"Frontline in Mental Healthcare": A Discourse Analytic Clinical Ethnography of Crisis Intervention Team Trainings for Corrections

Daniel Gruner

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“FRONTLINE IN MENTAL HEALTHCARE”:
A DISCOURSE ANALYTIC CLINICAL ETHNOGRAPHY OF CRISIS
INTERVENTION TEAM TRAININGS FOR CORRECTIONS

A Dissertation
Submitted to the McAnulty College and Graduate School of Liberal Arts

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In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By
Daniel Strom Gruner

December 2019
“FRONTLINE IN MENTAL HEALTHCARE”:
A DISCOURSE ANALYTIC CLINICAL ETHNOGRAPHY OF CRISIS INTERVENTION TEAM TRAININGS FOR CORRECTIONS

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ABSTRACT

“FRONTLINE IN MENTAL HEALTHCARE”:
A DISCOURSE ANALYTIC CLINICAL ETHNOGRAPHY OF CRISIS INTERVENTION TEAM TRAININGS FOR CORRECTIONS

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Dissertation supervised by Dr. Derek Hook

Throughout the criminal justice system operates a discourse of corrections-reform. This responds to prisoner trauma and resistance by converting them into reforms that strengthen prisons and the larger carceral system while discounting issues of race and class that might undermine institutional legitimacy. The recent adoption of Crisis Intervention Team (CIT) Trainings in corrections is exemplary of corrections-reform discourse. ‘Crisis’ comes from the Greek krinein, meaning ‘to decide.’ The crisis in mental health in prisons involves deciding when to implement what “services” or “programming” for whom.

In this discourse analytic clinical ethnographic study, I focus on the trans-disciplinary corrections and mental health professional community around the development, management, and implementation of practices prescribed in CIT trainings.
Concentrating on CIT trainings in Pennsylvania prisons, I conducted several months of fieldwork (spanning 2016-2018) across sites including the Pennsylvania Department of Corrections’ central training facility, the trainings themselves, CIT International’s annual conference, and other interdisciplinary criminal justice conferences. Analyzing 14 recorded interviews, I examined prison staff’s understandings of crisis intervention team trainings and their work with prisoners labeled as either having or not having a mental illness.

I found that the border between categories of “severely mentally ill” and “criminal” is constantly regulated and contested by staff and prisoners in relation to benefits of being on the prison mental health roster. Colorblind racism is a factor of racialized institutional inequities, and my observation of a conspicuous absence of racial awareness throughout CIT trainings indicates need for scrutiny concerning potential racial disparities in the diversion programs within Pennsylvania prisons. My results reveal difficulties in reforming corrections organizations as more “therapeutic,” chief among these being a discourse of scarcity among “frontline” corrections staff that sees the apparent improvement of conditions for prisoners contrasted with their own perception of lack in supports. When prisoner trauma is discussed, it is often diverted to focus on correctional officer trauma and hardship.

This study is a critical contribution to the national conversation on mental health focused prison reform, providing ethnographic data on CIT trainings and their reception by participants that challenges the “new asylum” political consensus.
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Chapter 1: Introduction

A. Background and Research Questions

The National Alliance on Mental Illness (NAMI) reports that “2 million people with mental illness are booked into jails each year” (2017). The US Bureau of Justice Statistics reports that half of all prison and jail inmates had a “mental health problem” in 2005 (James & Glaze, 2006). The British NHS reports their analogous figure to be much higher at 90% of all inmates (Birmingham, 2003). The conditions of these prisons are often highly detrimental to a person’s mental health as well, causing many conditions due to alienation, isolation, trauma from guards and other prisoners, and a slew of other factors (Haney, 2003). There is a general narrative of how this happened, endorsed by activists and prison superintendents alike, that local jails and state prisons have become “the new asylums” (Rembis, 2014). A typical version of this, though slightly liberally tinged, is that after the deinstitutionalization movement successfully closed most state hospitals, society failed to adequately invest in social services to replace the aspects of state hospitals that were still necessary, causing the former patients to eventually become inmates after committing a criminal act.

This is the political and historical narrative in which the Pennsylvania Department of Corrections has found itself in the last half decade. A 2013 Disability Rights Pennsylvania (DRP)\(^1\) investigation into the conditions of inmates with mental health issues within Pennsylvania prisons led to a successful lawsuit with the ACLU, resulting in a settlement with the Pennsylvania Department of Corrections (PADOC). The settlement mandated an ambitious statewide policy overhaul around corrections practices related to prisoners with mental health diagnoses. The

\(^1\) At the time of the investigation and the ensuing litigation, DRP was called the Pennsylvania Disability Rights Network (DRN). Some documents associated with the DRN v. Wetzel case use the DRP’s former name in abbreviation or full. I use the abbreviation DRP throughout.
directives included implementation of prompt screening for mental health issues at prisoner intake with referral for psychological assessment when indicated by screening; a ban on solitary confinement placements for people with SMI or intellectual disabilities; the creation of specialized housing units for people with mental health conditions; and training when engaging with prisoners diagnosed with severe mental illnesses (SMI), which included mental health first aid training for all staff and Crisis Intervention Team training “for staff that work in MH housing units and others whose job duties require frequent interactions with SMI inmates” (DRN v. Wetzel, 2016).

In 2018 DRP issued a public statement declaring that they were “happy to announce that the settlement agreement terms have been met and prisoners are benefiting from DOC’s new mental health programs. It is odd that DRP’s optimism was not at least qualified by the inclusion of cases and trends which challenge the progressive mandates of the settlement. For instance, the case of Arthur Johnson, a man with an intellectual disability, released from decades of solitary confinement in 2016 only through an unrelated lawsuit. DRP, however, is not without reason for claiming their partnership with the PADOC in its reform efforts as being a success, as the PADOC met many of the settlement’s requirements. Due to the reforms in screening and psychological evaluation, the percentage of male prisoners recognized by the PADOC as having some form of mental illness rose from 20.7% to 30.9%, and the number of male prisoners on the mental health roster recognized as having a SMI increased from 2.2% to 8.0% (PADOC, 2011, 2018). New specialized housing units, which are intended to be enhanced environments in which a prisoner is exposed to less disciplinary engagement, were created along with new policies for diverting prisoners with SMIs into these services. All PADOC had gone through the single day mental health first aid training by July 1st, 2015, as per the settlement agreement; and the goal of

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2 See the case of Arthur Johnson, the case of a prisoner reported and defended by the Abolitionist Law Center (2016).
having 1,000 staff trained in CIT by January 1st, 2017 was met by May, 2016, and exceeding itself, still being in practice throughout the course of my study into 2019. Indeed, though there are other recent CIT corrections programs in U.S. jails and prisons, Pennsylvania’s corrections CIT program is the largest, most ambitious in the country.

In my study, I am examining prison staff’s understandings of crisis intervention team trainings, of their work, and of prisoners with and without mental illnesses. ‘Crisis’ comes from the Greek krinein, meaning ‘to decide.’ It appears that the crisis in mental health in prisons is one that involves deciding on when to implement what “services” or “programming” for whom. Considered in this way, the crisis of mental health care is a border in which subjects are constructed and debated along with correlative plans for what to do to a person once they meet the criteria for one of the subject-categories. CIT trainings prescribe de-escalating responses to “non-compliance” from inmates diagnosed with SMI. CIT trainings – where staff are instructed on how to make these decisions between who is mentally ill and who is “just a criminal,” and where they learn to evaluate when a person is acting from their mental illness or just “gaming” them – are crucial sites for understanding the transformation that is occurring in the operations of discipline and control under what appears to be progressive reform. These trainings are moments when institutional actors are intentionally participating in heightened reflection on their prison work with people with mental illnesses, so the staff are already engaged with the questions I am interested in such as what does one call a “prisoner” (i.e., inmate, inmate with mental illness, “serious criminal,” “not a bad guy”, “thug”)?

The distinction between “mad and bad,” the border between “mentally ill and criminal,” has profound consequences on the lives of prisoners. As one of the most important examples among many others, take the case of solitary confinement, known in corrections as a Restrictive
Housing Unit or an RHU. As I indicated above, DRP’s 2013 lawsuit against the PADOC included as its first complaint that placing people diagnosed with SMIs in an RHU was “cruel and unusual punishment” and a violation of these prisoner’s human rights. After this lawsuit, the PADOC has converted wings of RHUs into what are commonly designated as Mental Health Units, as well as creating other special units, such as internal “therapeutic communities” and Secure Residential Treatment Units (SRTUs). In these new units, inmates have greater freedom of movement, ability to socialize, mental health services, structured and unstructured activities, as well as being punished less or not at all for non-policy-compliant actions. These units are compared favorably to the places where those who are considered “bad,” “pricks,” or “real jackasses”\(^3\) are sent for disciplinary issues – Restrictive Housing Units (RHUs) or solitary confinement units. As the director of the CIT program said to a room of trainees about the toll of RHUs on inmates: “Imagine locking yourself in a closet for 23 hours – you’ll need to talk to someone!”\(^4\) For inmates of Pennsylvania’s state prisons, these are the stakes of what one high level informant called “the border war between custody and treatment.” Attaining the diagnosis of a severe mental illness in Pennsylvania prisons, at least on paper, immunizes a prisoner from being subjected to what the Disability Rights Pennsylvania notes is “cruel and unusual punishment.” The purpose of my study is not to evaluate the merits of arguments that solitary confinement is cruel and unusual punishment for people who do not have mental health

\(^3\) I observed these short hands being used to describe prisoners while at the PADOC CIT trainings.

\(^4\) Most often the RHU is where an inmate will serve a period of “disciplinary custody” following charges of policy violations with a wide range containing “murder” as well as “loaning or borrowing property” and “failure to stand count or interference with count.”\(^4\) However, there is another, more therapeutic route for inmates, following many charges, if they have been diagnosed with a severe mental illness. This group of inmates will be subject to the conditions of “treatment” within Pennsylvania prisons instead of “custody.”

The RHU – oftentimes called “23 and 1” in corrections for 23 hours of time in cell and 1 hour of time outside in a “yard” – is a closet-sized cell characterized by the “pie hole” viewing slat at the door, close to no human contact, and the restriction of many so-called privileges.
diagnoses. However, the United Nations Committee Against Torture (2014) argues against the use of solitary confinement on human rights grounds in its review of the United States’ use of solitary confinement for any prisoner regardless of diagnostic classification. I agree with the UN’s assessment, and my study is animated as a response to the suffering of those prisoners on the unprotected side of the border between mental illness and criminality; nevertheless, the aim of this project is not to stack up interdisciplinary evidence vindicating prisoner suffering, but rather it is to illuminate the way in which mental health reforms reinforce a culture within corrections by which the suffering of many is discounted and promoted.

Another question that participants at CIT trainings were either engaged in exploring or engaged in critiquing was that of how a corrections worker can or should do “care work” in a prison? Some participants at the trainings were earnest in grappling with how to make their interactions with prisoners with mental illness more therapeutic or de-escalating; whereas, some corrections officers at the trainings expressed skepticism or antagonism about the project itself. The latter view represented the minority at the trainings, given that most of the people there were chosen by superiors to attend the training due to the subordinate being predisposed to appreciate the softer forms of power and persuasion being promoted in CIT and in the larger criminal justice reform movement which CIT exemplifies. Between these two attitudes of the trainees can be seen the spectrum of interpretations of what prisons are intended to do. The two main positions on what the function of prisons should be can be divided between the punitive model and the rehabilitative model. The punitive model views the prisoner as having committed an act that is deserving of punishment, a crime, and incarceration is the punishment for this crime having been committed. While the rehabilitative model agrees that a prisoner committed a crime, it views incarceration as an opportunity to provide corrections to the prisoner who has fallen
outside the norms of society. Historically, these positions have worked side by side with one another in prisons, complementing one another as much as they conflict. One interviewee observed that among corrections staff, there is a “larger middle culture” between these poles, one which recognizes a place for punishment and rehabilitation, hard and soft power.

Though the names for these subject-categories has often changed, the categories of ‘criminal’ and ‘mentally ill’ have been entwined at least as far back as the 1600s. Since being conjoined conceptually and practically in the asylums and workhouses, vast cultural and institutional resources have focused on distinguishing between these two subject types in order to articulate varying strategies for the reform and government of each. Michel Foucault unearthed this early history (1965, 1975), but now what is needed are maps of ways in which the movement between these categories is occurring in the present in and between the institutions that are concerned with the management of these subjects: prisons, jails, crisis centers, and other sites. My research traces multiple histories converging onto the present conditions of those in U.S. prisons experiencing mental health issues.

With a focus on state prisons within Pennsylvania, my research explores the management and construction of the boundary between these two categories of the criminal and psychiatrically disordered as seen in Crisis Intervention Team (CIT) trainings for corrections personnel. Though Lorna Rhodes and other social scientists have turned their focuses to the distinction between these two subject-constructions (the “mad” and the “bad”) through studying maximum security prisons (2004), the way in which these categories are managed and constructed in actual trainings has not been included in these inquiries and is a crucial component of the current study. These trainings are potentially informative, however, as they (1)

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5 See analysis chapter: “‘Is He Sick or a Prick?’ – Consuming Corrections’
provide insight into the ways in which prison reform succeeds and fails its architects’ goals, (2) are a window into the reception of these reforms by the staff themselves, and (3) go beyond everyday performance of professional duties to demonstrate the language and logic of distinguishing between categories of prisoners.

To understand what is going on at these trainings it is important to understand how CIT trainings came to be seen as necessary for corrections personnel. This requires examining four different histories: the long history of mental health in prisons; the deinstitutionalization of mental health care; the relatively shorter history of the creation and proliferation of CIT trainings for law enforcement and eventually for corrections officers; and the recent adoption of CIT trainings by Pennsylvania Department of Corrections (PADOC) to respond to its own mental health crisis. I will explore these histories in the literature review section of this proposal, but first I will lay out the research questions I am bringing into this research.

**Research question:**

In this time of apparent discursive transformation and crisis concerning the status of people with mental illnesses in prisons and other corrections “programming,” what types of subject-types (i.e., inmate, inmate with mental illness, “serious criminal,” “not a bad guy”) are circulating within this discourse and what consequences do these subject-constructions have for the various actors in corrections as well as on a broader sociopolitical level?

From this inaugural question, broad enough so as to be appropriate to ethnographic inquiry, my study produced some specific results, which I outline at the end of this introduction.

