare workers can also be understood as a request for help, a way of ensuring order and preventing the prisoner from putting into action practices that may lead to critical episodes like aggressions towards other prisoners or officers (Light 1991, Bottoms 1999), self-harm or suicide (Liebling 1992, Sbraccia 2018). Episodes like those, on the one hand, implies prison officers' intervention that may expose them to jeopardize their safety. On the other hand, those may lead to an internal investigation in order to verify how the officers worked and to claim accountability for what happened (see Torrente 2018). In this sense, when prison officers find challenging to deal with a prisoner, they may report the case to the healthcare workers so they can contribute to handle the prisoner in another way, for example through drug prescriptions. That is what sometimes prison officers expect from healthcare workers, in order to "calm the prisoner down" (see Sterchele 2021).

> The prisoners began to vent with the people in front of him, that is to say with us, the prison officers. Most of their problems are not related with us but because they didn't have meeting with lawyer, family members, or the visit with the doctor as they wanted. So, I contacted the doctor… (Interview, prison officer, Casa di reclusione)

At the same time, healthcare workers often underline the unavoidability of cooperation with prison officers. Giving the limitedness of their gaze and autonomy of action, healthcare workers take benefit from the constant glance at the sections that could be provided by prison officers. The latter do indeed an important work in contributing to the achievement of healthcare workers' goals, namely the pursuit of prisoners' health and "wellbeing". Ethnographic observation and interviews allowed to grasp the importance of this connection and collaboration, which has been made explicit in a number of cases in which doctors were visiting a patient who was reported to them by prison officers. Simultaneously, the ambiguity and slipperiness of this collaboration was also recognized. In some cases, healthcare workers complained that prison officers were sending inmates to visit them in order to resolve disciplinary issues. However, the acknowledgment of the concrete difficulty in making a clear distinction between what is to be considered as a "problem of order" and what as a "symptom of a disease" often makes healthcare workers satisfied with the mechanism of mutual collaboration between them and the prison officers.

Those considerations allow us to glimpse some interesting areas of encounter between the different legal cultures of the two groups taken into consideration. The bureaucratized and rule-oriented actions which are typical of prison officers meet with

and enhance the possibilities of action of a professional group that is instead guided by a goal-oriented framework, making it easier for them to pursue their aims. At the same time, healthcare workers' orientation toward what's best for the patient meets fruitfully with prison officers' objectives of security, granting them an indirect support in ensuring order in prison wings. The two legal cultures, thus, seem to fit together pretty neatly, finding a crossing point in the pursuit of prisoners' health, which, indirectly, could result in an enhancement of prison order and security.

4.2. Conflict

As far as the mechanisms of collaboration between healthcare workers and prison officers are seen as a fundamental element in ensuring prisoners' rights to health, the need for triangulation that was mentioned earlier poses some problems which are particularly significant in compromising the dimensions of autonomy and equality which are formally guaranteed by prison healthcare reforms. Although in some situations prison officers may work as a joint between prisoners and healthcare workers in reporting some problematic cases, in other cases those same processes may translate in a mechanism of "filter" which acts discretionally in rendering possible or hindering the encounter between healthcare workers and their imprisoned patient (see Sterchele 2021).

Again, the metaphor of "feeling at home" returns to be significant in the analysis of those mechanisms. While reaffirming the autonomy and otherness of the healthcare areas compared to what are the spaces and purposes of the prison administration on the one hand, on the other the metaphor expresses the need for a constant exercise of negotiation between the two groups, which is heterogeneously implemented in various local contexts. Indeed, if, in making reference to the reform, healthcare professionals continuously represent themselves as independent from prison's aims and functioning (thus reaffirming their professional, operational and deontological autonomy) those narratives often clash against the material reality of the penitentiary, resulting somehow compromised by it.

A paradigmatic example in illustrating the partiality of this dimension of autonomy could be clearly seen, one more time, in the necessary triangulation between different groups that takes place when a prisoner asks to be visited. Only in rare cases, indeed, this dynamic is resolved in a two-way relationship between prisoners and their doctor. In most cases, as seen above, the establishment of the therapeutic relationship involves the intermediation of a third-social actor, whose role within the dynamics of the penitentiary is far from marginal: the prison officer. In a number of situations that we observed during our researches, the prison officers who work in detention wings can act as a *filter* between prisoners and healthcare workers.

