

## РОЗДІЛ IV. СОЦІАЛЬНА ПЕДАГОГІКА

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### INTERACTIVE ADVANTAGE, CEMENTING OF POSITIONS, AND SOCIAL PEDAGOGICAL RECOGNITION: A NARRATIVELY INSPIRED ANALYSIS OF PROFESSIONAL ACTORS' ORAL REPRESENTATIONS OF HEALTH PROMOTION, PREVENTION, AND REMEDIATION EFFORTS

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**Key words:** *school success, social pedagogical development, verbal portrayal, oral portrayal, verbal emphasis, dramatisation, substance abuse problem, school obstacle, upper-secondary school context, treatment context.*

The purpose of this study is to present new knowledge about the oral representations of the health promotion, prevention, and remediation efforts of professional actors working with young people who use alcohol and narcotics. The narrative empirical material is based on 36 interviews with professionals working with this population of young people within the context of upper-secondary school activities and outpatient treatment units in Sweden. In their oral representations, professional actors depict themselves as having an interactive advantage in relation to the verbal category of “young people who use alcohol and narcotics”. These verbal patterns seem to cement the professional actor as a superior who sets the agenda for placing these young people within a prevailing normative order. The analysis indicates that an inclusive approach by professionals is crucial to achieving several important aims. An inclusive approach also imposes demands, however, on how upper-secondary schools and outpatient treatment units collaborate with each other in this work with young people. This approach also plays a role in determining the support and room for manoeuvring that professional actors have relative to normatively right and deviant actions and to laws and policies that to some extent govern this practical work. Good relationships between young people and professional actors constitute an important dimension in which the social pedagogical recognition is based on caring, trust, and mutual interactions. It is crucial for professionals to take an approach of inclusion of young people (students) in the school and treatment contexts, with attention to their ability to develop and change in a social pedagogical and educational sense.

## ІНТЕРАКТИВНІ ПЕРЕВАГИ, ЗМІЦНЕННЯ ПОЗИЦІЙ ТА СОЦІАЛЬНО-ПЕДАГОГІЧНЕ ВИЗНАННЯ: НАРАТИВНИЙ АНАЛІЗ УСНИХ УЯВЛЕНЬ ПРОФЕСІЙНИХ АКТОРІВ ЩОДО ЗМІЦНЕННЯ ЗДОРОВ'Я, ПРОФІЛАКТИКИ ТА РЕАБІЛІТАЦІЇ

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**Ключові слова:** *шкільний успіх, соціально-педагогічний розвиток, вербальне зображення, усне зображення, словесний наголос, драматизація, проблема зловживання психоактивними речовинами, шкільні перешкоди, контекст старшої середньої школи, контекст лікування.*

Метою дослідження є представлення нових знань про усні уявлення щодо промоції здоров'я, профілактики та реабілітаційної діяльності професійних акторів, які працюють із молодими людьми, котрі вживають алкоголь і наркотики. Емпіричне дослідження базується на 36 інтерв'ю з фахівцями, які працюють із цією віковою групою в навчальних закладах та амбулаторних лікувальних відділеннях у Швеції.

У своїх усних уявленнях професійні актори зображують себе як таких, хто має інтерактивну перевагу щодо категорії «молодь, яка вживає алкоголь та наркотики». Ці вербальні моделі «зміцнюють» професійного актора як керівника, який встановлює процедуру для розміщення цих молодих людей у межах нормативного порядку. Аналіз показує, що інклюзивний підхід із боку професіоналів має вирішальне значення у процесі досягнення декількох важливих цілей. Інклюзивний підхід також висуває вимоги до того, як старші школи та амбулаторні лікувальні відділення співпрацюють одне з одним під час зазначеної роботи з молоддю. Цей підхід також відіграє певну роль у визначенні підтримки та опцій, які виконують професійні актори щодо нормативно правильних і девіантних дій, а також законів та політики, що регулюють цю практичну роботу.

Гарні стосунки молодих людей і професійних акторів є важливим виміром, у якому соціально-педагогічне визнання ґрунтується на турботі, довірі та спільній взаємодії. Важливо, щоб професіонали використовували підхід до включення молоді (учнів) у шкільний і лікувальний контексти, звертали увагу на їхню здатність розвиватися та змінюватися в соціально-педагогічному й освітньому сенсі.

**Introduction.** Previous research regarding health promotion, prevention, and remediation efforts in upper-secondary school and treatment contexts has

drawn attention to the importance of interpersonal collaboration for successful schooling and treatment or success in the practical work of education and

treatment<sup>1</sup>. These studies emphasise effective collaboration between various professional occupational groups associated with school and treatment to achieve good outcomes for the young people (students) in these contexts [27; 37; 32; 5]. These collaborations also include students and parents, all with the common goal of working together to help young person (the student) achieve this success in the social, pedagogical, and educational sense [16; 2; 3; 10; 6; 26; 5].