**B. Literature Review and Historical Antecedents**

In the following literature review I will go through relevant and significant literature concerning the long and short histories of CIT training (mentioned above) before concluding the
review with an exposition of the interdisciplinary literature from forensic psychiatry/psychology. I will also review critical carceral studies and critical psychology in which my work is situated and to which it contributes.

i. History 1: modern asylums, prisons, moral management, and progressive reforms

There are few who trace this history with as much insight or persistence as Michel Foucault. He began his study of “the mad” in prisons early in his career in his book *Madness and Civilization* (1965). A decade later he published *Discipline and Punish* (1975), and these two works, with the lecture series and interviews that round them out, are touchstone works. Foucault documents that the asylums of the 1600s and 1700s housed both “the mad” and “criminal,” as well as other elements of the population.

Foucault traces the “Birth of the asylum” to the Great Confinement in which the mad, criminal, immoral, disabled, poor, and homeless were forcibly rounded up in Paris in the mid 1600’s and incarcerated in the General Hospital of Paris (i.e., Hôpital de la Salpêtrière, Paris). The creation of this “hospital,” which Foucault polemically argues “is not a medical establishment,” was a solution to the problem populations which were arising out of the failure of assimilation of the absolutist nation-states and the pre-capitalist mercantilist economy. Out of this internment was produced many case studies, if we can call them that, of the various types of madness, filtered through the morality, politics, and science of the era. Another effect of this mass confinement was that the living conditions, particularly for the mad, were less humane than those provided to animals.

Phillipe Pinel and Dr. Esquirol, along with Samuel Tuke of England and Benjamin Rush of the United States, are credited with the freeing of those being held in asylums at beginning of
the 19th century. These were forerunners of the Moral Management/Treatment movement born out of the revolutionary times of the late 1700s.

Pinel (1745-1826) is sometimes called the “father of modern psychiatry.” He was a great sympathizer of the French Revolution. In 1973, Pinel was appointed head physician at Bicêtre Hospital. At Bicêtre there were some four thousand criminals, diseased people, and pensioners, and amongst these were around two hundred mental patients. Pinel became particularly interested in these inmates as he had already been engaged in extensive studies of “mental alienation” while working at a sanatorium in Paris. His work there took in mythological character in the imagination of the French people and throughout much of the western world, as he deployed a set of techniques he called “moral treatment” to do what many thought was impossible: treat and even cure the mad. Though Pinel’s name is most readily associated with the moral treatment deployed at Bicêtre, the techniques and attitude that made up moral treatment was practiced by lay practitioners at Bicêtre Hospital and other places before Pinel’s scientific endorsements of these practices (Siegel, 1999). There are two who have become most notable of these “lay practitioners”: Jean-Baptiste Pussin, a man who was treated for tuberculosis at Bicêtre and later became the superintendent; and François Simonnet de Coulmiers, an ex-priest who also worked at Bicêtre with those who were mentally ill. Though Pinel was credited with unchaining the mental patients, it was Pussin who did this after Pinel had left Bicêtre for Salpêtrière. The patients at Salpêtrière only had their chains removed once Pussin followed Pinel there (Guachet and Swain, 1999).

Pinel and his pupil Jean-Étienne Dominique Esquirol applied the logic of the enlightenment and democracy to the mad, seeing them not as being other by nature but seeing them as being able to be treated and even cured. Underneath this practical proposal concerning
treatment is the conviction that the mad person retains some ability to reason within their state of “mental alienation.” Neither responsible for their madness nor irredeemably other from all other reasonable humans, Pinel and Esquirol theorized that there was a kernel of reason in someone’s delusions, hallucinations, or other conditions, and a person so afflicted could be brought back from this mental alienation by a sort of “shock treatment.” This is not to say that they used electricity – that would be an anachronism on at least a couple levels. These shocks came in the form of attempts to force a recognition, by that kernel of reason within the individual, and they were oftentimes violent and always manipulative (Foucault, 2008, pp. 9-12).

Moral Management opened the door for considering the mad within the realm of reason, not as something outside of it (Foucault, 1965; Gauchet & Swain, 1980). The mad, in Pinel and Esquirol’s conception, suffered afflictions that could occur to any of us given the correct conditions being met; thus, there were certain conditions that could be met to alleviate the affliction. The same logic is applied by evidently well-meaning reformers, however, to indigenous people during this time. The attempts to convert peoples throughout the European colonies to either Christianity or Enlightenment Reason (or oftentimes a combination of both) is a tragic historical extension of the progressive democratic principles that Pinel and Esquirol were marshalling in their works.

The history of moral management is important for my present purposes because it prefigures the way in which people with severe mental illnesses are treated today in prisons and elsewhere. In his book *Madness in Civilization* (2015), Andrew Scull traces the history of how through the 1800s at Bicêtre and Salpêtrière, the dream of re-integrating the mad after they had been cured turned into a nightmare of further internment under a different organizational
The asylums were good at disciplining, as Foucault recognized, but they did not “cure” madness any more than they allowed for the integration of these patients into the society outside the asylum’s walls.

Failing progressive reforms on the treatment of “the mad” within disciplining and punishing institutions have for the last three centuries met with applause and optimism at their onsets. In the 1950s and 1960s, it became a question as to whether the institutions themselves were irredeemable and should thus be closed rather than reformed.

ii. History 2: deinstitutionalization of mental health care and its displacement onto community programs and corrections institutions

In the 1950s and 1960s, the call for reform was renewed with a vigor that eventually led to the process known as deinstitutionalization in many countries, including the U.S., through the 1970’s. The political and social movement loosely organized under the banner of the “anti-psychiatry” movement had many exponents, all placing political pressure on psychiatric institutions from different social positions. Irving Goffman leveled a stinging criticism of asylums by ethnographically observing the operation of American asylums in the 1950s in detail and concluding that institutionalization within them had, for the patient, “not merely been a bad deal; it has been a grotesque one” (1971, p. 390).

Unfortunately, the closing of the asylums did not cure its patients but instead simply displaced them into under-resourced community programs and corrections programming like jails, probation, and prison. In Making it crazy: An Ethnography of Psychiatric Clients in an American Community (1981), Sue Estroff documents the aftermath of the closing of these asylums in her clinical ethnography of patients and clinicians who are giving and receiving

6 “Control of the patient is emphasized at the expense of his improvement” (p. 372).
mental health and social services not within inpatient treatment but through Assertive Community Treatment (ACT), a popular replacement to asylum residency. A large amount of people with mental illnesses enter jails and prisons, as I have discussed earlier (BHS, 2003; James & Glaze, 2006). It seems that the ineffectiveness of services such as ACT is due to their inability to address core issues like systemic racism, generational poverty, and homelessness, and so they fail to brake the collision of their service-users with the criminal justice system and its “services.” In fact, Dlugacz (2014) discusses the trend of the last four decades being a major increase in corrections programming and a decrease in community mental health care funding.

iii. History 3: creation and proliferation of CIT trainings for law enforcement then corrections

Many parties across the political spectrum decry the apparent displacement of asylum patients into prisoners in U.S. jails and prisons. Out of this moral outcry, solutions like those that Estroff outlines (ACT) become the regularly proposed alternative alongside other preventive “intercepts” of those people who commit criminal acts while in mental health crises. Munetz and Griffins’ (2006) “sequential intercept model” has been proposed and adopted, laying out a series of intercepts to keep people with mental illnesses from entering the criminal justice system and for redirecting them to mental health services when they have already become “consumers” of the system.

CIT trainings have been deployed as the go-to reform of both law enforcement agencies and corrections institutions when political pressure is exerted on them to change their engagements with people with mental health conditions. Though CIT trainings in corrections have been being used for a shorter time, CIT trainings for police officers have a three-decade history, beginning in the 1980s with Memphis, Tennessee’s police department. Seeking reform
after the police shot and killed a man with a history of mental illness after wrongly assessing their level of risk to the officers, the police department was pressured to collaborate with families of people with severe mental illness and intellectual disabilities, local psychiatric units, and other parties in order to develop a training that would help correct police officers’ misconceptions of mental health crises and hopefully lead to less deaths and violent incidences during these encounters (Vickers, 2000). After the relative success of this program in meeting the Memphis Police Department’s objectives, and after the meeting, the training has been used to reform corrections staff’s engagements with people with mental health conditions (Compton et al, 2008; Nolan et al, 2012).⁷

The transition of CIT to corrections settings has only occurred in the last decade, apparently beginning in Maine in 2005 with a jail in The Center for Health Policy, Planning, and Research of the University of New England (2007) outlined the history of the piloting of a CIT training program for the corrections officers in a jail in Maine, apparently meeting the jails desired outcomes. Parker (2009) wrote an abbreviated (10 hour) mental health training for corrections officers in an Indiana state prison and also found, “The provision of ten hours of mental health training to correctional officers was associated with a significant decline in use of force and battery by bodily waste” (p. 640). There are no statistics about the implementation of CIT in corrections settings across the country, but its adoption seems to be mimicking that of its use in police reform.

⁷ Nolan et al. (2012) were commissioned by the Allegheny County Department of Human Services to conduct a study of the county’s CIT training program for police intended to evaluate the strengths and weaknesses of the program and provide recommendations, particularly how well it is implemented instead of the ideas and concepts being used in the training. Compton et al (2008) wrote a comprehensive review of the CIT model as a police-based program in its steadily increasing adoption in the first 20 years (1988-2008) of its existence.
iv. History 4: the recent adoption of CIT trainings by PADOCE

An instance of the construction and use of a boundary between criminality and SMI is occurring in Pennsylvania through reforms to corrections facilities regarding treatment of inmates with SMI. In 2013, a review of the conditions of inmates with SMI within the Pennsylvania Prison System conducted by the Disability Rights Network of Pennsylvania in the years prior to 2013 led to a successful lawsuit against PA corrections in 2013 (DRN v. Wetzel, 2013, 2015). The court mandated a statewide policy overhaul around corrections practices with people with mental health conditions. According to John Wetzel, Secretary of Corrections in Pennsylvania, in a year and half, all corrections staff received mental health first aid training, and certain classes of corrections personnel received the advanced Crisis Intervention Training. The practices within state prisons that led to these reforms are serious matters, as the court found evidence of “cruel and unusual punishment of prisoners in Pennsylvania prisons diagnosed with serious mental illness,” highlighting the use of “Restricted Housing Units” (RHUs) (DRN v. Wetzel, 2013, p. 1).

CIT trainings are broadly considered important for reforming mental health inmate programming practices. For instance, Terry Kupers & Hans Toch (1999) conclude their book, Prison Madness, with calls for increased trainings in mental health for Corrections staff, and CIT is the fulfilment of that. Thus, both researchers and jurists agree on the importance of these trainings in order to improve the mental health related services of corrections facilities.

Given the early state of the use of CIT in corrections settings, there is little research concerning corrections CIT trainings or any other forms of training for engaging people with mental illnesses in corrections settings. There is a lack in the literature that fits between the research into police-based CIT programs and studies of mental health services at corrections
facilities. This lack is in studies of CIT trainings that are being conducted for corrections personnel and the benefit that these studies have for the trainees. The study I am conducting will make contributions toward both a history of CIT training in corrections and an evaluation of its use throughout the U.S., neither of which currently exists. This qualitative study of CIT trainings themselves provides detailed description of what occurs and what is said at these trainings. This historically situated analysis of a CIT training may be a contribution to many parties.

v. **History 5: US prison after the 1950s and “The New Jim Crow”**

US prisons becoming a center piece of “the New Jim Crow” is a history which Michelle Alexander has analyzed in her book, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (2012). This history intersects and extends beyond all the historical lines charted above – from moral management/treatment to deinstitutionalization and through the various reforms targeting police and corrections sensitivity to mental health issues. To understand the way in which the mass incarceration boom in the US from the late 1960s on should be considered “the new Jim Crow,” one must understand how the Jim Crow South constituted a type of re-instatement of many of the norms of slavery which considered Black people to be less than human.

vi. **Literature review continued: Critical carceral studies and abolitionist critical psychology**

Michelle Brown and Judah Schept (2016) have published a call for a *critical carceral studies* and an *abolitionist* criminology. Brown and Schept describe critical carceral studies as “a growing interdisciplinary movement for engaged scholarly and activist production against the carceral state.” My work is situated within this critical carceral studies as an *Abolitionist Critical Psychology* of the proliferation of CIT trainings, particularly in corrections. Throughout my
writing as well as in my ethnographic observations, I will be responding to Brown and Schept’s work as well as the work of other authors who fit in critical carceral studies and have an abolitionist perspective on prisons.

Neither the (inter)disciplines of Critical Psychology nor Critical Carceral Studies have seriously attended to the deployment of CIT trainings across enforcement and corrections agencies. My work will make a significant contribution to this body of interdisciplinary work by analyzing the ways in which CIT has become a go-to solution to the crowding into prisons of people with mental illnesses. In *Progressive Punishment: Job Loss, Jail Growth, and the Neoliberal Logic of Carceral Expansion* (2015), Schept shows how “Democratic politicians, civic leaders, and nonprofit workers who identified themselves publicly and in interviews with me as “progressive,” in the “liberal wing of the democratic party,” and even as “anti-authoritarian” and “socialist” led the local movement for carceral expansion” (p. 7). He continues by saying that a main goal of his book is to demonstrate how “liberal benevolence” has contributed to a political call for “carceral expansion” by “centering the discourses of therapeutic justice, rehabilitation, and social justice.” It is along these lines that I will be exploring the proliferation of CIT trainings as being celebrated and called for by various political and moral factions including as a progressive call for “therapeutic punishment.”

**C. Conclusion**

My study found that the border between categories of “severely mentally ill” and “criminal” is constantly regulated and contested by staff and prisoners in relation to benefits of being on the prison mental health roster. Colorblind racism is a factor of racialized institutional inequities, and my observation of a conspicuous absence of racial awareness throughout CIT trainings indicates need for scrutiny concerning potential racial disparities in the diversion
programs within Pennsylvania prisons. My results reveal difficulties in reforming corrections organizations as more “therapeutic,” chief among these being a discourse of scarcity among “frontline” corrections staff that sees the apparent improvement of conditions for prisoners contrasted with their own perception of lack in supports. When prisoner trauma is discussed, it is often diverted to focus on correctional officer trauma and hardship.
Chapter 2: Methodology

In the first half of this chapter, I will discuss the project’s methods of clinical ethnographic data collection, the epistemological grounding of my methods, and the use of discourse analysis to analyze the dataset. In the second half of the chapter I will discuss ethical decision points of my research, emphasizing the political implications of the decision not to solicit the direct involvement of prisoners as informants for the study.