The ways through which prisoners can have an appointment with the prisons' physician may be various since they are often related to the (informal) internal organization of every prison. Generally, as we have seen above, prisoners have to write a *domandina* and then deliver it to the prison officers that will contact the doctor that, in turn, will schedule a medical examination. As long as the system of the written "requests" is the only way to schedule a medical examination, prison officers will perform a crucial role in this interaction, which attributes them significant power. This comes to be particularly

problematic in its dependence on prison's regulatory schemes, hybridizing prison officer's evaluation with elements concerned both with prisoners 'state of health and with their adequacy to the formal and informal schemes of behaviour which are proper of the prison context (Sbraccia 2018, Sterchele 2021).

In Italy, as well as in many other countries (Liebling *et al*. 1999, Crewe 2011b), the everyday prison life is characterized by a "rewarding system" based on individualized re-educational programs. This results, for prisoners, in a system of selective access to prison benefits which depends upon good behaviour, critical revision of their past, and willingness to adapt to institutional aims (Sbraccia and Vianello 2016). Given its pervasiveness, the rewarding logic may affect significantly the everyday interpersonal relationship between staff and prisoners, leading to the sanctioning of those who do not respect the formal and informal rules that regulate prison life and, on the other hand, to the rewarding of those who conform to them (Maculan and Santorso 2018). These system of sanctions and rewards could be very different and can characterize several aspects of prison life, affecting also the pursuit of individuals' rights, which often come to be redefined as "privileges" (Salle and Chantraine 2009).

This is the case for what concerns prisoners' right to health and treatment. In the management of requests of medical examination, prison officers may indeed adopt the rewarding logic. This immediately translates into differential access to healthcare treatment for "good prisoners" and so-called "troublemakers". Those prisoners who demonstrate to know how to "do time" smoothly, without giving problems to themselves and other prisoners (Torrente 2016b, Vianello 2018, Kalica and Santorso 2018), could be "rewarded" by prison officers with a quick procedure of contacting healthcare workers and scheduling an examination. On the contrary, the "troublemakers" may be sanctioned because they create problems, concerns, worries to the prison staff: this could be done with the ignorance of their "request", with a delayed contact with healthcare workers or a delayed exit from the detention wing, thus making problematic the access to the prison clinic.

> With one of the two officers I talked about the management of the prisoners in 'isolation' for disciplinarian reasons. He told me that inside the cell there is a bell that is used to call the officers, but only in case of emergency. If they were to use it for non-strictly emergency cases, they would suffer the consequences of not respecting the rule of using it (i.e., only for emergencies). Consequently, in the event that they then need other things, perhaps more important, they would not immediately mobilize to help them but would follow longer times... (Ethnographic diary, Casa di reclusione)

In this way, selective access to health treatment serves to "teach them a lesson", a practice that reiterates prison officers' role of power, enforcing formal and informal prison rules and reminding clearly what can and cannot be done in prison.

The mechanism of informal assessment that determines who is to be considered appropriate to the social context of the prison and who is to be considered as a "troublemaker" does not apply only to the inmate population, but it comes to be configured also toward healthcare workers. In their daily activities, indeed, they should demonstrate to be as more collaborative and respectful as possible in their relationship with the prison administration, avoiding situations of contrast or open conflict with the latter even when this could lead to a decrease in their autonomy (Sterchele 2021).

> Clearly, we are here as a clinical center and we answer to a different administration, but there are still some dynamics that we have to pay attention to... if he (referring to a hypothetical prison officer) asks you to intervene in something and you tell him directly 'no, that's not in my role', you have finished working here... because then maybe you happen to have to see a patient and they don't call him, they don't bring him here... (Interview, Psychologist, Casa circondariale)

The formal dimension of autonomy which is constantly recalled by healthcare workers with reference to what's stated in the prison healthcare reform of 2008 comes thus to be concretely configured in different ways. This dimension, indeed, is often seen by healthcare operators more as a "conquest" to be pursued day by day rather than as a starting point which is factually guaranteed by the prison healthcare reform (*Ibidem*). In this sense, the ways in which healthcare workers interact with prison staff are heterogeneous, being the result of a balance between the desire for autonomy and the search for a "quiet life" within the institution.