The context of upper-secondary school and outpatient treatment units can be analysed as places where social pedagogical recognition can be bestowed, which in turn can strengthen both professional and young people's (students') self-esteem and their sense of belonging, involvement, and inclusion [14; 22; 39; 13; 28; 23; 24; 25; 6; 38; 5]. The social life of professionals and young people is constructed and reconstructed through mutual recognition. The self-realisation of professionals and young people in the school and treatment contexts is created and re-created through participation in successful interactions that contribute to the production and reproduction of knowledge, desirable abilities, experiences, and skills. This process is possible, however, only if teachers and students are recognised in the current school context, in close relationships, and in interaction with other actors in that context [27; 16; 37; 32; 2; 3; 10; 6; 26; 5; 31].

The quest for recognition in the contexts of the study is sometimes based on the exclusion of *the other*. Discrimination, insults, and bullying can negatively affect the self-esteem of professionals and young people (students) who are on the receiving end of such conduct. Furthermore, exclusion from the school and treatment contexts risks destroying the actors' self-esteem. This risk applies in particular to exclusion of young people (students) with lower status than professional actors in the study contexts [27; 16; 37; 32; 2; 3; 10; 6; 26; 5; 31].

In the study contexts, professional actors can contribute to the achievement of social pedagogical recognition, school and treatment success, and successful reintegration for young people. Previous research indicates that achieving these outcomes is more closely linked to active individual action by particular professional actors who volunteer, engage, and help than they are to schools and outpatient treatment units in their capacity as organisational units [27; 37; 32; 10; 6; 26; 2; 3; 5; 31].

Knowledge is limited regarding health promotion, prevention, and remediation efforts in the school and

treatment contexts and regarding the protection and risk dimensions associated with the category "young people who use alcohol and narcotics". We know too little about the extent to which various categories of professional actors, young people, and parents really collaborate in these arenas and how the actors' self-identifications affect ongoing pedagogical processes. Knowledge needs to be developed about how cultural and social differences contribute to common starting points in the work and thus to success or obstacles in the work of schooling and treating young people. We hope to make a contribution on this point within the framework of this analysis.

**The purpose of this study** is to present new knowledge about the oral representations of health promotion, prevention, and remediation efforts of professional actors working with young people who use alcohol and narcotics. The research question addressed in the study is, "How are health promotion, prevention, and remediation efforts represented in relation to the narrative category 'young people who use alcohol and narcotics'?" (the study's narrative category).

Through this analysis, the study contributes to the development of knowledge regarding the narrative management of the combination of success and obstacles in health promotion, prevention, and remediation efforts aimed at young people who use alcohol and narcotics. It also adds information about the importance of stories for the representation of social pedagogical recognition and lack of recognition in the school and treatment contexts, the identity production and reproduction of professional actors, and alternative approaches to analysis compared to relatively expected psychiatric and medical perspectives. In addition, this study contributes to the development of knowledge about how moralisations in school and treatment contexts work in relation to professionals' past and present experiences regarding normatively right and normatively deviant behaviour in these situations.

**Theory and method.** Symbolic interactionism, social constructivism, and ethnomethodology are some of the science theoretic starting points used in the analysis of various types of qualitative empirical material. The goal is that use of these scientific theoretical starting points will lead to a higher level of analysis of the qualitative empirical data and facilitate understanding on two fronts. First is the social reality in various social contexts in which the individual acts or is expected to act in myriad interpersonal interactions that characterise these contexts. Second is the significance of interactions for the creation and re-creation of oral representations, verbal portrayals, and represented images that are constructed and reconstructed in interpersonal interactions in these different social contexts [7; 17; 9; 19; 18; 12; 30; 11; 5; 31].

<sup>1</sup> Some parts of this text were previously published in Swedish, in the thesis, "When collaboration becomes a struggle. A sociological analysis of a project in the Swedish juvenile care" [4] and in the independent work at the second cycle "Achievements and obstacles in senior high school work with students who use alcohol and substances. An interactional analysis of verbal descriptions concerning organisational and practical work in school" [1].

The study's empirical material is collected and analysed with inspiration from qualitative methods and narrative research [19; 36; 34; 20; 35]. The empirical material of the study is based on 36 qualitative interviews with professional actors working with the study's narrative category of "young people who use alcohol and narcotics", within the study contexts of upper-secondary school activities and outpatient treatment units in Sweden (several of the study's informants have work-related experiences from both school and treatment contexts)<sup>2</sup>. All interviews were collected in 2020 and 2021 within the framework of the research project "School as a protection factor. An analysis of achievements, obstacles, collaboration, and identities in senior high school work with students who use alcohol and drugs" [29], following the issuance of an advisory opinion from the Regional Ethical Review Board [15].

Empirical sequences (quotations) presented in this study were thematised as health promotion, prevention, and remediation efforts in relation to 1) the inclusion of all actors expected to collaborate with regard to the student category, based on the premises of the professional actor; 2) prior knowledge, personal choice, and professionally portrayed student identity; 3) drug tests; 4) laws and governing documents; and 5) protection and risk dimensions. Through the thematisation of accounts, markers in the study's empirical data were identified that enabled analysis of the oral representations. A small portion of the study's empirical data is presented to the reader in the context of future analysis, but the presented empirical sequences allow for analysis in the interactionist, social constructivist, and ethnomethodological senses, focused on analysing an empirical underlying part of the social reality of the study contexts [7; 17; 9; 19; 36; 33; 34; 18; 12; 20; 30; 11; 35].