A. Methods

i. Introduction

The research process has been more iterative than the abovementioned linear progression would suggest for two primary reasons. First, I came into this study with prior assumptions about prison and mental health that have guided my theme generating as well as my observation making. These dispositions developed through abolitionist activism (Schept, 2015) and a clinical practicum at a local crisis center. The second obvious disruption to the notion of this research’s linearity is that some of the themes have arisen through what feel subjectively to be spontaneous flashes of insight or intuition rather than the result of a careful process of sifting from raw data to abstractions. At times, writing up what I have done in my study has felt like the experience described by Elizabeth St. Pierre who “struggled to write a traditional description of my ethnographic practices, my fieldwork, and to insert those practices into the categories provided by the grid of traditional qualitative methodology” (1997, p. 178). Conducting social and human science research in discrete stages seamlessly passing from one to the next as the former step comes to completion is rarely how research occurs in the social or human sciences (and often or possibly never in the natural sciences). Nevertheless, project preparation, data collection, and
data analysis can be analyzed usefully as three sequential steps, and I do my best to break down what I have done in my study according to these guides.

Performing a literature review and proposing the project to various parties such as my institution’s review board and, in my case, the research review board of the Pennsylvania Department of Corrections (PADOC) makes up the portion of ‘project preparation’ that is useful to describe for readers evaluation. Preparation along those lines has been demonstrated in the previous chapter, but it is yet incumbent upon me to demonstrate data collection and data analysis procedures.

Data collection can be described by articulating the “research story” and inventorying the dataset. For the sake of more than just thoroughness, I will write up the process of attempted starts and critical detours: a rejected research proposal at the practicum site that inspired me to seriously consider the clinical and cultural implications of the nexus between mental health and criminality at a crisis center; the pilot study using ethnographic methods and thematic analysis to generate the initial themes from which the discourse analytic ethnographic study was based; the approved research proposal at the PADOC to do participant ethnography at the training center in Elizabethtown, PA; the conferences and professional gatherings I attended, sometimes as a colleague, other times as an ethnographer; and even my time as a pre-doctoral psychology intern at a community mental health center following the primary phases of data collection. Included in the dataset are novel participant ethnographic and interview data collected in the field alongside primary source documents (viz., podcast interviews, professional website posts, court documents from prison reform litigation).

The processes of data analysis have been multiple, changing with the needs of the project stage and the features of the part of the field under study. For instance, thematic analysis was
appropriate to develop themes in the initial stage of research but deemed too reductive and inflexible for application to the massive dataset collected by the end of ethnographic visits and interviews. I will divide the data analysis below into four chapters: the first analysis chapter restricts its analysis to ethnographic data from PADOC CIT trainings; whereas the subsequent three chapters additionally analyze interviews with PADOC CIT trainers and trainees as well as ethnographic observations obtained in the broader professional and scholarly community surrounding the trainings.

First, I will provide the method by which I conducted the pilot study on a two-day professional and academic symposium for mental health and criminal justice researchers and professionals, politicians, and the public. I did not conduct any formal, recorded interviews at this location. I will provide the procedure for the ethnographic exploration of Crisis Intervention Team (CIT) trainings at the PADOC’s Training Academy in Elizabethtown, Pennsylvania as well as at professional gatherings such as conferences and symposia of relevance to mental health reform within the prison system. I conducted 12 recorded interviews and over 40 other unrecorded interviews with additional interviewees. The recorded interviews were included in the thematic analysis of ethnographic notes and extracts were chosen which were analyzed according to a discourse analytic method of interview analysis, including a rudimentary thematic analysis, by following the method articulated by Linda McMullen (2011).

Finally, this section will conclude with a discussion of the ethics of prison research vis-à-vis the position of the researcher, particularly white researchers who are not prisoners and from the academy.
ii. Data collection

a. Research story

I began this study through ethnographic observation of classroom and academic contexts at which professionals and academics who have advocated for crisis intervention and other trainings argued for their necessity and provided useful social and political context surrounding their implementation. My observations began at a 2015-2016 clinical practicum (or externship) at a newly developed crisis center in Pittsburgh, PA (viz., Re:Solve Crisis Network). During my work at this crisis center, I became fascinated with sites of imbrication between mental health services and security apparatuses such as happens in crisis centers between mental health crisis stabilization services and assessment of security risk and legal transgression. At intake, clients passed through a rigorous security protocol, and police regularly “dropped off” people whom they had picked up for any number of reasons at the grounds of the crisis center, ostensibly hoping the center would take them instead of other options available to the police officers such as bringing them to the jail.

While at Re:Solve, I also attended a “Mental Health and the Law” course held in the Spring 2016 semester at the University of Pittsburgh School of Law. Here I observed the instructors (Dr. Jack Rozel of Re:Solve Crisis Network of Allegheny County, PA and Judge John Zottola who helped form the Allegheny County Mental Health Court) discuss many topics concerning the intersection of mental health and the law, including what is widely known in this interdisciplinary field as the Memphis Model; this model, discussed in the introduction, prescribes CIT trainings to reform police departments in their engagements with people with mental illnesses. Pennsylvania Secretary of Corrections John Wetzel was a guest speaker, and he described the reforms to corrections facilities in Pennsylvania in the last few years, including the
training of all Pennsylvania corrections personnel in mental health first aid training and the CIT training for corrections officers and other personnel with certain levels of interaction with what he was calling “SMI inmates.” I would later become well-versed in the jargon of this field, to the point where a formulation like “SMI inmates” seems natural. At the time, however, formulations such as this one (extended as “Severe Mental Illness inmates”) formed the bedrock of my burgeoning interest in the varieties of ways that inmates are treated within prison, and thought of by prison staff, depending on their classification into subject categories that are generated by the staff themselves. What solutions within prison are the staff responding to when a new classification for a prisoner is developed or deployed and when a new unit within the prison or a new prison itself is created for these subjects? On a macro-sociological level of analysis, what problems outside of the prisons are these new subject categories and architectures a response to?

I continued my observations at a conference called “From out of the shadows: Illuminating the intersection of mental health and law.” This was a two-day conference held at Duquesne University. Sponsored by the Cyril Wecht Institute of Forensic Science and Law, the conference was attended by an estimated many dozens of people in person and an unknown number of online attendees. Those who were in attendance included counselors, students, attorneys, prosecutors, social workers, researchers, professors of different departments, and others holding various positions in the disciplinary archipelago surrounding criminal justice and community corrections. Through what can only be considered a pilot study to the more extensive and targeted investigation I conducted, I furthered my impressions of the events and developments of interest to me in the field. Through thematic analysis of the ethnographic notes I had taken, I articulated the first themes of what I had considered a nexus between mental health
and security apparatuses. What I was noticing were patterns of discourse, interaction, and geography that centered mental health reform over more radical solutions, anticipating certain institutional reforms over others and dismissing the notion of de-institutionalization by the very construction of what the problems were defined as.

I continued in the study of the professional community invested in CIT trainings by taking ethnographic observations and conducting interviews with conference participants at the CIT International conference in Fort Lauderdale, Florida (August 16-18, 2017).

Just before attending the CIT conference, I received permission from the Pennsylvania Department of Corrections to visit the CIT trainings in Elizabethtown, PA at the PADOC Training Academy Elizabethtown, PA, a small town a bit south of Harrisburg, PA and the infamous Camp Hill Secure Correctional Institute where prisoner riots led to the burning down of an entire wing of the prison in the early 1990s. I attended two five-day training sessions, one in October, 2017 and one in February, 2018.

b. Research approval, recruitment, and consent

In order that I comply with universal and institutional guidelines for conducting ethical research, I administered the study on CIT trainings according to the following procedure.

I received permission from the PADOC (as well as from the trainers of the trainings) to allow my observation of the trainings including the participation of those at the training in typical behavior observable to anyone within the classroom.

I requested that the trainers of the CIT trainings send to those who are registered for the CIT training a document: “Recruitment for further participation & information on a research study.” I did not receive any contacts from the initial mass email that the trainer sent out to trainees. According to the study’s design, given this contingency, I made the request for
participants again at the training using a modified information form that asks if people would be willing to allow me to either interview them or interview them and follow them through the training as a “focal participant.” I stood up in the beginning of each training week in which I participated and informed everyone in attendance of my status as a researcher, my credentials and name, as well as solicited participation of interview informants. At this time, I passed around and summarized a note about my study and my credentials.

I provided each participant who with a consent form and verified that they understood what they were consenting to. When a consented participant is in conversation with other members of the community, I limited the specific data about the community member with which they were interacting.

The informed consent form was designed according to the IRB standards of Duquesne University as well as according to the standards expressed in the PADOC RRC Research Activities Policy Statement (2007).

Staff member participants are not individually identified in this presentation of my research or in any, though aggregate identifiers such as age, race, sex, job title, etc., may be used. One participant gave me permission to use their name in the presentation of data collected from them. However, considering that this person was the only participant who provided this consent, I have elected not to include their name given the potential for a disproportionate burden falling on that participant. This participant may be able to be more easily identified based on their former prominent role in PADOC programming. This is much different, however, from being named in any searchable document given that every name is searchable on Google, which attaches a name to documents in which that name is indexed.
c. Dataset

To assist the reader navigating this study, I condense the research story into a summary of the dataset from which my analysis draws.

I kept an ethnographic journal over the time between fall of 2017 and spring of 2019. I made entries into this journal of widely variant content and form. These entries were made while existing in the boundary sites of the ethnographic field. As I was doing clinical ethnographic discourse analysis, my observations while working in various clinical positions, particularly during my year-long internship in community mental health, were often relevant to the corrections field in focus in my study.

I separate the aforementioned journal from ethnographic field notes. The latter were recorded in order to create original qualitative data, and thus the requirements for their validity were more exacting. The primary requirement for an ethnographic fieldnote to be counted as such were that these were articulations of or elaborations on present sense impressions of the field in which I was then engaged; i.e., I had to be on-site and writing my impressions or thoughts on my impressions.

I conducted dozens of unrecorded interviews, lasting anywhere from ten minutes to three hours. I recorded 14 semi-structured interviews, all with employees of the Pennsylvania Department of Corrections except for one abolitionist community activist from Pittsburgh, Pennsylvania.

I compiled and studied a collection of primary sources collected from site visits including photographs, promotional material, videos, pamphlets, participant guides, and conference proceedings. The CIT Participant Guide (2017) for the trainings in Elizabethtown was particularly helpful in understanding the indigenous history of Pennsylvanian and United States’
corrections history and how it implies the present reforms. To gain more insight into the correctional field and insider perspectives on the reforms taking place, I have listened to reform-oriented podcasts\(^8\) as well as followed websites that represent the moderate perspective within corrections.\(^9\) Eschewing the naturalistic documentarian fashion of filming and interviewing prisoners and prison guards in correctional facilities, I have avoided viewing any media of this type. It is a fallacy, which I will discuss in the second half of this section, to believe that to see prisoners in their state of imprisonment and to hear their stories are the beginning steps on a progressive road to ‘humanization’ or ‘liberation.’ Indeed, the process of witnessing the suffering of prisoners is closely tied up with the surveillance methods through which the prison-powers operate, and for researchers and documentarians alike, it is not so simple maintaining a mythical neutrality from the field nor to stay out of its operations of power.

During my psychology internship at a Community Mental Health Center in West Virginia, I continued my practice of ethnographic note taking. These notes as a whole are a type of border phenomenon in my research process, as I was no longer in the field, strictly speaking, and the notes were taken more sporadically than the intensive note-taking method employed while on site visits. I consider these notes the continuation of an ethnographic journal, logging both emergent considerations for analysis and writing as well as producing some.

iii. Data analysis

a. Pilot study on a two-day professional and academic symposium

I used a combination of thematic analysis and grounded theory to analyze data gathered from the pilot study, utilizing Nvivo 12, a computer-assisted qualitative data analysis software

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\(^8\) Viz.: Reimagining Prison: Making Safer Communities Inside and Out produced by Warden Exchange, a Program of Prison Fellowship; and Correctional Nursing Today.

\(^9\) www.correctionsone.com and www.lawenforcementtoday.com
(CAQDAS), to support inductive analysis of the dataset. I followed Emerson, et al. (2011) in the application of grounded theory to ethnographic fieldnotes. Inductive analysis was conducted by doing a line by line open coding of ethnographic notes, noting any and all ideas or themes suggested to me by the notes. From this open coding process, I developed a small number of themes or patterns that seemed particularly promising to help further my analysis. This is a particularly subjective moment in qualitative research, which is not to be confused with an invalidating moment. It is important to note that the focusing of analysis that occurs directly subsequent to open coding is up to me as the researcher, and it necessarily reflects my own hypotheses, presumptions, political positions and desires. Nonetheless, any research, qualitative or quantitative, is a limiting of possible conclusions based on the researcher’s own lens and frame, at the same time as it is a deepening of comprehension of that which falls beneath the lens and within the frame.

Next, I performed a “focused coding,” wherein I went line by line through the open-coded notes using the promising themes, patterns, and ideas developed in the open coding phase. This allowed me to guide the coding into more discrete categories that were used through the rest of analysis.

b. Ethnographic study of CIT trainings for PADOC

The method by which data was analyzed in the ethnographic study of CIT trainings followed the method used in the pilot study, except that the coding phases were guided by the hypotheses and themes developed in the pilot study as well as from the impressions developed within the field. I took far more field notes in my visits to the CIT trainings than I did in the pilot study and I included in the dataset were also hundreds of pages of interview transcript. The
potentially overwhelming size of the dataset as well as the qualitatively distinct nature of the interview data presented me with needs to alter my methods from the pilot study.

First, I deployed grounded theory intentionally to manage the amount of data with which I was confronted. Instead of coding everything, I coded, as Emerson and colleagues recommend, “line by line through as many pages of fieldnotes as possible, at least until coding seem[ed] to generate no new ideas, themes, or issues” (2011, p. 174). I also did not use Nvivo12 for this phase, opting for highlighting a Word document and producing code memos in comment boxes.