Being aware of the consistent effects of prison officers' discretion (Gilbert 1997, Liebling 2000, Haggerty and Bucerius 2021), healthcare workers tend to behave complacently toward them. The fear that an officer will use his discretion to delay the access to visit for a detainee leads to the search for a relationship that is the least confrontational possible, at the cost of some informal (often implicit) micro-bargaining. This strategy allows the establishment of a climate that, if not freed from hindrance or opposition dynamics, keeps the conflict underground.

Although most of healthcare operators share the opportunity of "being complacent" and avoiding conflict at the cost of partially reducing their autonomy, some of them refuse to come to compromises in that realm, maintaining a particularly direct and intransigent approach. However, this is rather rare, being adopted only when doctors are particularly confident in their position within the prison. But, as said before, the risk of being labelled as "troublemakers" is consistent in those cases. Being hostile to prison officers, creating troubles or make their work particularly onerous, performing a dimension of autonomy regardless of the institutional aims: those are all traits that could create tensions between the two groups, possibly stimulating paybacks by the part of prison officers.

In this regard, in fact, a "radical" and intransigent approach runs the risk of producing some adverse effects, which are quite paradoxically going to reduce healthcare workers' autonomy rather than reinforcing it. Healthcare professionals who exercise their autonomy unconditionally can be perceived themselves as "troublemakers", becoming hindered in carrying out their activities because of local power games between the different areas. The result of this game of power often fell on the prisoner's shoulders: a paradigmatic example for the sanctioning of a troublemaker doctor is the "filtering" of the prisoner's access to a visit he had fixed with him. In this way, the doctor will have to wait more, lose time, stay for extra hours and so on.

On the contrary, quite paradoxically, a more collaborative or condescending approach often allows the exercise of a greater autonomy: when the doctor's conduct is considered to be more "appropriate" to the context by the prison staff, his actions do not result in being hindered or compromised. Being able to manage visits with the active collaboration by the officers is in this sense a fundamental element in ensuring daily healthcare operations that are as similar as possible to the external one (although the

similarity would be greater if the prisoner could go to the healthcare area in complete autonomy, but this is indeed a very rare eventuality). Therefore, the most widespread approach remains the "open" one, for how instrumental this collaboration could be: showing some degree of complaisance with the rest of the staff – in particular with prison officers – is a strategic move that is done in light of the awareness of the strong intertwinement of daily activities among groups between which there's an evident power imbalance.

It is in order to avoid those interferences that the healthcare workers, in some cases, tried to bypass the "request" system in order to have a direct connection with the prisoners, avoiding possible misunderstanding with prisoners and creating a doctor-patient relationship which is as similar as possible to the one that exists outside the prison (being in this sense freed form the typical dynamics of the prison context). However, this is rarely possible, still depending from a long and difficult negotiation between healthcare workers and prison administrations.

> [W]e have abolished the 'domandine' through the administration because you don't have to ask for permission to come here… we give them a piece of paper with our reference and tell them 'this is what you have to use if, before the appointment we have given each other, you still need to come to me', so that there is no need to ask to the administration... (Interview, General Practitioner, Casa circondariale)

From those examples, we can see how prison officers' legal culture tends to characterize the way they implement prison rules. As we have seen, their authoritarian approach (Sarzotti 2000) often leads them to subordinate the prisoners' possibility to meet a doctor to the "rewarding logic" that regulate the prison environment. Within this logic, the good and disciplined prisoner can be rewarded, while the "bad" prisoner sanctioned. The passive role of "executor", that many low-medium rank prison officers feel as a consequence of a "generalist" role perception, may help in this last scenario. The decision to "punish" the "troublemaker", not helping him after the request to meet a doctor, could be argued by the officer stating that he cannot do anything, that it is not on his power or authority to do something without the authorization of his superior (cf. Di Marco and Venturella 2016). Moreover, if prison officers' orientation to the rule shows, on the one hand, their strong connection to the law, on the other hand a wide realm of flexibility is noticeable on the implementation of the rule, since their main goal remains the maintenance of prison order and security. Prison officers' discretion, as we have seen before, plays a crucial role in deciding how, when, and for whom they should implement a rule (Liebling 2000, Haggerty and Bucerius 2021).