**Results of the research.** The oral representations of professional actors regarding organisational and practical work in upper-secondary school and treatment contexts create and re-create a series of portrayals regarding health promotion, prevention, and remediation efforts in relation to the narrative category "young people who use alcohol and narcotics". These portrayals are made visible in the analysis of the narrative dynamic, when professional actors in the study tell us about the inclusion of all actors who are expected to collaborate with regard to the student category, based on the premises of the professional actor; prior knowledge, personal choice, and professionally portrayed student identity; drug tests; laws and governing documents; and protection and risk dimensions.

<sup>2</sup> The interview material of this study consists also of qualitatively orientated interviews with 13 young people (students) who use alcohol and narcotics. This part of the study's empirical material is not analysed within the framework of this study.

### *Inclusion of all actors who are expected to collaborate*

In the present study, health promotion, prevention, and remediation efforts in relation to the study's narrative category are represented by informants through the dramatisation of various practical measures. These measures include conversations with different actors in school and treatment contexts; education (in the form of lectures for all professional occupational groups in school contexts, students and parents, as well as in the form of theme days and supervision for professional actors in school contexts); student health work; relationship-building and recreation among various types of professional occupational groups, students, and parents; the mapping of students and the ability of the organisation; collaboration among professional actors, students, and parents; and the creation and use of drug policies, treatment models, and training programmes. The common denominator in this dramatisation of various practical efforts is that they are represented from the outside and in accordance with the premises of the professional actor (7; 17; 9; 19; 18; 12; 30; 11; 5; 31). As an example, a school nurse recounts her practical work with students who use alcohol and narcotics in high school by emphasising a cohesive "we" in the represented context:

We work both preventively and with health promotion and remediation. Both at the group level and at the individual level (...) The preventive work, in groups that is, if you look at it, we work with recurring lectures for a certain grade level. And we've been doing that for quite a few years, actually. 'Don't drink and drive' – so there we kind of have a concept that comes from the traffic safety administration and it's basically about alcohol, but it's really applicable to alcohol and drugs and intoxication in general.

Another school nurse recounts a "drug prevention effort" in which the police are represented as playing an important collaborative and disciplinary role:

If we suspect that the student is selling ((narcotics)) at the school or something like that, we have a drug prevention effort in Novice City together with the police, we have a police agreement at the municipal level, so to speak, and that includes the Education Administration, Individuals and Families, and the police, among other things, as well as Culture and Leisure. And the idea is that we should work preventively. /.../ They start with Individuals and Families from Social Services, but it's kind of one step ahead of a social services report, where you try to cover young people who may not be using but may be in the risk zone, and there I know they have some conversations with students where they, or young people in the city, it isn't just our students ... they get the police involved, where the police sit in on conversations, not because there's going to be a police report and a resulting penalty, but rather for preventive purposes.

In their accounts, the informants emphasise the importance of involving both the professional actors and the students and parents in the collaboration related to health promotion, prevention, and remediation [27; 37; 32; 5]. Professional actors are attributed an active role, whereas students and parents are portrayed as being involved by professional actors as part of a professional intervention effort. Students and parents are portrayed as passive actors, as an interactive form of an important object in a discursive shadow, one that *does not dare to question* [7; 17; 9; 19; 18; 12; 16; 30; 11; 2; 3; 10; 6; 31]. For example, a treatment worker engaged in outpatient care for substance abuse problems describes a model that is intended to create a sense of participation (for students, parents, teachers, student health professionals, and all other occupational groups in the school context) in the practical work of dealing with students who use alcohol and narcotics:

We believe in the model we currently use at the Gal School ((senior level comprehensive school – primary and lower-secondary school)), where we work with, we have lectures for all educators and staff at the school. I think that caretakers were invited to those lectures too, so that was everyone, really, and we have lectures at parent meetings, and then there are lectures for all students, and they've received material that they will work with at their mentorship meetings, with discussion issues related to alcohol and drugs. (...) We believe in this model because there are so many steps and you involve everyone, and we've seen that when I've gone and only given one lecture, and it's just one lecture among many, not much more happens. (...) I've also noticed that when I've given lectures, filled the entire auditorium at Bal High School, it really falls flat in terms of the dynamics, so I've chosen to do it class by class so that you get the dialogue and can talk to them and see them. Because that's, well, there's a lot of people who don't dare ask questions when they're sitting in a packed auditorium.

*Prior knowledge, personal choice, and student identity*

The study's informants dramatise representations of harnessing students' prior knowledge of alcohol and narcotics and actively working to raise awareness of the importance of their personal choices regarding their use. The informants emphasise how important it is that young people learn to use the knowledge about risks they acquired in primary and lower-secondary school. This knowledge, the informants highlight, should facilitate “resisting” temptation in upper-secondary school and self-distancing from normative deviations around use of alcohol and narcotics by not rejecting the correct standards of teachers and parents regarding substance use [27; 37; 32; 5]. When asked what experience he has with the students' prior knowledge of alcohol and narcotics, a school counsellor recounts:

Many students are already aware of the risks because it's talked about in primary and lower-secondary school, to instil the prior knowledge that I think you need to have, in which case it has more to do with learning to resist peer pressure. ‘What is it that makes me, even though I know the risks, what is it that makes me choose to go against my better knowledge when I'm in this group or when I interact with these kids?’ /.../ I can promise you, there's not a single student who hasn't been told throughout his school days that he should beware of alcohol and drugs. But the real question is ‘How do I resist?’