Second, I considered interview data alongside the ethnographic fieldnotes but also as qualitatively distinct. These two considerations on interview data implied that their transcripts could be both included in the thematic analysis applied to the fieldnotes as well as were in need of a separate form of analysis. I analyzed interview data according to the guidelines prescribed in Linda McMullen’s discourse analysis method (2011). McMullen’s method is a mixture between a discourse in social psychology (DASP) approach (Potter and Wetherell, 1988; Potter, 2004) and a more Foucauldian approach. The former (DASP) focuses on the function and consequences in specific contexts of attitudes, interpretations, and feelings, i.e., the “performative aspects of language use” (Austin, 1962). Still interested in the consequences of what gets said and by whom, a Foucaultian approach is interested in the consequences of speech acts on interconnecting and interactional levels of analysis that extend far beyond the interpersonal systems typically under examination by DASP scholars.

These theoretical considerations in mind, the method is fairly straightforward. After having conducted the analytic coding on fieldnotes and interviews, I selected particularly rich interview extracts that exemplified the research-interest relevant patterns which had emerged. In selecting extracts, I was particularly interested in finding those moments in conversation when
my informant was performing “social action” (McMullen, 2011) that either exemplified a typical interpretive repertoire or attitude about working with prisoners with mental illnesses, interestingly varied from the typical social/thinking performance, or did both at the same time. The selecting device of “interpretive repertoire about working with prisoners with mental illnesses” is a broad category because I divided my interest in many other significant ways, which are presented in my analysis throughout the entirety of this essay. I will further discuss my reasons for my selections as I present each extract. These interview transcript extracts were analyzed line by line.

c. Discourse analysis of interviews

The interviews were semi-structured, led in part by my research interests, but loosely, to follow with curiosity and anticipation of the unexpected arising from my conversation with an interviewee (Josselson, 2013). Interview text was analyzed as part of the ethnographic note dataset as well as using a discourse analytic method of interview analysis (McMullen, 2011).

The interviews with corrections personnel included amongst their goals gaining insight into interpretive repertoires (Potter and Wetherell, 1988) drawn upon to make sense of their work with inmates with mental illnesses, their attitudes and feelings (Wetherell & Potter, 1988) towards this work and the trainings, and their appraisal of the trainings’ usefulness or lack thereof to this work. Wetherell and Potter define an interpretive repertoire as “the explanatory resources to which speakers have access and to.” In my preparation for attending the trainings, I had reason to suspect that trainees (and even trainers) would express attitudes and utilize interpretive repertoires which were inconsistent with the reformers’ ambitions.10

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10 Yet these were complemented by discursive objects and subjects that fit within the same worldview as the reformers.
I follow the process of discourse analysis applied to interview transcripts outlined by Linda McMullen (2011). Her application of DA to interviews is based on two dominant theoretical orientations within discourse analysis: a form of discourse analysis that is typically called discourse analysis in social psychology (DASP) (Wood & Kroger, 2000) and poststructuralist or Foucaultian discourse analysis. Exemplary in the application of DASP are Jonathan Potter and Margaret Wetherell, who, often in collaboration, focus on the *action orientation* of language, considering discourse to be “*social practice* in itself, as opposed to a neutral transmitter, with its own characteristic features and practical consequences” (1988, p. 168). Foucaultian or poststructuralist discourse analysis is championed by Ian Parker, having its origins, of course, in Michel Foucault’s archaeological and genealogical studies. I address Foucault’s significance to my project in multiple locations in this chapter.

I followed McMullen, also joining the ranks of most methodologists in analyzing interview transcripts (Josselson, 2013), first reading the interview transcripts in their entirety. Actually, I transcribed most of the interviews I conducted, contracting a professional transcriptionist to transcribe 3 interviews that I then listened to while making any needed corrections. As I have said above, I included the interview transcripts in my initial thematic analysis. I then re-read the interviews, deductively looking for codes I had developed, but now paying particular attention to the interpretive repertoires of the interviewees. As a primary research interest in my study were reflections on practices of separating inmates into various categories that entailed differential treatment and consequences, I paid particular interest to the ways in which informants constructed answers concerning primary dividing categories with particular importance to the U.S. correctional context (esp., mental illness status and race).
Following McMullen (2013) in her adaptation of Wetherell and Potter’s (1987) focus on the patterns and variability in discourse.

At this point, a definition of interpretive repertoires is due. Wetherell and Potter (1987) begin their definition of interpretive repertoires as being the “regularity” in discourse. More specifically, what is being identified as a speaker’s interpretive repertoire are the “building blocks speakers use for constructing versions of actions, cognitive processes and other phenomena” (p. 172). These “building blocks” can be seen by the discourse analyst by the identification of the speaker’s “restricted range of terms used in a specific stylistic and grammatical fashion. Commonly these terms are derived from on or more key metaphors and the presence of a repertoire will often be signaled by certain tropes of figures of speech” (p. 172). An early example of a metaphor I came across in the Pennsylvania corrections field, indicating a potential interpretive repertoire that did gain density and importance in my analysis as my research continued, was that of mental health focused reforms in prisons being called by many correctional officers, “hug a thug programs.” Figures of speech such as this, as Wetherell and Potter note, sometimes indicate interpretive repertoires. In my reading of interviews, I am particularly interested in these terms that index interpretive repertoires; this is because attention to interpretive repertoires can lead the analyst beyond the social action performed in the interactional moment to identify ways these interpretive repertoires function as scaffolding in what Foucault calls games of truth.

Returning to the steps performed on the interview texts, after reading through the interview transcripts, doing a focused coding based on the themes I was interested in, I followed McMullen’s method of selecting excerpts of interview text which were particularly strong
examples of social action and interviewee interpretation of social action on which I was focusing.

At this point, I relied on Ian Parker’s method of discourse analysis of a text, which itself entails twenty steps (2002, pp. 208-218). I condense these steps to a smaller number and apply them to the interview transcript excerpts. I see Parker’s steps as generally being divisible into two processes that lead to two major results. The first twelve steps sift through a text to produce a list of discourses (actually the twelfth step) found in that text, replete with the objects, subjects, relations between these, and relations between the use of these to other potential frames for these terms. The second set of steps (thirteen through twenty) sees the analyst working in a more interpretive manner that primarily focuses on the emergence of the discourse and the consequences of the discourse’s construction, not just in the interaction between interviewee and interviewer or in the social transaction between one participant in the field and another, but in on a larger systems level spanning historical and present sociological dimensions.

Ian Parker’s steps allowed me to focus my analysis on the construction of objects and subjects being in the interviewee’s speech; what can be said about these objects; what the subjects of the discourse can and cannot say; and the worldview that these objects, subjects, and speech foreclosures and openings entails (steps 3-7). Step eight is significant – “we imagine how those implied networks of relationships and pictures of the world might be defended if attacked” – because it is of particular interest how corrections personnel defend against the apparently contradictory and threatening narrative of racial injustice vis-à-vis law enforcement and corrections. Parker’s ninth, tenth, and eleventh steps continue to focus on the discourse in its own terms, so to speak. This is the case in that the steps promote continued reflection on the immediate terms produced in the text: the ninth step identifies patterns of making points by
appealing to contrasts and oppositions, an important step in my analysis given that a major interest of my study is the practice and logic behind distinguishing between categories of prisoners and providing differential services to these categories; the tenth step is to identify “points of overlap between different ways of talking about the ‘same’ object”; and the eleventh step

The historical emergence of the discourses identified in the twelfth step are identified (thirteen) as well as the historical origin stories told by the text itself (fourteen). In steps fifteen and sixteen, the social consequences of the discourse are considered concerning the reinforcement of institutions and/or their subversion – which institutions are supported and which institutions are subverted through the discourses developed. Steps seventeen and eighteen encourage the analyst to consider what subjects benefit from these discourses and who would want to promote them or dissolve them. Turning to an even broader level of analysis, step nineteen asks the analyst to consider ways in which these discourses interlock with oppressive discourses, a question of particular significance for my work as I became interested in the ways in which progressive narratives of mental health reform within carceral and law enforcement contexts occlude the discourse of racial equity within the same fields. The twentieth step invites the consideration of “how discourses justify the present” (p. 218).

B. Theoretical determinants

i. Discourse analysis: Counter-histories, the public secret, and haunting

Two of Michel Foucault’s methodological inventions – studying discourse over ideology and the genealogy that studies subjugated histories and counter-histories – are as opposed at first glance as they are powerful in their use together. I will present the difference between these two methodological impulses and how I use them together.
Foucault distances his study of discourses from efforts to understand underlying ideologies theorized as hiding beneath what first appears. Foucault pitted his study of discourse against the study of ideology, in this fashion, in order to distance himself from the intellectual trends that were popular in his time that can be associated with psychoanalytic readings of unconscious of social events, structures, and agents. Don Deere (2014) writes concerning the “ideology theory” associated with Louis Althusser and the Marxist and psychoanalytic strain of French scholarship, asserting, “Ideology theory claims … that false appearances are due strictly to the machinations of power and that the brilliance of truth could tear down this façade” (p. 521).

A major innovation in Foucault’s work is his insistence on taking at their word the authors of critical historical institutions and disciplines. Foucault argued that those who wrote about practices within modern institutions, including psychiatric hospitals and prisons, were quite explicit about their intentions and motivations, and there was no greater plot or scheme being hatched behind the scenes that the researcher needed to divine through various methodological and theoretical inventions. Foucault’s method was intended to be a description of surfaces. I have found no place where Foucault articulates his position better than in an interview in Le Monde conducted in February of 1975, not incidentally the year when he published his inaugural genealogical study, Discipline and Punish (1975). In response to the question of whether he has method, Foucault responds:

I believe that today there is such prestige attached to projects of the Freudian type that very often the analysis of historical texts takes as its objective the “non-spoken” of a discourse, the “repressed” or “unconscious” of a system. It is good to abandon this attitude and to be at once more modest and more of a rummager. For when on looks at the documents, it is striking to see with what cynicism the bourgeoisie of the 19th century said exactly what it was doing, what it was going to do, and why. (1996, p. 149)
It is along these lines that Foucault sets for himself the task “[t]o rediscover this explicit discourse” and states that those who are administrating and developing the political projects of the disciplines and the institutions are articulating “a strategy that is absolutely conscious, organized, and deliberate” (p. 149).

Foucault sometimes appears conflicted, however, in that he also theorizes ‘counter-histories’ and ‘subjugated histories,’ and the role of “intellectuals” (I would say of “researchers”) in drawing out these histories from the dominant discourse that is a play of surfaces and subjectivating dynamics.

In his essay “Nietzsche, Genealogy, History” Foucault writes:

In placing present needs at the origin, the metaphysician would convince us of an obscure purpose that seeks its realization at the moment it arises. Genealogy, however, seeks to reestablish the various systems of subjection: not the anticipatory power of meaning, but the hazardous play of dominations. (Foucault, 1984, p. 83)

In my study, I use both of Foucault’s mandates, alternating between staying with the explicit discourse with which I am confronted and looking for the ways in which the dominant discourses force others to take on a life in the margins or in the subterranean. A primary instance in which this dual attention can be seen in my study is the way in which it is concerned with the interpretive repertoires of corrections personnel on their work as well as with the ways in which these interpretive repertoires exclude terms through the inclusion of others.

It is tempting to look at Michael Taussig’s theorization of the public secret as a way to reconcile Foucault’s dual mandates of staying with the discourse and revealing the subjugated history of the discourse or that which haunts the discourse.

EP is so busy looking for concealed trickery he doesn’t realize that he might be a privileged witness of its skilled revelation and that the secret of the secret is that there is none or, rather, that the secret is a public secret, something generally known but that cannot generally be articulated. This is not a question of seeing more or seeing less or seeing behind the skin of appearance. Instead it turns on seeing how one is seeing.
Whatever magic is, it must also involve this turn within the known unknown and on what this turn turns on, namely, a new attitude to skin. As Nietzsche would have it, the biggest secret of all is that there is no “underneath” or “behind.” God is dead and metaphysics is magic. (p. 151)

Discourse analysis should not be “busy looking for concealed trickery,” as Taussig writes, so as not to miss the “skilled revelation” of the means by which public secrets are maintained in the space between the visible and invisible. In other words, I see discourse analysis as being a method worth the effort when it allows the researcher to describe the semio-social steps (the linguistic social actions) that go into producing that which is “generally known but that cannot generally be articulated.” Discourse analysis recognizes that the action by which subjects are able to hide the public secrets in broad daylight is immensely important culturally and psychologically, and it does not seek to skip ahead to the content of the public secret.

Avery Gordon’s writing of cases of haunting is integrally related to Foucault’s genealogical method. Gordon asks, “What does the ghost say as it speaks, barely, in the interstices of the visible and the invisible” (1997, p. 24). Avery Gordon is concerned how to write “case studies of haunting and adjudicating their consequences” (p. 24).

I am practicing ethnography guided by discourse analysis, so I look for contradictions and elided histories: conflicts and the ghosts. What I am haunted by in my troubled passing in this culture, my passing through this culture, may be the impressions of the prisoners of this culture. These impressions are like having a discussion with a man in his living room, and you see the sign of his wife’s co-existence in the permanently pressed down, empty seat cushion. Or like standing at the massive parking lot in the middle of downtown Pittsburgh, wondering how the city could afford to use so much space in this way; looking up to the majority Black neighborhood, the Hill District, remembering learning how that neighborhood used to include blocks of homes before it was replaced with an arena, and then this flat, white concrete lot.
Foucault, Taussig, and Gordon’s methodological notes will be particularly critical in the analysis section that seeks to see the ways in which race is occluded in corrections and corrections mental health reform as well as the affects this occlusion.

ii. Ethnography

I conducted a multi-site ethnography due to the nature of the distribution of this phenomenon across and between institutions. Although bite sized chunks are needed to form a dataset, it is not the institution of “prison” only, nor of trainings only, that I am interested in. I am concerned with the ways in which the boundary between criminality and mental illness is constructed in practice and in theory, particularly at trainings and conferences. The conferences represent an essential location of knowledge creation and connection between researchers and professionals. The trainings, in turn, are instances in which research-informed policy is transformed into operative knowledge and where subjects (e.g., corrections personnel) are socialized through training and interpersonal interaction with peers to relate in prefigured ways to others (inmates).