At the same time, those analysis shows a distance between "(self)representation" and concrete experience for what concerns healthcare workers' everyday work. In terms of narratives, healthcare professionals continuously make reference to those elements of the reform that allow them to provide a more desirable image of an independent self, claiming in this sense a "pure" legal culture, which is not contaminated by logics unrelated to those of their profession and its code of ethics. In the concreteness of daily action, however, the awareness of the number of limits and mechanisms of the penitentiary leads healthcare professionals to come to terms with the "local legal culture" which is typical of the prison (see Prina 2018, Vianello 2018), adopting an approach to law and regulations which sometimes comes to be similar to that of prison staff. In learning those contextual cultural imperatives, and adopting them as a reference

scheme for daily action, the healthcare staff comes to manage relations with other sectors of staff based on what is perceived as the most appropriate way for that given context. The tension which emerges between the "external" legal culture of healthcare workers and the "local" legal culture of the prison environment sometimes leads to some inversions in the respective legal cultures, which are of particular interest in a socio-juridical analysis of attitudes and beliefs about law of different professional groups within a given context.

4.3. Inversion

In the previous sections, we analysed how prison officers' and healthcare workers' legal cultures interact in the prison environment, giving place to dynamics of collaboration or conflict. In those examples, each group operated accordingly to the respective professional and legal cultures, trying to maximize efficacy in the pursuit of each group's goal. However, the prison environment is a rather peculiar and complex one, in which each profession's interests comes to term with the symbolic frames and consolidated practices of the institution. The interaction between the different legal cultures specific to each professional group, in fact, is often accompanied by elements that have to do with a local legal culture which is proper of the prison environment. This is readable as a specific and locally oriented legal culture, which is – in different gradations – shared by all social actors within the prison. This produces, as a result, a constant blurring of the legal cultures of each group, that come close to each other in sharing the general institutional objectives of internal order and security. The widespread principle according to which "a good day is a day on which nothing happens" (Sbraccia and Vianello 2016) is widely shared between all prison's social groups, from prison administrators to prisoners, passing through prison officers and healthcare workers. The predisposition to achieve this shared primary goal means that, without creating disturbances for each other, each group ends up subordinating its activities to this general framework, levelling out the differences that exist with respect to legal cultures and professional goals.

As a result, the inter-professional sharing of this general framework can sometimes lead to unexpected configurations. The blurring of the operational boundaries between different areas could indeed lead to paradoxical effects. Although rarely happened in a very explicit way, the research has allowed to identify how interesting inversions occurred between the "right arm" of prison officers and the "left arm" of the healthcare staff. In other words, it has been possible to see how, in certain occasions, the ones oriented their actions in a way that was consistent with the operational rationale of the others, and vice versa. Interesting examples could be found again in the dynamics of prison visits, when the identification of the "troublemaker" is made by doctors and healthcare professionals while being contested by prison officers.

Healthcare workers too may indeed adopt some "types" and classifications which are proper of the prison moral environment in order to classify their patients. The identification of a prisoner as a "simulator" is in this sense eloquent in representing the climate of pervasive suspect that permeates the prison environment and, with it, healthcare workers' representations of their patients (see Ronco 2018). The application of such a category leads to an underestimation of prisoners' needs and suffering, resulting in a hasty and superficial attention to their requests. The adoption and

application of those categories by healthcare workers respond to an instance of simplification of the institutional complexity, useful to reduce a workload which is often perceived as unbearable. To make it short, healthcare workers are often convinced that when they're in front of those types of patients, they shouldn't spend much time in following their requests, since those are made only to "fool them" or to gain some personal advantages (see Sterchele 2021).