The importance of raising young people's awareness about their choices around using alcohol and narcotics contributes to the creation and re-creation of professionally portrayed student identity, which is represented as interactively dependent on collaboration with actors who figure into a good and safe upper-secondary school environment [7; 17; 9; 19; 18; 12; 37; 16; 30; 11; 2; 3; 10. 6; 26; 5; 31]. When asked “Can you describe how the student identity of the young people is created during activities in school?”, a school counsellor recounts:

Your identity is created by what you do and what you think and what you say. And if you have a good environment, safe surroundings, such as school, where there are good conditions for doing the right thing, where you learn that you should be kind to each other, and that you should feel good, then it's easier for that to be the case. So of course there's a lot of identity being created here.

When the creation and re-creation of student identities “during activities in school” is discussed, a treatment worker recounts:

The ones who have found themselves in a situation where they start abusing substances or start smoking, for example, then they want to be a bit cool, they want to show it off /.../ by changing their clothes, changing their style, changing their identity, changing their friends. To become something else. To play at being something else. /.../ In the end they might flunk out and they might stop going to school, and then they play on that a little bit as well, like ‘But I'm way cooler, I'm way tougher than this, this is just ridiculous. It's just so daft. I don't need to go to school.’ And it can be anything from the 6th or 7th graders up to the ones in upper-secondary school, so it doesn't matter that much age-wise. I've had 6th graders come to me who've been smoking weed, who don't, like, work at school because they see themselves that way. They see themselves as being above it all. They're *something*, they just coast along on top. And you kind of need to get them down off their high horse and get them into – it almost sounds socialist and communist, but get them into the system, like, into class. ‘Sit here, be there, be a part of this and then you'll move forward. Then eventually you'll bloom and become what you're supposed to be, but right now you have to be part of this system.’ It's kind of a grid.

### *Drug tests*

In the accounts, conducting random drug tests is portrayed as a way to organise work with students who use alcohol and narcotics in upper-secondary school. Drug testing is represented in part as a joint effort carried out in collaboration among professional actors, students, and parents. It also is represented in part as a distance-creating measure that helps cement the polarisation of positions between professional actors and actors outside organisations – the same young people/students and parents [7; 17; 9; 19; 18; 12; 37; 16; 30; 11; 2; 3; 10; 6; 26; 5; 31]. Collaboration among the professional actors in school contexts, students, and parents is described as “transparent”. In representations of drug testing, students and their parents are portrayed as receiving information about the intervention and being expected to actively participate, whether the students use alcohol and narcotics or not. In response to the question, “Can you describe the organisation of work with students who use alcohol and narcotics and who attend or are enrolled in upper-secondary school?”, a head teacher recounts the following:

Well, X number of times a year we have random tests, there will at least be narcotics tests, and then as I said, they’re random or the only thing we can choose is the class or the grade. Then you go in and inform them that everything’s fine, but now we’re going to randomly select some kids. We always do it in front of them so that it’s transparent and they don’t go thinking that they’ve been chosen intentionally. And then you go in and you maybe have a conversation about it and then you go down and take the tests and then talk to them again about the results themselves, so to speak. If they’re positive, that is. And then I must also say that before that happens, these tests I mean, at the beginning of the semester we send out our policy and information about it all, so that both students and guardians know that this might happen.

A school counsellor describes drug testing as a necessity in relation to practical educational objectives:

When you work with practical education at an upper-secondary school, the law and practice are more clearly formulated. We find that it’s the opposite if you work in a theoretical programme, in terms of what demands you can impose on young people, for example when it comes to drug tests and things like that. /.../ For example, can a kid who’s a habitual hash smoker drive a tractor within the framework of his education? No, that’s clearly impossible from, like, a safety perspective, so there I might find that it was a little easier to apply the framework in those situations, with drug testing among other things. /.../ I think that overall, in the cases that we had, we had a good interaction with social services based on this testing and we had to help each other with it, so to speak. Social services had to pay for the parts related

to investigation and drug tests and the cost of that, and at the school we were able to ensure that the young people in question provided their samples.