Ethnography has its roots in anthropology, though it has changed within that field as well as been adapted by many other social and human sciences as a popular form of qualitative inquiry (Parker, 2005; Madison, 2011). Thus, there are different schools of thought concerning what should occur in an ethnography, and these imply different political and philosophical positions. Below, I outline the positions I take with regard to ethnography and how I situate myself as researcher epistemologically within the ethnographic field.

a. Ethnographic observation

In his book, *The Interpretation of Culture*, Clifford Geertz (1977) formulated thick description as the primary instrument by which ethnographers study culture, going so far as to
state, “Ethnography is thick description” (pp. 9-10). Today, thick description is espoused as the
gold standard method for participant ethnography data collection (Emerson, et al. 2011;
Madison, 2011). Geertz posits thick description as being the essential characteristic of
ethnography in argument with “reifiers and reducers” of culture. The most important proposal of
Geertz’s polemic is that culture cannot be reduced to one aspect of itself: culture is neither the
mental operations or subjective beliefs required to be a “native” nor a set of ideologies, practices,
or its materiality. For Geertz, culture is all of these, it is public meaning and “symbolic action.”
Culture is existent in the chiasma between and of all of these otherwise reduced elements. This is
why thick description, for Geertz, is the only way to study culture in an ethnographic sense,
because as little is to be left out as possible in the original description of the passing of culture
before the ethnographer. Geertz notions of culture and thick description, which attempts to
represent that culture passing before and around the ethnographer, have been important
touchstones for my day-to-day methods in this study. Often my hand would cramp up with
exhaustion from the pace of my typing or scribbling in my notebook as I tried to capture my
observations with as much richness as I could.

Clinical ethnography straddles the anthropological and the psychological as disciplines,
and the balance between the two and what the ethnographer decides to focus on from each
depends on the researcher’s style as much as their research goals. Some researchers may
emphasize a study of psychological data as in the work of the researchers behind the
Ethnography of Autism Project (Ochs & Solomon, 2004); whereas other researchers will
perform a study much more similar to that of the traditional anthropological trope of going out
into “the field” (Schepers-Hughes, 2001). Nevertheless, clinical tools and acumen of varying
degrees are often applied to further the study’s research aims, as in Schepers-Hughes (2001) use
of the psychological assessments the Thematic Apperception Test and “Draw a Person” as somewhat playful inroads into the experiences and psychological lives of participants.

b. Clinical ethnography and affect theory

An emphasis on affect is a natural partner to clinical ethnography. Clinical ethnography benefits from the researcher making observations on a field that is both alien and familiar to them. The familiarity comes from the researcher being a clinician either in the field they are studying – as in Carolyn Sufrin’s (2018) work examining medical practice in a women’s jail as an ob-gyn employed by the jail – or being a clinician external to the particular field or institution of study. I am approaching the study of corrections mental health reforms from the perspective of an advanced graduate student in clinical psychology, having practiced as a supervisee in psychotherapy, group therapy, assessment, and as a graduate instructor in a university. Duquesne University’s psychology department, where I have trained, places singular emphasis on the practice of psychology as a human science. A virtue of this approach is the emphasis on lived-experience and affect, a primary factor in the ascendency of depth psychology and phenomenology at Duquesne. In my training as a therapist, I have learned to listen closely for signs of my clients’ emotional lives as I have also learned to focus on the stirrings of affect and fantasy within me as I encounter my clients. Knowing how to listen for the personal experience of the interplay of affect between client and therapist is critical in the formation of a competent therapist. This attunement to affect and the work that it does interpersonally and on a group level is key to my ethnographic position, and emphasizing that affect gets things done in the world is also an important link between affect, ethnography, and discourse analysis.

Clinical ethnography, in that it draws on anthropology to extend the researcher’s dataset in an almost rhizomatic fashion, has many affinities with affect theory. Both are new fields and
research methods, and each respond to similar limitations to prior forms of research, particularly those of epistemological concerns regarding what is the phenomenon being researched, what are its contours and limits, and how can we think beyond previous ways of defining social and human phenomena. Brown and Tucker (2010) argue for applying affect theory to psychological research in a way that elucidates these epistemological and ontological adventures (p. 231). We see in Brown and Tucker’s description of the researcher’s attempts to describe “a service user” a commitment to not stop and fix the researcher’s gaze on the location of the individual, focusing exclusively on their experience or exclusively on the macro-level, but moving in and out of these strata in a Derridian fashion that says “yes, yes, yes” to as much as can be “packed into” the description. Following Clough and Brian Massumi, Brown and Tucker argue that “the affective turn most certainly (re)opens avenues of thought for those forms of social science that had become bogged down in the linguistic or semiotic turn” (p. 237). This is a direct challenge to a study that bases its analysis purely on the level of discourse and text. I have incorporated into my method a self-reflexive and inter-affectual elements in which I take seriously the way that I am affected by those in the field (how I am pushed or pulled to go one direction or another by any number of interactions). An example of the importance of attuning to the affective dimension can be seen in the following extract from an ethnographic note, hastily spoken into the same recording device I had used to interview my informants, while sitting in my car outside the highway bar/diner in which we had just had dinner and drinks:

…the closer I get to people the more interviews I do with people, that's really... I feel the affective ties, the affect pulling on me, the responsibility. I literally said to them, "Yeah, I'll send you this when I'm done with it. You can hold me accountable." Accountable. I will be held to account. 11 years of their lives in corrections, and late life, late years, too. 40s and 50s. Bob is 61, George is 54, they're partners. So you know, and me, I have a stake in it, too. We all have a stake in prison culture, in prison, in carceral society. It affects me - with fear, with guilt, with shame, with deep fear, terror, loss. But they're
there all the time, so it's just going to be a challenge to write as critically, and as radically honestly as I want to write.

I hope what can be seen in these meandering comments is an awareness at that time of having had an encounter with an informant that distanced me from the ideological and categorical precepts as well as my notions concerning to whom I am accountable and to whom I am not. The question of to whom we are accountable is a question of community, and to ask this question is to initiate a process that parallels and resonates with the historical trauma by which mass incarceration has circumscribed some as being outside the dictates of the American (and possibly white community) thus marking them as beings to whom the wide-ranging system of mass incarceration does need to provide an account or a response.

c. Interviews, ethnography, and discourse analysis

My research balances ethnography and discourse analysis methodologically, and this presented me with a key interview problem concerning the degree to which I shared with the interviewee what my own position is regarding the interview question or topic. This is a much more complex issue than it appears at first glance, and its tensions are not resolved simply by committing to staying neutral. Neutrality is desired to some extent by both discourse analysis and ethnography. Take for instance the mandate that ethnography is interested in “the pursuit of indigenous meanings” (Emerson, et al., 2011, p. 17) of members of the field; compare this with discourse analysis, at least the psychological discourse analysis I use in analyzing interviews, and its interest in the discursive accomplishment and construction of a person’s attitudes (Potter & Wetherell, 1988a) and interpretive repertoires (Ibid., 1988b).

In considering what questions to ask my participants, I also constantly measured the benefits of asking some questions against the possibility of alienating an interviewee or even someone who could help me gain access to another dimension of the field. I sparingly asked
questions about race, even though my project is highly concerned with the treatment of racialized and mentally ill subjects in prisons. However, I did ask one question about race with fair regularity: “Do you think there are more or less Black people in your prison than white people?” The response I got to these questions was almost always some version of, “No, it’s about even.”

I will provide analysis of responses such as this in the analysis chapter that focuses on race (or rather its occlusion) in CIT trainings and other sites of mental health focused corrections-reform. When I return to this subject, I will also discuss why the answers to this question by corrections staff are revealing of a lack of engagement with the racial realities of their profession.

Macgilchrist and Van Hout (2011) highlight some benefits to the combination of discourse analysis and ethnography, specifically regarding the use of interviews in ethnographic fieldwork. Ethnography helps to provide context for the interviews that are the primary text of analysis for discourse analysis, and the latter can provide ethnography with a method for testing participant ethnographers’ insights into social and speech events as well as provide a process for developing insight into missed implications of their data. Martyn Hammersley (2005, p. 9) notes that, oftentimes, ethnographers have used interviews in order to supplement their field work when they cannot gain access to important aspects of the field that they would otherwise wish to observe themselves. Hammersley argues that discourse analysis, on the other hand, assigns a different status to the text of interview data, a fact which is underlined by many discourse analytic studies focusing on what is said and how it is said in an interview. Although

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11 The “color-blindness” of the corrections officers here is an alarming data point because in fact, Black people make up 46% of Pennsylvania’s prison population, significantly more than whites, who make up 39%. This itself is a significant difference, but when you consider that Black people make up 11% of Pennsylvania’s general population compared to whites at 79%, then the institutional racism becomes clear.
Hammersley seems to be overstating the emphasis many discourse analysis practitioners place on remaining close to the social action present in the text as well as not fully incorporating Foucaultian discourse analysis into his understanding of the method, his argument is still helpful in considering the merits of cycling between the ethnographic field and the interview text. Hammersley notes that the other primary way ethnographers make use of informants/interviewees is to gain insight into the attitudes and perspectives of these informants concerning the ethnographic field; otherwise, the researcher may completely misunderstand how members of the community being studied are perceiving or relating to various interactions or events the researcher is observing or being told about. Throughout my study, I have exercised a method of cycling between these two registers, my ethnographic observations and the interview transcripts in an attempt not to let one subset of data hold more weight than the other; instead viewing them as providing qualitatively distinct insights into my subject of study.

Participants in the CIT training had a variety of different attitudes concerning the pedagogical aims of the event and the underlying policy and practice changes these indicated. The most common predictor of these attitudes was the position that the participant held in the organizational structure of the department of corrections. This fact – the distribution of attitudes along lines of organizational subjectivity coordinates – was in no way obvious to me before my unrecorded and recorded interviews with trainees and instructors.

### d. Clinical ethnography, affect, and interviewing

I did not go into prisons to observe the everyday experiences of corrections officers; instead, I learned most of what I know about the way that their day to day operates and how they navigate the new policies around inmates with mental health diagnoses from the officers themselves. In listening to my interviews again during the transcription phase, I realized that my
interviews sometimes sounded like therapy sessions. The validation that I offered through experience-near reflections often had the effect of opening up informants, allowing them to share how they feel about what, for them, are work issues. Some examples among many emotional experiences that were shared with me include their frustrations with the many changes that are occurring and the pace at which they are being implemented as well as the “flexibility” many expressed needing to maintain in order to keep up with these changes and even to keep up with the changing procedures for dealing with one inmate versus another. For instance, a Sergeant (Christopher) at SCI Retreat, a prison in the Northeast of Pennsylvania within two hours of NYC and Philadelphia, shared the difficulty of running a restricted housing unit (RHU; solitary confinement unit) that contains on one side people with mental illnesses and on the other people without mental illnesses:

1 C: And it is hard. I mean you’re dealing with one guy on the one side of the RHU that’s just being an ass just to do it, and then you’ve got another guy that’s doing it because of mental health issues. You know?

2 D: Yeah, cus that’s not just, it’s not just that you have to be flexible because they might change something…

3 C: Yeah you have to be flexible with the different inmates! Yeah, you might go to one cell and then the next cell over it might be a totally different case, you know?

What is most significant for the interviewee is expressed by his emphatic tone in which he agreed in line 6 with my validating comment in lines 4 and 5, him saying, “Yeah you have to be flexible with the different inmates!” Attending to the emotional significance of what an informant is saying is important, but noting affective intensities is also important in that they indicate what can be called relational events. One of the most significant levels of meaning in which the interview unfolds is the fact that it is an encounter. In the instance of the interview between the CO2 (i.e., the Sergeant) and myself, the encounter plays out on the level of a meeting across identities, and what he has to say to me and what he wants to be heard by me
(what he feels grateful for, relieved by, or excited for having been heard by me) is expressed in these moments of affective intensity that are usually marked in the transcript by an exclamation mark or are indicated in the informant’s language through more subtle ways, like when he says in line 1, “And it is hard.”

C. Ethical Decision Points

It is often surprising to people that I have not pursued direct research with current prisoners. The methodological decision of only interviewing non-prisoners stemmed from a political analysis of prisons themselves. Prisons are sites of intensive surveillance (Foucault, 1975), and the oversight and discipline of prisoners is disproportionately exercised upon people of color by white people (Alexander, 2012; Browne, 2015). Increasingly researchers from the disciplines of anthropology, sociology, and geography are avoiding direct contact with current prisoners so as not to extend the observational powers levied on these captive subjects (Gilmore, 2007; Schept, 2016).

i. Restricting researcher participation in functioning of prisons

A former chief psychologist of the PADOC in the 90s, now in what he calls “semi-retirement” as a trainer at the CIT trainings, brought me a book one day. The book he showed me, Howard Zehr’s (1996) book of photos and interviews of Pennsylvania “lifers,” seeks to show the human toll of “life without parole” sentences that Pennsylvania is still nearly alone in mandating for anyone convicted of first or second-degree murder. The psychologist seemed to be signaling to me with this book that he, through the 90s and now, has always been on the side of humanizing prisoners, even when it was not as popular as it is today.

To answer a common question I receive – why I do not interview current prisoners – I turn to Michelle Fine’s article “Witnessing Whiteness” (1994), in which she writes: “Today the
cultural gaze of surveillance – whether it be a gaze of pity, blame, or liberal hope – falls on persons of color” (p. 64). She concludes her argument in this paper stating that “social scientists have colluded in this myopia, legitimizing the fetish, turning away from opportunities to surveil ‘white,’ refusing, therefore, to notice the institutional choreography…” (p, 64). Fine argues the researcher’s gaze consistently lands on (and reifies) racialized subjects for the academic imagination, rendering people of color visible and maintaining the privileged and sovereign invisibility of white people. This argument presents challenges for the white person – myself – conducting prison research, specifically, to make a judgment on what constitutes the “white” of prisons and how to “surveil ‘white.’”

At the two trainings I have attended at the training academy in Elizabethtown, PA, 57 out of 60 trainees were white. Being that this is representative of the corrections personnel in general, it is not difficult to decide what the ‘white’ is, at least on a cursory level enough to decide whether to collect data from prisoners or corrections staff. On the other side of this decision, according to the Prison Policy Initiative’s review of the 2010 U.S. Census, “Whites are underrepresented in the incarcerated population while Blacks and Latinos are overrepresented.” This is true of all state prison systems, but Pennsylvania’s racial disparity between white and Black incarcerated people is even more extreme, with whites being 79% of the state population and 39% of the prison population and with Blacks being 46% of the prison population but only 11% of the state’s population overall.