Although very rarely, when those episodes occurred, it happened to assist to a sort of problematization of such a superficial approach by some prison officers. In light of the everyday proximity, they experience with prisoners in detention wings, some prison officers may call into question such detrimental classifications, claiming the "truthfulness" of prisoners' needs. In this way, prison officers may express an instance of care toward prisoners' needs, breaking the linearity of a shared institutional approach which does not waste time with troublemakers.

> An inmate at the mental health unit is quite restless. For days she has been protesting, yelling and kicking and punching the security door of her cell, which has been closed for some time. In order to resolve the situation, the psychiatrist proposes to transfer her to another prison. The agent is doubtful about the practical feasibility of this proposal: 'but where? To other institutions? We would have to find one that take inmates with a psychiatric classification...'. The psychiatrist retorts with his strategy: 'uh no, we have to remove the psychiatric classification, this is the only solution'. The agent, not completely convinced, expresses his perplexity: 'but maybe here is the only place where we can make her feel comfortable, in a situation like this'. The psychiatrist replies: 'Yes, but then she will drive you crazy...' (*Ethnographic Diary*, Casa circondariale)

Of course, healthcare workers and other professionals may also express those observations, but this comes to be particularly interesting when it is done by a group which is primarily concerned with dimensions of security. In those rare cases, in fact, the instance of care toward a suffering prisoner was not moved because it fitted well within the general organization of security, but *despite* the fact it didn't: surely the prisoner would have created troubles – and so there would have been the conditions for not doing anything about it – but the concern toward his state of health prevailed.

To briefly conclude, what is seen in those examples is an inversion of each professional group's legal culture. While doctors and psychiatrist may adopt an "if-then" scheme of action, strongly connected to the following of local norms and consolidated practices regardless of the patient's own needs, detaching from their professional goals; prison officers may sometimes show some concerns that have to do with dimensions of *care*, adopting a goal-oriented scheme for action that refers to norms that are "external" to the prison environment and in those cases considered as more important.

5. Conclusion

The article was aimed to shed light on the intrinsic complexity that characterizes the study of legal cultures in their configurations within the prison environment, making reference to prison officers' and healthcare workers' legal cultures. As we've seen, both groups tend to act and perform in line with their own professional legal culture: this leads, on the hand, to dynamics of collaboration, which are aimed to reinforce each group in the pursuit of their goals, while maintaining their autonomy intact; on the other,

it leads to episodes of conflict, which are also directed toward a claim of each own's legal culture independence and integrity.

The empirical researches we made, however, showed not only the differences between the two legal cultures but also their affinities. Those can be interpreted as the expression of a mutual adaptation to the peculiarities of the institutional "culture" that characterizes the prison environment (cf. Prina 2018). Its transversality and significance (Sarzotti 2010, Vianello 2018) can cause some interesting overlappings and overturnings. Field observations and interviews allowed to find that in some circumstances, healthcare professionals can take the role of the "right arm" of the prison. implementing some strategies that contribute to prisoners' control and the maintenance of order within the correctional facilities (cf. Sterchele 2020). Similarly, even prison officers in some cases act as the "left arm", implementing deviations from the normal institutional functioning, acting toward aims of prisoner's "care". The solidness of each legal culture thus comes to be tempered by its insertion in a pervasive and strong local legal culture, oriented toward the autopoiesis of the institution itself. It is in this sense that the concept of "local legal culture" gains central significance, being a useful tool to analyse the local configurations of different legal cultures which emerge and evolve in a tension between a legal culture which is more "embedded" in the prison context, and one which should be "external" to it. The result is the configuration of a local legal culture which influence greatly the uses and attitudes toward law of the social actors being part of a given organization while they are working within it. What appears to be relevant, in short, is an instrumental attitude toward law and its possible uses.

Affinities and divergences between the two approaches find a point of synthesis on the prisoners' body, in which the overlapping of the two "apparatuses" becomes evident. Both – grafting within the specific local legal culture of the prison context – contribute to reproducing, each in the specificity of its intervention, the fundamental ambivalence implicit in every prison practice: if, on the one hand, there's a pursuit of prisoners' rights and health, on the other this is always affected by the primary objectives of the prison field, which are, namely, the maintenance of order and the pursuit of security.

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