### *Laws and governing documents*

Laws and governing documents are represented as influencing the implementation of health promotion, prevention, and remediation efforts in relation to the category “young people who use alcohol and narcotics” [19; 36; 21; 34; 27; 37; 32; 35; 5]. A social services section manager says that the law with which social services employees must “deal” contributes to the restriction of their ability to act in relation to that category of young people. When asked, “Can you tell us about your practical work with students who use alcohol and narcotics and who attend upper-secondary school in Sweden?”, the section manager says:

Well, for me the practical work means that I supervise my team, which consists of six social workers. And I think that what’s relevant here is what happens when we bring in a young person, usually because the school has filed a notification of concern with us and it has to do with a substance abuse problem. And then an investigation is launched. Our work is divided up, so we have a reception desk. All notifications that come in are handled first by reception, and that person makes the assessment of whether or not we need to start an investigation. Then we do an assessment of how serious we think it is /.../ then the case is distributed to some caseworker and then the work begins with meeting the young person, meeting the parents, getting a handle on their situation. And then we have the Social Services Act to deal with; we have to investigate what the problem is about, not investigate more than necessary, and figure out what’s causing it, I think. At least with upper-secondary school students, that is that from the age of 15, you are a party to your case, and although we may think they need to get help with a possible addiction, they have to consent themselves. (...) And then the boundaries are kind of difficult, because the Social Services Act is based on free will. That you have to want an intervention. A lot has to happen before we go in and apply for involuntary treatment.

The interesting thing in the empirical sequence above is that the section manager’s reasoning moves from “problem” that are noticed by schools to bureaucratic management in social services to involuntary inpatient treatment. Health promotion, prevention, and remediation efforts in relation to laws and governing documents in school contexts that professional actors are represented as having to “deal with” are dramatised during the interview with a school counsellor who believes that the important thing is to focus on students’ participation, changes, motivation, and striking a balance “between the whip and the carrot”:

You can’t base your work on the actual treatment of the addiction problem; instead, you have to justify

change and motivate them to make other contacts, and when it comes to that, I know there'll be a bit of a balancing act there between the whip and the carrot. After all, the school has its framework within which they have to work and the laws they have to follow, and based on those frameworks and laws, it can sometimes be difficult to actually be able to get the student on board. Because it may be that the student has a great relationship with the teacher or with me as a counsellor, and then it emerges that there's a problem with alcohol and drugs and then it may also be a situation where if the student has gotten up the courage to tell us about it, then the next step may be to take the matter to a complete stranger. That can also be a big step in itself, so there's a bit of a balancing act there, too. The whip and the carrot, and above all showing commitment and willingness to help.

The school counsellor in the sequence above recounts the importance of the student's participation in relation to laws and governing documents in school contexts, as well as the risks entailed by involving unknown outside actors external to the established collaboration in that context ("if the student has gotten up the courage to tell us about it, then the next step may be to take the matter to a complete stranger"). In research, the involvement of a third party (even if the third party is the child's parents) is dramatised as a sensitive matter [7; 17; 9; 19; 18; 12; 16; 30; 11; 2; 3; 10; 6; 26]. Below, a school nurse responds to the question, "If a student tells you something, can you contact the guardians and tell them, or what?":

I tell the student that 'I have a duty of confidentiality, but if there is something that I think is so serious that it puts your life or someone else's at risk, then I will break that promise, but in that case I'll also tell you that I'm doing it.' And when such a situation arises, I say to the student, 'Now I'm going to break my promise,' and ideally I want the student to stay in the room, and then we call the parents so that the student can hear what I say. So we do it together, so to speak. It's actually worked so far.

The law is also represented as an argument in the conversation about and with young people. When the theme of *the importance of a drug-free upper-secondary school* is discussed in the interview, another school nurse quotes herself in conversations with students:

I usually get into quite a lot of conversations with students about that, and for me it's important that I don't seem like I know best about everything. Instead I say, 'Okay, well here's what I think, and this is my opinion, and the law says this, and I respect that you have your own opinion'. I can't just sit there and say 'Well, but you're an idiot because you smoke pot – I mean, what are you thinking?' I can't say that, and I can't give that impression either. 'But you know that it's illegal here in Sweden'.../ 'Well, it's your decision, it's you who need to deal with the consequences

in the long run'.../ 'Is it really worth it to maybe not be able to get your driving licence, is it worth it that, if you want to travel on holiday, you might not be allowed into a foreign country, or if you apply for a job in healthcare you might not get that job? Only you can decide if it's worth all that. Yes, the law says what it says, but – yes, a lot of people don't care what the law says. But do you think it's worth it? Do you think it's worth smoking at that party and then maybe the police will stop you on your way home and you'll be screwed and get sent up for a minor drugs offence?'

#### *Protection and risk dimensions*

Health promotion, prevention, and remediation efforts in relation to the category "young people who use alcohol and narcotics" are represented by informants in this study through the dramatisation of various protection/risk dimensions, such as:

1) the commitment and interest of professional actors/the lack of commitment and disinterest of professional actors;

2) stable social contexts in relationships between students with lofty ambitions and high social pedagogical competence/(un)stable social contexts in relationships between students with low ambitions and low social pedagogical competence;

3) a good and safe upper-secondary school environment/a poor and unsafe upper-secondary school environment (which affects the attitudes of students towards schoolwork and learning situations);

4) high rates of attendance in upper-secondary school/high absenteeism (truancy) in upper-secondary school;

5) improved academic performance and grades in upper-secondary school/impaired academic performance and grades in upper-secondary school;

6) participation in leisure activities/lack of participation in leisure activities; and

7) the student's health in relation to their social, educational, physical, mental, and medical well-being (inclusion/exclusion, alertness/fatigue, happiness/depression, self-control/uncontrolled anger).