Researchers who decide to conduct studies within prisons with prisoners are put in compromised ethical positions. There are many circumstances unforeseen by the researcher in which they find themselves caving to pressure to participate directly in operating the levers of the prison’s power/knowledge, oftentimes due to a desire not to alienate the correctional staff
who are providing them access to the prison and the prisoners. The experience of an unexpected compromise of this sort is almost assured for researchers who seek to interview current prisoners due to the lack of knowledge non-prison staff researchers have about the ethical field of potential situations and decision points within prisons. The public’s lack of knowledge of prisons is due to an essential condition in which prison power functions: prison’s hermetic secrecy and internal panopticism. In other words, prison’s general mode of functioning is to restrict contact with the outside world while intensifying the knowledge gained about prisoners by the prison.

In Abigail Rowe’s (2014) reflection on the role of the self and identity in prison ethnography, Rowe shares one of these “very ordinary, low-level confrontation[s] between a prisoner and a member of staff” that “left [her] reeling.”

The day’s post arrived just before the women returned from work for dinner. The post was sorted into ordinary post, which had been opened already, and legal post, which was separate so the women could open it themselves in front of staff. As they got in, the women came to the office to ask for their post. They came in throughout their lunch hour, and while the officer oversaw the lunch queue she asked me if I’d mind handing out letters if anyone asked (this arose because the server is just outside the office door, and space is so short that there wasn’t really anywhere other than the office for me to be while everyone queued for food because it was a bit of a crush). Although I’ve come across and chatted to a number of the women on the wing, I’ve certainly not met anything like a critical mass of them to make me feel as though I’m generally known by prisoners, or that it’s clear that I don’t work for the prison, so this was a little uncomfortable. One of the women I’d seen coming through Reception the other day came and asked for a letter from the pile of unopened post, in addition to an ordinary letter. I told her that I didn’t think I was allowed to give it to her because it needed to be opened in front of an officer (and that I was not one). She kept insisting (slightly aggressively) that the letter was there and yes she could have it. It felt as though it took a lot to persuade her that I couldn’t give her the letter, and she kept agitating for it. I felt incredibly uncomfortable, and very annoyed that I’d been put in this ambiguous position . . . (Rowe, 2014, p. 409).

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12 The term ‘panopticism’ is a Foucauldian neologism developed in his analysis in *Discipline and Punish* (1975) of the panopticon, an architectural model of prisoner surveillance/management. The explicit panopticon model was first proposed in the early nineteenth century in Jeremy Bentham’s structural engineering drawings for prisons. Throughout the 1800s, the panopticon, which featured a central viewing station that maximized legibility of the peripheral inhabitants (imagine a hub within a surrounding wheel), were common features of carceral institutions. Foucault notes that panopticism is the internalization of the external surveillance, which is a primary function of the disciplines and their correlative institutions.
I do not want to single out Rowe - there is great merit in her reflexivity and she is willing to represent the bind that many prison researchers find themselves in. Unfortunately, her reflexivity stops at her position as a researcher being compromised when seen by prisoners as not just a neutral observer but rather as an odd type of prison staff. What Rowe and many other researchers seem to miss is that these “very ordinary, low-level confrontations” are what comprise the grinding surveillance of the security apparatus of prison, always poised to impose either disciplinary or protective measures on prisoners. Lorna Rhodes (2001) highlights a very important note on method and power contained in researcher Allen Feldman’s (1991) articulation of not striking a “complicity with those outsiders who surveil.” Rhodes (2001) reflects that the “[a]nalytic and critical possibilities” afforded to a researcher who recruits prisoner participants only “emerge by virtue of the prison’s ‘confinement’ of resistance within a (presumably) observable space” (p. 72).

I draw a qualitative distinction between instances of ethical compromise in prison research: on one side is the passive benefit from the use of the products of prisoner’s labor, and on the other side is the active engagement in the administrative functions of the prison. I certainly received the passive benefit of the products of prisoner’s labor. Here is an exert from my field notes from my first visit to the Training Academy in Elizabethtown that illustrates the way in which I felt most compromised, and unexpectedly so, in a carceral site visit:

After walking through the halls of the academy, we arrived at the cafeteria, walking past the kitchen where inmates worked in white jumpsuits w/ “DOC” printed on the back. 3 Black men were serving food behind the cafeteria line. My lunch companions were very kind to me, held my cane at lunch to free up my hand for bringing my tray to the table. Mostly white officers in basic training and staff were eating the food made by the majority Black inmates. The CIT training director told me the inmates are driven from SCI Camphill, 25 minutes away, and they get in at 7:30 to make breakfast, lunch, and dinner at the training academy.\footnote{The inmates make the bus ride from SCI Camphill, the prison in which an inmate caused fire and riot over poor conditions and prisoner well-being led to the introduction of reforms around medical care.}
I did not anticipate this, and just like Rowe’s moment, it left me reeling. It also left me juggling how to get out of going to lunch in the future. I then mostly avoided going by various means, but I still ended up, over the ten opportunities of the site visits, being invited and feeling the pull many ethnographers report of not wanting to disrespect my hosts and “caving to the pressure.” Doing prison research, I have seen how important it is to not only be intentional about the lines one is not willing to cross, but also to be honest with oneself about the lack of knowledge one has about the ethnographic field, especially when its prisons, and to be honest about the personal and professional stakes we have in our research.

ii. The white psychological researcher’s gaze and prison research

This subsection focuses on the intersection of racial and professional reflexivity in Prison Abolitionist Critical Psychology, interrogating the role of the white psychological researcher’s gaze in prison research. Another way that many prison researchers’ analyses stop short is in not incorporating the racism of prisons into their understanding of the meaning of their position as researcher, often white researcher, within these institutions. In her recent book *Dark Matters: On the Surveillance of Blackness* (2015), Simone Browne writes: “[T]he term ‘racializing surveillance’ signals those moments when enactments of surveillance reify boundaries, borders, and bodies along racial lines, and where the outcome is often discriminatory treatment of those who are negatively racialized by such surveillance” (p. 16). In Browne’s (2015) introduction of the term “racialized surveillance,” she also discusses this alternative type of *veillance* or viewing, first identified by Steve Mann. Browne writes that “Mann developed the term ‘sousveillance’ as a way of naming an active inversion of the power relations that surveillance entails” (p. 18). One example of sousveillance is the ‘cop watch’ movement in which people who are surveilled by officers turn their own cameras on the police as the officers conduct their everyday work. An
exemplary instance of sousveillance that Browne cites is the George Holliday’s video recording of Rodney King being beaten by Los Angeles Police Department police officers in 1991. I believe there is no better contemporary case study in the power differential between the subjects of surveillance and the subjects of sousveillance than that of Ramsey Orta video recording the killing of Eric Garner by NYPD police officers in July, 2014. Orta continued his cellphone recording despite multiple threats from the police officers he recorded. Even after outrage was expressed internationally and New York’s mayor apologized for Eric Garner’s murder, Orta and his supporters claim that he became the victim of a targeted harassment campaign from the NYPD which led to his being sentenced on charges, technically unrelated to his recording of the killing. The power of surveillance drastically outweighs that of sousveillance, and a disruption to this power differential can spur severe backlash to the subject of the reversal of the rules of visibility and invisibility.

As a white psychological researcher – who will be, in a short time, a licensed clinical psychologist – I cannot make a claim to my research being sous-veillance. I am not viewing the sur-veillance of prisons (their viewing from above) from below. Instead, I am practicing a “witnessing whiteness” or a type of veillance of other white people from the position of being another white person. What type of veillance is this, then? It is a type of veillance from the side, a type of whistleblowing on whiteness. It is also a type of whistleblowing on psychology. I believe it is from these positions that a white psychologist researcher enters into the carceral field as researcher and ethically responds to the historical calls that well up from listening to the histories of psychologist’s participation and construction of the carceral powers at play in and outside prisons and the debt accumulated over 400 years that every white American owes through being material benefactors of slavery.
I cannot claim to be doing sous-veillance in the carceral field. This is done by prisoners who study the behavior of corrections officers, the administrators, and policy makers in order to navigate a system which always seeks the prisoner’s legibility and self-reflection and disciplining. A sous-veillance rebellion against this, then, is the changing of focus from oneself to focus on the system and its agents that act on prisoners and surveil them. As I wrote above, my research is a type of veillance from the side, not from underneath. In the introduction, I identified my work as being abolitionist critical psychology. Critical psychology’s role in prisons is to conduct a type of counter-surveillance or to facilitate the sous-veillance of prisoners in the form of participatory action research. Since my research is not PAR, I consider my work to be countersurveillance. Countersurveillance seeks to identify the methods of surveillance, to make them apparent and legible. We can consider Foucault’s work in *Discipline and Punish* (1975) to be countersurveillance because it, as he wrote, sought to provide a map of the operations of power that operate through functions of gaining and storing knowledge about subjects (people).

The influence of psychologists on the functioning of prisons is vast, as is our direct participation in the operations of the institutions. Brierie and Mann (2017) have written a useful history of the entanglement of psychology with prison management and expansion. As an example, they write that “G Stanley Hall, the first president of the APA, was also a commissioned member of the World Prison Congress, a body of scholars and practitioners with enormous reach and consequence at the time.” They also point out that the APA’s formation 125 years ago was done by “a small group of scholars” who “almost certainly had prisons on their minds” (p. 478). In his essay titled, “Critical Psychology in Relation to Political Repression and Violence,” David Ingleby (1989) writes:

The first task that confronts a critical psychologist of this persuasion is to become conscious of the history and social role of one’s own science and to discover how this
background has shaped the intellectual tools one has inherited – in other words, to find out what the "mandate" is, and how it has affected the "optic." In psychology, the two are closely linked, and if we start to cast doubt on the interests that psychologists really serve, we inevitably call into question the extent to which their way of seeing things can be uncritically taken over. (pp. 19, 20)

Brierie and Mann’s (2017) history of the entanglement of psychologists and prisons reveals that the construction of the professional discipline and power of psychologists is commensurate with (not antecedent to) the carceral evolution of prisons in the late nineteenth/early eighteenth centuries. Thus, even Ingleby is defaulting to an (uncharacteristically) realist optimism when he writes that “[psychologists’] way of seeing things can be uncritically taken over.” Citing Margaret Charleory, Brierie and Mann write:

It is also important to note that this was not a one-sided exchange between the institutions of prison and psychology. Early psychologists were influenced, and some deeply influenced, by experience with reformatories, prisons, and asylums. Many psychologists entered prisons in order to apply their craft and pursue their particular science following the formation of the APA. Many of these everyday psychologists entered prisons at the turn of the 19th century “looking to gain professional status,” and, in doing so, “psychologists’ identity as clinicians and counselor gave them professional authority” (Charleroy, 2013, p. 144). It is likely that prisons themselves had substantive impact on theoretical and scientific developments produced by these practitioners. (p. 479)

Psychologists, being on the vanguard of turn of the century progressivism, sought out positions in prisons for reasons like those of early career psychologists today who seek to support and shape the new mental health reforms and programs currently underway.

Nonetheless, Ingleby’s (1989) point above about the link for psychologists between their “mandate” and their “optic” clarifies the role of psychologists in prisons and other institutions. Ingleby is implying that the psychologist’s purpose or mandate within an institution dictates how they see and what they see. In other words, their professional mandate and positionality, not considered reflexively, entails methods for seeing and a ready menu of subjects, objects, and theories to be seen and analyzed.
Abolitionist critical psychology can respond to this legacy of psychology in prisons, just as other forms of critical psychology responds to the history of psychology in other domains of society.\textsuperscript{14} Abolitionist critical psychology is countersurveillance because it seeks to un-veil or re-veal the operations of power/knowledge prison officers and administrators, so influenced by psychological science and practice. This tendency is applied in my study in that I am observing and analyzing the ways in which psychologists work in multi-disciplinary teams and across correctional sites to develop techniques for managing prison populations by providing conceptual tools through which “front-line staff” and administrators can divide prisoners on various lines according to what they can see about their behavior and infer about their mental health.

D. Conclusion

In this chapter I have provided an exposition of the methods I used in my study as well as a justification of their validity to the field and phenomena on which I have focused. I have discussed the use of discourse analysis and its use within ethnographic research, emphasizing that Foucauldian discourse analysis has consistently informed what I observed in the field as well as analysis. I have provided an outline of the ways in which I applied discourse analysis to interview extracts, focusing on interpretive repertoires of interviewees and using the method to validate or complicate ethnographic observations.

Major theoretical determinants were discussed, particularly with respect to the challenges of conducting a discourse analysis that produces results concerning what is not seen within discourse and the field. This extends Foucault’s genealogical method that descends into counter-histories submerged by dominant discourses. Extending (or clarifying) Foucault’s method for

\textsuperscript{14} The most complete example of doing subdomain critical psychology is Erika Burman’s \textit{Deconstructing Developmental Psychology} (2003).
this study has involved relying on Avery Gordon’s notion of finding the material “traces” by which one can see the haunting of the dominant discourse by all it conceals; as well as Michael Taussig’s critical, Nietzschean assertion not to look for this haunting “underneath” the “skin” but instead to look for the “public secret.” The question this reveals in my study: what critiques, histories, and sociopolitical futures and potentials are occluded by the dominant discourse of mental health reform in corrections that includes the notion of jails and prisons being “the new asylums.” I also discussed clinical ethnography and how it dovetails with an attention to affect.

Lastly, I discussed the ethics of my methodology, analyzing my place in the field, attending to ways in which prison power operates on prisoners and not wanting to reinforce or strengthen those operations. I looked at how I used reflexivity on my positionality as a white psychological researcher to exclude certain procedural decisions, breaking from other common research designs that focus on “humanizing” prisoners through prisoner interviews; thereby attempting an ethical response and engagement with the carceral field.
Chapter 3.1: Inside Corrections CIT Trainings in Pennsylvania

A. Introduction

In this chapter, I follow a chronological order through the work week of PADOC CIT training, including *thick description* of what I observed, concerned with providing a thoroughgoing foundation for the reader to understand the grounds of the three analysis chapters which follow. Though I use thick description and my observations follow chronologically, I do not include “everything” capable of being observed, nor do I think this would be desirable. I also should note the composite nature of what follows. Generally, the two weeks I attended followed a similar flow in their presentation of the curriculum; nonetheless, there were some differences between the weeks of guest speakers and who delivered each module.