A school nurse dramatises her own commitment and interest in the practical work of health promotion, prevention, and remediation in relation to protection and risk dimensions in upper-secondary school [7; 17; 9; 19; 18; 12; 16; 30; 11; 2; 3; 10; 6; 5]. Both the municipality's head teachers and upper-secondary school educators are portrayed as actors who lack commitment and interest. The school nurse tells us:

It's something we work really hard with, I think. In my opinion, educators have a disparate view of this CFLU model stuff. Their knowledge varies a lot. We have – I have – had a thorough look at the entire CFLU agenda and tried to implement it with the city's head teachers, but there hasn't been a great deal of interest. The responses that I get back are, 'Yes, but we're

already working on these questions', but when you ask a follow-up question and ask what they're doing, they can't give you a direct answer. /.../ And then it's not part of every lesson, but I think that there's enough in certain subjects, based on the interests of the educator, and it depends on the person, not the subject /.../ I think that in science, for example, you could also implement it there. You could have it in social studies, based on tobacco habits and so on, but there I think it's about the individual, not the subject, and I think that's something that schools need to work on, that you actually do what the politicians want, that you should do what is clearly called for in the directives, that these elements should be incorporated into various subjects. I believe that there's limited knowledge about how to do that, and that's linked to the individual and the educator's own interests.

A school counsellor offers examples of how a school environment can pose a risk to a student who uses narcotics [7; 17; 9; 19; 18; 12; 37; 30; 11; 5]. During the interview, two school environments are depicted, a *risk-filled school environment*, where students did not feel that studiousness was permissible (the old school from which students have been moved), and another *protective school environment*, where studying has been presented as something positive that has contributed to the creation and re-creation of motivation for change (the new school to which students have been moved). The question being discussed is, "Can you describe how the student identity of the young people is created during activities in school?" The protective school environment is dramatised as a "health factor" for the student:

I think that this is an environment where there are a lot of students, most students, who are very academically motivated to study, and it also becomes a culture. Here you should be clever, you should be ambitious, here you should be driven, both with your schoolwork and socially. Here you should be someone who is extroverted, in simple terms, you should be social, you should have many relationships, you should dare to stand in front of the class and talk or take a stand and there is the culture that exists here. /.../ Now I don't know if that's an answer to your question, but I'm thinking of the two students, three students I know who have a drug problem. Here they find an environment where they think they can make new friends, it's a new environment for them where it's okay to study, where you're not discriminated against because you study, and you're motivated to do it. That it's a positive thing to do it. (...) For one of these students, it's very clear that this is precisely the health factor for him.

Social interaction, activities in upper-secondary school, and leisure activities are represented as protection and risk dimensions. When based on the normative correct behaviour in relation to the use of

alcohol and narcotics (not using alcohol and narcotics), they are portrayed as an alternative to such use [27; 37; 32; 5]. A school counsellor responds to the question, "Can you describe how young people's student identity is created during activities in school? Do you have examples of that and how important are these activities for inclusion?":

That's actually a tough question. When it comes to the various activities on offer, I know that some schools are pretty good at offering activities outside the classroom environment and some schools leave students hanging in the wind. I think it's in the activities where we interact with others that we discover that 'Aha, this is me, and this is not me'. So we get some distance from other people, we see who we are and who we aren't. I think these activities are quite important, both because they quite simply give you something to do, and because these activities usually also allow you to let go of pressure and stress. In my experience, it's also in these other activities that the students actually start telling and talking a little about how they are feeling and what their life looks like outside of school. It's not so common to do that in a classroom or in a corridor, but for example when you go and play ping-pong or billiards or sit with them and play cards, someone might say, 'Say, I read on the news or heard yesterday', 'I went through that a while back'. With one student with whom I've worked a lot, we were sitting and playing cards down in the break room, because they had a break and I had no student counselling sessions booked at the time, and then after a while the student started telling and talking to me about what things had been like at home, and he'd never done that before. And I think that was just because it was tied to this social activity which in itself is quite normal.

Health promotion and prevention efforts in upper-secondary school are portrayed as problematic because professional actors "are bad at seeing the signs". When asked, "How do you view teachers' competence regarding alcohol and narcotics?", a treatment worker talks about teachers' knowledge, competence, and conditions for detecting signs of alcohol and narcotics:

Alcohol's better than drugs. And I think we ... but I think overall ... We get very ... I think we're bad at seeing the signs, and it takes quite a lot to discover a problem. And then it's probably more through other behaviours, maybe truancy or stuff like that (...) I think it's hard for the teachers as well, it's not their focus, they want to teach maths or English or whatever it might be, and not keep track of a bunch of drugs and stuff like that, and they see students so briefly. So I think it's cool that both the Lib Upper-Secondary School and the Cer Secondary School have these full-time mentors now, and there I think we get very important knowledge and see a lot through the people



who have these relationships and don't have to concentrate on so many other things, and can focus on the students instead.

In all regions, the presence and participation of adults in upper-secondary school is represented as a protection dimension that contributes to the creation and re-creation of a good and safe upper-secondary school environment [7; 17; 9; 19; 18; 12; 27; 37; 32; 30; 11; 5]. The significance of the presence and participation of adults is dramatised as important in the classroom, corridors, and other social spaces where students interact. The participation of adults as *a significant other in the interaction* is presented as important for the creation and re-creation of relationships that have an interactive basis in the normative correct behaviour around alcohol and narcotics use – namely, not using them. A school counsellor offers the following account of the creation and re-creation of relationships with students:

Well, I'm very much out there among the students as well, where I try to be present in the other spaces outside the classroom areas, precisely because you see a lot there and get to know the students, and I think that it's partly through this relationship that you gain their trust, and the trust that gets them to actually tell you about it, so that you (...) know something or can share that you've experienced it yourself.

The participation of students and their parents is represented as a protection dimension that contributes to the creation and re-creation of collaborative dynamics that enable health promotion, prevention, and remediation with young people who use alcohol and narcotics [7; 17; 9; 19; 18; 12; 27; 37; 32; 30; 11; 10; 5; 26]. When the theme of *collaboration with students who use alcohol and narcotics, their parents, and other professionals in the context* is discussed, one educator recounts:

Well, that's the most important thing, the collaboration around the student is the most important factor. And guardians are the be all and end all. If we can't get in touch with them, we have nothing to gain, so it's really important. We have to have the guardians and parents on our side, we have to show that we want to help find common ground. Otherwise, we'll get nowhere.

A school counsellor answers the question: "How did the collaboration go when you discovered that someone was using alcohol or narcotics?" Successful collaboration as a protection dimension is dramatised in the representation as "far-reaching collaboration":

Overall it went quite well, but of course there were some municipalities where you kind of thought that a young person had admitted that they'd smoked pot kind of just because that was what was expected of them. Then there were also those municipalities that kind of thought it wasn't sufficiently serious to do anything more than call the kid in to a conversation

with social services or whatever, that they, like, didn't need to pay for any testing. /.../ in other cases we had very far-reaching collaboration, with follow-up meetings together with social services, but those mainly had to do with young people who had been habitually smoking for quite a long time and where there was a great risk that they would continue down that path. And where there were perhaps a few other problems, too, like neuropsychiatric diagnoses and the like, where you saw a risk of ((deep sigh)) the development of a real dependency on self-medicating a bit that was, like, so apparent in the young person.

**Conclusions.** The purpose of this study is to present new knowledge about the oral representations of the health promotion, prevention, and remediation efforts of professional actors working with young people who use alcohol and narcotics. These oral representations produce and reproduce an interactive space for developing both successes and obstacles in relation to young people (students) and to themselves in the role of professional actor – as an interactive form of professional identity. In the representations analysed as a product of the dynamic and commitment (as well as lack of commitment) in myriad interactions in upper-secondary school and treatment contexts, images emerge of possible social pedagogical recognition in the role of a professional actor and in the role of a young person/student [14; 22; 39; 13; 28; 23; 24; 6; 25; 38; 5]. This sought-after recognition in the study's contexts of school and treatment contributes to the creation and re-creation of autonomous and individual unique actors in those contexts.

According to previous research, recognition in the social pedagogical sense is necessary for the self-realisation of both professional actors and young people (student) in such contexts [27; 37; 32; 2; 3; 10; 6; 26; 5; 31]. In this analysis, this recognition refers to the formulation of individual identities. These identities are fundamentally based on the creation of individual actorship characterised by autonomy and normative correct behaviour in relation to the use of alcohol and narcotics, the self, others (meaning other professional actors and young people/students), and past and present experiences in and beyond upper-secondary school and treatment contexts [5; 31].

The representations of health promotion, prevention, and remediation efforts in the practical and organisational work of professionals with young people (students) who use alcohol and narcotics highlight several dimensions that are constructed and reconstructed in the narrative dynamic. One of these dimensions is, for example, a presentation of the importance of being able to offer professional actors and young people (students) good and safe regions that enable social pedagogical recognition in the upper-secondary school and treatment contexts. Previous research has highlighted the importance of

critical analysis of oppressive and exclusionary stories, actions, and attitudes in both upper-secondary school and treatment contexts. These factors create and re-create interactive status hierarchies in contexts in which the privileged actors hold higher positions than the marginalised actors, who are at risk of exclusion and becoming outsiders [7; 17; 9; 19; 18; 12; 16; 30; 11; 2; 3; 10; 6; 5; 31]. The representations of health promotion, prevention, and remediation efforts can be analysed as an interactive success in professional work with young people (students) who use alcohol and drugs (“get them into the system, like, into class. ‘Sit here, be there, be a part of this’”). It also can be analysed as an interactive expression of the exclusion of young people (students) from upper-secondary school and treatment contexts (“I don’t need to go to school”). Interactive success is created and re-created, for example, when a high-status actor in these contexts (the professional actor) highlights the significance of providing care and planning based on previous knowledge about the young person (student). In the same accounts, the young person in question is constructed and reconstructed as deviant and marginalised – an actor who is excluded from these contexts and is an outsider in relation to them – especially if a third party such as the police is involved in the interaction (“they get the police involved”).