The PADOC’s CIT trainings are an attempt to implement an overhaul of the “frontline” staff’s engagements with prisoners with mental illnesses that involves psychoeducation and de-escalation training in order to build the knowledge base of the staff while also helping the staff to build compassion and empathy for prisoners with mental illnesses. However, there are major, possibly impassable obstacles to this culture shift. Chief among these are staff resistance to the changes as well as there being a tension between the punitive/paramilitary discourse of corrections and the incitement towards therapeutic or de-escalating engagements with prisoners. In interviews, staff resistance was present in a number of discursive forms, including: reactionary emphasis on staff safety, a power-reversal perception that the “inmates are in control,” reactionary perception that inmates are “more valued,” reliance on “us vs them” language, and regulation of the boundary between “mad” and “bad.” Trainer reliance on “gallows humor” and irony to gain buy-in from trainees may undermine the overall goal of instilling compassion for prisoners diagnosed with mental illnesses.
B. Beginning and Background

I drove from Pittsburgh to Elizabethtown, PA through the early morning on the PA turnpike, showing up a half hour before the 8 AM start time. It was a foggy, gray morning, and I wound my car through the training academy’s entrance road to find parking amongst the other trainees and trainers starting their day. A main entrance road splits about 50 yards in from the highway, turning left into a national guard headquarters or right to wind another 100 yards to the training academy. You can see military vehicles and buildings from the road to your left, and when you arrive at the training academy, you can see the various buildings and parking lots laid out in front of you. There are a couple lodges or barrack buildings past the main building where the trainings happen. The main building is where administrators have their offices, food is served by inmates who are bussed in from the nearest prison, and trainings occur. The lodging is primarily for trainees while they are on the campus, and because basic trainings are 5 weeks long, some trainees will stay there for quite some time. From the complex’s opening in 1930 until its purchase by the PADOC in 1991, it served as some form of a children and adolescent’s hospital. In its first iteration it was called the State Hospital for Crippled Children. The lodgings were the nurses’ residence in the thirties as the women nurses were not legally allowed to marry.

The director of the CIT trainings, Linda, greeted me warmly, asking if the drive went well and then walking me into the building with her. We walked past the front door, and the security staff eyed me as Rhonda waved them down. They would not take much note of me after this. I signed into the guestbook, though someone informed me later that I did not need to do this if I was just here for a training. We walked down a couple corridors, lined with plaques commemorating successful trainings over the decades. The earliest I believe I saw was from the 90s. The plaques were a stark reminder of what many in the field are marking as a major “culture
shift,” as they commemorated their trainings with combative slogans that were being strongly discouraged at the CIT trainings. Administrators’ offices lived in these halls as well, and Linda was just between the CO recreation room and the training room in which the CIT trainings were held. The rec room had a pool table, a couple TVs, a foosball table, some vending machines with soda, water, candy, and the occasional health fare like a granola bar. The training room was at the end of the last corridor that Linda led me down, and we arrived just in time for her to continue to extend her welcome as she introduced me to the rest of the trainers and the guests for the morning.

I had brought my laptop, but I quickly decided I would not use one as no one else was. We are in a big, white room, with four walls, an entrance to my left and an exit that is never used to my right. The walls behind me and in front of me were lined with windows that could be opened and closed from inside. The room was sweltering hot, even in October. This would be the same during each of my visits, a hot room in which people struggle to be comfortable. There were four instructors. They seemed curious about me, wanting to engage, which is much different than the corrections officers. I sat with the instructors in the back of the room, and the COs and other trainees sat four to six to a table at six tables.

Out of the thirty trainees, there were three women, twenty white people, and two Black men. Two of the three women were “psychs,” what “front line staff” refer to social workers and other treatment staff as. On my second visit to the training academy, there were a few more women trainees, mostly “psychs,” and there was one less Black male trainee. As the trainers were preparing to begin, I overheard one CO discussing gun rounds he uses. All the trainees went around and introduced themselves. Many of the officers worked on special units such as
restrictive housing units (RHUs), residential treatment units (RTUs), psychiatric observation centers (POCs), mental health units (MHUs), and behavioral health units (BHUs).

There was food in the corner by the door – coffee with cream and sugar available, tea bags that can be brought over to the water canteen on the other side of the room, bananas and apples, and oats n honey granola bars, and cookies. I seemed to fit in much better with the staff, the instructors in suits. The instructors and visiting speakers included a former chief psychologist for the PADOC, a former superintendent of Secure Correctional Institution (SCI) Waymart, a psychiatrist currently with the PADOC, and the CIT training director. Throughout the week other guest speakers will come for varying lengths of time. One of the speakers stayed for multiple days, a former Major of an SCI, Jack, and he returned again for the second training visit I made in the following February.

The trainings are structured to be psychoeducational as well as to develop competencies in intervening on mental health crises of prisoners. The mission statement of the Crisis Intervention Committee of PADOC published on the first page of the participant guide (2017) states that the guide “presents information on following various topics as they relate to crisis intervention: Pennsylvania DOC policy changes, mental illness and treatments, risk assessments, application skills in crisis situations, suicide prevention, staff safety, and wellness” (2017, p. 1). The director of CIT training laid out rules for the week that included: No hats indoors “out of respect for the officers” and no cell phones close to dining halls (apparently a security concern related to the inmates who work at the cafeteria).
i. Roles of staff, inmate classifications, and different units

a. Different housing units and prisoner classifications

Demonstrating the importance of field work, while at the trainings I quickly became aware of the enormous role that Specialized Housing Units play in the ability for the department of corrections to treat prisoners differently based on where the prisoner falls in a matrix of classifications related to their mental health and/or disability, behavioral issues, disciplinary history, risk to self, and other factors. It is foundational for multiple aspects of my analysis to understand that Specialized Housing Units interoperate, receiving prisoners of various classifications and transmitting prisoners to other sectors of the institution upon reclassification or, more often, at the completion of a management program or disciplinary charge. An inventory of the subjects of a text is a crucial aspect of discourse analysis. By using the term ‘subjects’ I am referring to the people identified in the text, and the reason the term “people” is not appropriate is because I am interested in the ways that these subjects are constructed as having positions in the field that imply various powers and as well as different powers that can be enacted on them. Most often, however, I will prefer the term “subject-construction” in that it clarifies my use in addition to my interest, most often, being in how subjects are being spoken of by other subjects, how they are being constructed or positioned. Understanding these housing units and their subjects will allow some particular observations on what the discourse of mental health reform in prisons is up to. One moment of analysis based on an understanding of these units and their subjects will be the way in which the subject-constructions “client,” “patient,” and “consumer” are used by various members of the professional community of corrections, terms typically used in mental health and medical discourse and settings, not in carceral or law enforcement. This discursive slippage may have large implications. Another moment of analysis
that is based on this detailing of the DOC’s Specialized Housing Units and prisoner classifications is that these classifications echo the “battle between custody and treatment,” which long predates their creation, in their division between disciplinary and treatment units as well as non-mental health and mental health rostered prisoners.

b. The PADOC prisoner population, classifications, and rosters

The participant guide (2017) states that close to “22% of Pennsylvania’s DOC offenders are on the Mental Health/Intellectual Disability (MH/ID) Roster” (2017, p. 6). Of these 22%, 8% have been diagnosed with a severe mental illness (SMI). According to the 2018 “inmate profile” published in December on the PADOC’s website, the number of people on the MH/ID roster has risen to 33.4% and the number diagnosed with severe mental illness has stayed roughly the same, seeing an increase of less than a percent. At its most general, inmates are divided into the MH/ID roster and those who are not on this roster. Those who are on the MH/ID roster are further divided into C or D “stability codes.” C roster includes “individuals [who] have a history of psychiatric treatment and are currently receiving treatment but are not diagnosed with a SMI.” These inmates are typically referred to as having a mental illness such as a mood disorder or an anxiety disorder but not a “severe mental illness.” There is also a lot of skepticism from corrections staff around the validity C roster inmates’ mental illnesses. An A code is given to an individual who is neither “currently requiring psychiatric treatment” nor do they have a history of such utilization; a B code is assigned to an inmate who has “a history of psychiatric treatment” but does not “currently require treatment.”

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15 I have noted this formulation in previous places throughout this study, but it is worth re-identifying for the reader that this quote came from a former PADOC Chief Psychologist’s assessment of a major fault line within the corrections world between custody and treatment factions.
c. Specialized housing units

The participant guide (2017) at the CIT training states regarding Specialized Housing Units: “The DOC operates various Specialized Housing Units that were developed for offenders with mental illness and other special needs” (2017, p. 7). Participants in the training represented a wide range of experience in one or multiple of these different housing units. Not every single unit is represented in my dataset, except in a cursory way, coming across them in the training guide. However, this seems to mostly be due to the fact that the units that the trainees represented are the most significant or most highly utilized of the Specialized Units. This is a list of the Special Housing Units at the PADOC: Special Observation Unit (SOU)\textsuperscript{16}, Special Assessment Unit (SAU), Secure Residential Treatment Unit (SRTU – often abbreviated by professionals as RTU), Mental Health Unit (MHU), Special Needs Unit (SNU), Intermediate Care Unit (ICU), Forensic Treatment Center (FTC), Restricted Housing Unit (RHU), Special Management Unit (SMU), Behavior Management Unit (BMU), Residential Treatment Unit (RTU), Diversionary Treatment Unit (DTU), Co-occurring Therapeutic Community (COTC), Veteran Services Unit (VSU), Positive Outcomes Restructuring Through Assessments and Learning (PORTAL).

C. The Trainings

i. Monday

a. Staff promotion of and staff resistance to the “culture shift”

During the beginning of the first day of the training, a trainer asked the trainees what they had heard about CIT training before coming. One officer answered, a little humorously, “I’ve heard it’s really boring, and you hug each other.” Something that the trainers were consistently

\textsuperscript{16} This is sometimes called the Psychiatric Observation Center (POC), and the interview I did with a corrections officer who works at one of these units referred to it as a POC.
contending with through the trainings is the resistance of the trainees to embrace the tactics that imply a “culture shift” within the department of corrections. Often these practices and policies are derided through the trainings as “hug a thug programs,” or someone who embraces these practices may be called an “inmate lover.”

The culture shift seems as if it is difficult for the trainers as well, they themselves being authority figures holding varying degrees of high rank in the prison system that they have worked in for decades. They came up in the culture they are now trying to shift. Each of the trainers seem to be responding to a personal and professional ethical call: the former chief psychologist’s mentor was an intellectual light in the deinstitutionalization movement; the CIT training director had personal experiences with mental health concerns as did the CO trainer and chair of the COVER program promoting staff wellness against vicarious trauma; one trainer was a former Superintendent of one of the most treatment focused SCIs in the state, SCI Waymart, which merged with Fairview State Hospital when the latter could no longer stay in operation itself; an administrator in a juvenile detention facility whose ethical call was informed by his Christianity; and a former Major of an SCI who spoke compassionately about “corrections fatigue” and lamented “the amount of force I’ve had to use.”

b. CIT is listening and de-escalation, promotes staff safety, and is “not counseling”

The tactics of active listening and de-escalation were first introduced through the trainer asking who has read the book *Men are from Mars, and Women are from Venus*. He apparently brought this up to speak directly to the male COs, assuming that the women social workers or “psychs” already understood the directives he was discussing. The former superintendent, Bill, referenced this book as evidence that men want to solve or fix the problem and “aren’t good at
just listening,” which is exactly what the trainer wanted to impress upon the trainees, that they need to listen to the inmates in crisis.

One of the primary reasons given by trainers for adopting the de-escalation tactics within the CIT model is the enhancement of staff safety. The emphasis on staff safety and staff wellness will be taken as starting points for a different line of analysis later; however, for now I want to note that the emphasis of the trainings seems to shift early on from prisoner safety, wellness, and mental health to staff safety and wellness. This regular shift in emphasis can be understood in part as a pedagogical adaptation, utilized to break through emotional barriers that forestall the trainees’ ability to engage with the material. The question arises as to whether the content of the training is not altered to such an extent that the initial purposes of the training (to foster a “culture change” in which prisoners with mental illnesses are humanized and treated with respect) are compromised.

The focus of staff safety seems to have the payoff for the trainers of increasing the buy in for the trainees. “We don’t teach you to not use force in here. There are times, there are a lot of times, we need to use force. Good, do cell extractions… What do we gain from 10 minutes of de-escalation? It’s written all around the room [referring to informational white boards placed around room] – ‘staff safety’” The trainer continued, “What are the odds of getting injured” in a cell extraction?

A CO trainee answered him: “Pretty high.”

The trainer continued this productive line of thinking, having elicited one of the first engaged responses from the COs of the day, stating that what they are encouraging officers to do is “door talking, not door knocking.” This introduced a therapeutic aspect to the officer’s work in which the officer is being asked to practice concern for the prisoner. The argument is that
concern for prisoners has utility for officer safety, and when there are situations in which officer safety is compromised, the trainers were quick to clarify, “But we don’t want to stop you from using force. We’re not saying we don’t want you to crack that door, but you have to exhaust all options first.”

The former chief psychologist of PADOC went a long way to tell the corrections officers that they should be at ease because even though he, the former chief psychologist, is “different,” even though he exemplifies “psych,” “We’re not going to tell you not to use force.” In fact, he says, “We want you to use force,” because “we don’t want to breed hesitancy. The first thing is to keep you safe. Wetzel wants that.”

b. Understanding inmates with SMI vs. concern with “gaming”

During this first day the chief psychologist presented a section on varieties of mental illnesses but in my second visit a DOC psychiatrist conducted this presentation. The psychologist and psychiatrist both covered similar materials. There were efforts made by all of the trainers, including these two, to present a sympathetic picture of prisoners with mental illnesses. However, the border between prisoners with and without mental illnesses was staunchly defended through discursive gymnastics that often saw the speaker begin with an observation about providing treatment to inmates who are mentally ill and then leaning towards identifying those inmates who would seek to fool those responsible for providing apparently preferential services. The chief psychologist asserted, “The team and psychiatric professionals can’t begin to treat because our people lie. So we need your observations.” He beseeched the officers in helping him to “get [the] person off of active roster who is ‘gaming’” because “we want to help the people who need the help.”