The health promotion, prevention, and remediation efforts represented in this study can be analysed as part of two institutional conditions – the upper-secondary school context and the treatment context – that actively contribute to the production and reproduction of barriers to the social pedagogical recognition of professional actors and young people (students) in their roles (such as teachers, youth counsellors, school counsellors, successful young person/student). Portrayals of the interactive meaning involve inclusion of all actors expected to collaborate regarding the student category, based on the premises of the professional actor; prior knowledge, personal choice, and professional student identity; drug tests; laws and governing documents; and protection and risk dimensions. These portrayals create and re-create a series of interactive images from the different subregions of the study contexts and interfere with the social pedagogical recognition of professional actors and young people (students). They do so by maintaining the production and reproduction of professional actors and young people (students) as outliers from a normal and normatively accepted school and treatment process (“For example, can a kid who’s a habitual hash smoker drive a tractor within the framework of his education?”).

The representation of normatively right and deviant behaviour in the narrative dynamic contributes to the production and reproduction of both the social pedagogical recognition and exclusion of professional actors and young people (students) inside and

outside the upper-secondary school and treatment contexts [5; 31]. This dynamic highlights how actors with higher status in these contexts (professional actors) can use oral representations (language) as a narrative charge to mark the status position of the young person (the student), an actor with a lower status in these contexts (“Well, but you’re an idiot because you smoke pot – I mean, what are you thinking?”). With the help of their language, professional actors act out, represent, produce, and reproduce the interactive advantage of defining and re-defining actors with lower status in upper-secondary school and treatment contexts. These representations create and re-create interactive space to control and oppress young people (students) who, in these situations, are sometimes also fighting for their own social pedagogical recognition in these contexts. Previous research draws attention to the importance of raising awareness of the professional role of occupational groups in relation to subordination and superiority aspects, and to the language used in interpersonal interactions in school and treatment context [5; 31].

In relation to the production and reproduction of successes, obstacles, social pedagogical recognition, exclusion, and interactive status positioning analysed above, the oral representations create and re-create a series of images about *the control* and *repression* of young people (students). These images seem to be narratively synchronised with the superiority of the professional actors in relation to young people, interactive status positioning in relation to young people, and language use. The presentation by the professionals of the young people’s subordination and the professionals’ own superiority produces and reproduces a series of images. These images cement a positioning of the superior actor (the professional) who sets the agenda for how young people (students) should behave to fit into the prevailing normative order in upper-secondary school and treatment contexts (“But you know that it’s illegal here in Sweden”).

Ideally, upper-secondary schools, in collaboration with outpatient treatment units, provide social pedagogical recognition and tools for educational development [5; 31]. If young people (students) who use alcohol and drugs do not receive these tools and recognition, other social institutions must come forward and offer alternative platforms for educational development and self-realisation. Upper-secondary school and outpatient treatment units are the main platforms for young people (students) who use alcohol and drugs (as well as for professional actors) to restore a positive view of themselves and thus have potential in the social pedagogical context. The possibility of social pedagogical recognition and development is embedded in a number of interactive dimensions in upper-secondary school and treatment situations [5]. Good relationships

between young people and professional actors constitute an important dimension in which the social pedagogical recognition is based on caring, trust, and mutual interactions. It is crucial for professionals to take an approach of inclusion of young people (students) in the school and treatment contexts, with attention to their ability to develop and change in a social and educational sense. This development and change both are in relation to interactive flows in upper-secondary school and treatment contexts and beyond these contexts (“the students actually start telling and talking a little about how they are feeling and what their life looks like outside of school”). Such an inclusive approach imposes demands on how upper-secondary schools and outpatient treatment units organise their work with young people (students) who use alcohol and narcotics. In addition, this approach plays a role in determining what support and room for manoeuvring professional actors in these contexts are afforded in their practical work with this category of students. An inclusive approach will influence the expected normatively right and deviant actions in upper-secondary school and treatment contexts, as well as in relation to laws and policies that to some extent govern practical work in these situations [5; 31].

Several interesting questions arose during work on this analysis, all related to whether (and if so, how) the various professional categories that figure in upper-secondary school and treatment contexts

draw attention to the importance of psychiatric and medical issues in their practical work with young people who use alcohol and narcotics. The primary question is how psychiatric and medical questions such as those below can be handled narratively: What should professionals be treating? What is the content of the treatment? What is the goal of the treatment in relation to the patient group “young people who use alcohol and drugs”? Why should the professional choose precisely that content in the treatment and not something else? How can young people be motivated to stop using alcohol and narcotics in connection with treatment? Who is the young person being treated? Who should decide on the content of the treatment for that particular category of young people?

As a counterpoint to the psychiatric and medical perspective, another interesting question is how the professional’s practical actions in the situation contribute to the following: the production and reproduction of success and obstacles in social pedagogical work with young people who use alcohol and drugs; social pedagogical recognition or a lack of recognition in the role of a professional and of a young person (student); the production and reproduction of professional occupational identities and the identities of young people (students); and moralisations in school and treatment contexts in relation to past and present practical behaviour of both actors regarding normatively right versus normatively deviant actions in these and other contexts.

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