17 John Wetzel is the Pennsylvania Secretary of Corrections.
d. Staff resistance stemming from staff experience of impotence

There are major hurdles involved in engaging “front line staff” in the project of providing CIT based corrections services and identifying those inmates who, to the current psychiatrist and psychologist presenters, attempt to “game” the system. A conversation I had with three CO1s was illuminating about some of these hurdles.

At one point about two thirds of trainees went out for a smoke break out on a deck alongside the training academy. I was invited to join three male COs from Fayette SCI. All three were strong looking men, wearing under armor brand shirts, and one had many tattoos down his wiry arms. I asked them how they thought the training was going, and one responded, “This is mostly for the psychology people.”

Another jumped in, saying, “There’s so much happening at the jail.”

I asked what he meant by this?

“We just tag out if we think a mental health crisis is happening.” He explained.

When I paused, he clarified to help me with my surprise, “‘Cus we ain’t gonna handle it right, the way they want us to do it.”

Another continued his colleagues thought, “It’s the opposite of what they say in there. They don’t want to hear what we see. They’ll just say, ‘We’ll watch it,’ and then not follow up.” The COs were implying that it was useless to engage on this behavioral and mental health management level that they were being encouraged to assist with in the trainings. When I asked them if they feel untrusted, they strongly agreed, adding that they are seen as “grunts” – “We’re just stupid jail guards.”

This was by no stretch the perspective I heard from all CO trainees; many expressed appreciation for the lessons they were learning, early in the training as well as at the end.
However, I also heard this sentiment of alienation from the trainers and the people promoting CIT principles through corrections, those encouraging the “culture shift.”

e. Culture shift is paired with “new asylums” narrative

There are competing uses of what is sometimes referred to as the “new asylums” narrative commonly deployed by prison reform activists, mental health advocates (e.g., NAMI) and prison officials alike. The discourse in its most basic form asserts that state hospitals were closed in the US during the early part of the middle of last century, and prisons and jails have replaced their functions, now serving as de facto asylums.

A video called The New Asylums was shown, presenting parallel mental health reforms to the adjacent state of Ohio’s prison system. One scholar interviewed in the video stated that “the problem with raising standards of mental health care in prisons is that you ensure the use of an institution being used for something it shouldn’t be used for.” This is the perspective that is typically promoted by actors outside of the corrections field, that new institutions or community solutions need to be developed rather than continuing to fund prisons to do these tasks.

When this video was presented, however, former Superintended Bill had a different interpretation of the meaning of this accepted historical context. He started his argument by noting that when state hospitals closed, money was supposed to go the community mental health services that would serve the ex-patients of the state hospitals, but it did not. Bill emphasized the scholar from the video’s position that “the more you use our institution, the more you ensure its continued use,” but he argued, “that train has passed… But I don’t see that as a bad thing.” He continued, “It’s job security.” The CIT training director followed this line of thinking when she noted to the trainees how when working in community mental health it is “hard to find beds for them… we don’t have to worry about that.”
Former Superintendent Bill continued, as though he realized that his argument for prisons being the “new asylums” was perilously teetering too far towards being grounded on self-interest alone: “Also, it’s good we do a good job now with mental health care. So it’s a good thing we are doing this.”

**f. Hearing Voices exercise as attempt to build empathy**

One of the primary demonstrations of the training’s interest in humanizing and understanding the lived experience of people diagnosed with severe mental illnesses was the inclusion of a Hearing Voices simulation exercise (Deegan, 2006). First the trainers provided some information that allowed the trainees the opportunity to consider auditory hallucinations as part of a continuum of human experiences. Then the trainees participated in an exercise in which they listened to recorded voices in earphones while attempting to complete written instructions to go to different stations that simulate regular tasks an inmate who hears voices commonly has to go through. The trainee tried to stay focused while voice is in his/her ears. About two thirds of people raised hands saying they have voice hearers on their units.

The trainees then responded to a written prompt: “In light of your experience of hearing voices, how will you interact with an individual you suspect may be having voices?” Most people in this exercise reported that they would be more likely to refer a person to “psych” services who appears to be hearing voices or complains of this. One officer stated that he felt he would now have “more patience – have a little more understanding – slow down – empathize with mentally ill people.”

Demonstrating the resistance of officers to the culture shift in which they are being requested to actively participate, one officer stated coolly that, “Of those I work with – [this] has not given me sympathy towards an inmate.” The officer seemed to be implying that, though he
can imagine a situation in which he would feel sympathy for an inmate and perform his role as a
gatekeeper to psychological services, he did not see the inmates that he interacts with on a day to
day basis any differently given the training so far.

ii. Tuesday

a. Outlining steps for practicing corrections CIT

The second day laid the groundwork for the rest of the days, presenting step-by-step ways
to use CIT in practice in correctional settings. The CIT training director described the “Rules for
Intervention” laid out in CIT training as taught by Sam Cochran, the initial developer of CIT for
law enforcement. The CIT rules for intervention are a fairly extensive guide to de-escalation in a
corrections setting, but they can be broken up into six main categories.\textsuperscript{18}

The first is to “be aware of your setting” and it emphasizes “personal/staff safety first”
(PADOC, 2017, p. 25). This category is so important, seemingly, that is a rule with a category
that only includes itself. In what seemed like a further bid not to lose the officers’ buy in, CIT
was again introduced as “de-escalation to the point where you don’t have to use force, in
appropriate situations…”

The second category is to “use proper positioning, tone, (use these to your advantage).”
These rules demonstrate concretely how the major directive of officer safety can be seamlessly
integrated with the directive of de-escalation. These rules are to “maintain and adequate distance;
maintain non-threatening, but safe stance; maintain a calm and low tone of voice; and hands out
and palms up” (p. 25). The last rule is to try to stay within the “projectile range” of the inmate,
because this is safest. The trainer at this point asked people if anyone knows the three ranges of
assault that are taught in another training (the trainer calls “AMAC”),\textsuperscript{19} and a large and muscular,

\textsuperscript{18} These CIT Rules for Intervention are included in the PADOC’s CIT Participant Guide (2017).
\textsuperscript{19} AMAC stands for “Assault Management Applications in Corrections.”
heavily tattooed officer provided the answer: “grappling, striking, and projectile.” Quickly the trainer turned this back to the other officers to illustrate the safety value of being aware of these ranges: “Inmate in the dayroom, where do you wanna be?”

An officer responded: “Close enough to engage, far enough not to get hurt.”

The trainer continued, “Good,” these crises happen in “cell, yard, pill line, medical, not just standing at cell door.” Officer safety and proper positioning and tone facilitate de-escalation of crises using knowledge of mental illness and developed empathy as much as combat training.

The third category is a series of directives to “use strategy.” These rules are:

reach for concrete small goals; assume inmate has a real concern; meet reasonable demand when possible; re-focus their attention (focus on you, not others); reduce anxiety (control physical symptoms, movements); attempt to reduce excessive stimuli, move to a safe place ASAP; restore problem-solving capacity (provide information, support). (p. 25)

These directives seem to be particularly palatable to the COs in that they began to add in comments, possibly now on comfortable ground seeing their work reflected to them in the rules. The trainer added the comment, “Don’t say, ‘I’ll do it,’ say that you’ll do your best to help solve the problem. And don’t say you’re going to do it and then not do it, if you do that another CO at another shift takes brunt of the anger.”

A CO remarked sarcastically, “That doesn’t happen.” A lot of others laughed with him. When the trainer introduced the rules to “reduce anxiety” and “reduce excessive stimuli” she noted that “your uniform or static [noise] from the speaker” are potential triggers or stress amplifiers for the prisoner in crisis.

The fourth category is “Rely on verbal interventions initially.” The trainer seemed particularly ill at ease presenting this category of rules, arguing: “Not trying to train you to be a care bear, not teaching you to ‘hug a thug’” – she says this with a wry tone, making light of the
characterizations of CIT trainings or possibly of others who she might believe deserve to be criticized as “hug a thug.” The rules that elicited this caveat from the trainer were such basic human decencies as these:

Use the inmate’s name; introduce yourself; be polite in requests and statements; use I statements (I understand); listen to what they are saying/requesting; validate their feelings and concerns; clarify the problem (reframe, reduce to basics); restore problem-solving capacity (provide information, support); clarify the problem (reframe, reduce to basics). (p. 26)

At this point, a CO asked, “Doesn’t it depend on the situation?”

The CIT training director replies, “They may be an asshole, but I’m not.”

The firth category of rules is titled “Try not to,” and it lists what are apparently common mistakes staff make: “Try not to take what is said personally (counter-transference); make promises you can’t keep; demand obedience, call their “bluff,” or get into a power struggle; act afraid, angry or laugh inappropriately” (p. 26). Linda made a joke about how a CO might say to a “cutter” – “Go ahead, do it, pussy.” Everyone laughed at this. She then explained that if you call a cutter a “pussy,” they are likely to do that behavior more. “Cutters cut to deflect their feelings, like anger.” This is illustrative of how what one might call “gallows humor” seems to be another rhetorical instrument – along with promoting calculated uses of force, prioritizing officer safety, and complaints about “fakers” and “gamers” – used by the trainers to build the impression of validity of points that are less consonant with the trainee’s perspectives. These rhetorical instruments are like discursive passwords use in the game of truth that is occurring in these trainings.

The sixth and last category is, “Make others a part of the team.” Its directives are to “Look out for their personal safety; de-escalate others on the scene (including other staff); obtain relevant information from informants.” These intervention rules were spoken of by the trainer in
a way that left the impression that the trainers are aware of the problem that other staff may not be on board with CIT and thus could interrupt its potential benefits. The trainer directed the staff to “tell people to know their limits and to speak up and say, ‘I need out.’” This at first is a way of supporting the officers, speaking to how hard the job is and how much COs take from inmates during crises such as these; however, there was more implicit in this message of support: “To be clear, this is not negotiable.” If the COs commit an act of deliberate indifference because they are burnt out, they are told, “You will lose your job.” However, it is doubtful that COs would be able to speak up when they feel burnt out. The culture seems to be that they are “asking for more with less.”

b. Training in active listening, compassion, and empathy: new skills for a changing field incorporating as a helping profession

The trainer, Jack, stated that a “basic skill” for a CIT trained staff is having “empathic understanding.” He exhorted, “It makes you human!” He then continues, saying that staff “may be burnt out… gotta step up to do this.” Practicing “active listening,” which he explains is “the key to empathic understanding” leads to having “compassion.” As if anticipating the cynicism, Jack interjected, “What do we usually say as a CO when a CO shows this?” He looked around – “It’s weakness!” Then he had everyone say: “It’s not weakness. It’s NOT weakness.” This segment felt convincing, people seemed convinced.

The trainer described a scenario in which, after a conflict with another officer, an inmate puts a noose around his neck and threatens to a CO, “If I see that motherfucker again I’ll do it!” Jack, the trainer, played out the response of a CO imagined to be blunted to callousness by overwork: “Double-dog dare you!” He then said, “Does it get any better than that?!” Everyone laughs in response.
I believe what was being conveyed here was Jack’s understanding of the CO who is exhausted, providing a response to an inmate that was at the same time inappropriate, highly relatable to the officer audience, and ironically constructed by the officer in the scenario. Jack was saying this behavior is inappropriate; nevertheless, he understood that it happens all the time and knew it would alienate his trainees if he either expressed a harder position on the inappropriateness of the response or if he did not soften the story’s moral with some shared enjoyment of the wit with which the beleaguered officer in the scenario constructed his unethical remark. These commonly made decisions on the part of the trainers reveal some crucial points of resistance to the “culture change” that is being pushed. It is a matter of framing unpopular sentiments (e.g., it is important to take inmates’ crises and mental health concerns seriously) in a way that does not alienate corrections officers.

The techniques being taught at this training mirror what many professionals receive while being training to work in so-called “helping professions” (i.e., social workers, therapists, crisis technicians).

c. CIT does not solve inmates’ problems

The emphasis of the trainers, throughout, is that CIT’s focus is on “the here and now” of an inmate who is in crisis. One trainer stated that the “focus is not on past crises or on chronic factors contributing to crisis.” Another trainer echoed the sentiment about not focusing on past or chronic issues, but much more strongly, “CIT is not about solving their problems. They wanna bitch, wanna ramble. They tend to de-escalate themselves… CIT is not counseling – not putting inmate on the couch.”

In one sense, these statements make perfect sense. The impetus for CIT trainings being implemented was a major Disability Rights Pennsylvania investigation concerning the treatment
of inmates with severe mental illnesses that focused on deliberate indifference or negligence cases. Often what is cited in these abuse complaints is that the inmate was not provided access to sufficient mental health services but was instead subject to disciplinary actions that exacerbated their conditions (such as RHU placements, otherwise known as solitary confinement). Since front-line staff play a significant role in making mental health referrals and engaging with inmates as either people with mental illnesses or people without mental illnesses, the goal of CIT is of course “not counseling” but rather developing the officers’ knowledge base on mental illness while developing their ethical sensibility and reciprocity with those inmates they can now identify as having some sort of mental health condition and in need of alternative services.

d. **Excited delirium and racialized “superhuman strength”**

The trainers showed a video about excited delirium\(^\text{20}\) that is produced by the Seattle PD. In the video, an officer identifies the symptom presentation as a person who is “aggressive, delusional, and [has] incredible strength.” The officer in the video provides as the cause of the condition a “combination of MI and drug use or drug abuse.” The trainers showed this video apparently as a warning to the officers of a condition that can “cause the offender to appear defiant, assaultive, or uncooperative” (PADOC, 2017, p. 20).

The video presents scenes in which two different Black men are in a struggle with groups of police officers, followed by an officer-narrator labeling the scenes with, “This person is able to overpower the officers.” As excited delirium is described as a “temporary mental disturbance”

\(^{20}\) Delirium, major neurocognitive disorder, psychotic disorder due to another medical condition, and substance/medication-induced psychotic disorder. Individuals with these disorders may present with symptoms that suggest delusional disorder. For example, simple persecutory delusions in the context of major neurocognitive disorder would be diagnosed as major neurocognitive disorder, with behavioral disturbance. A substance/medication-induced psychotic disorder cross-sectionally may be identical in symptomatology to delusional disorder but can be distinguished by the chronological relationship of substance use to the onset and remission of the delusional beliefs. (American Psychiatric Association, *DSM-5*, 2013, p. 93)
most often brought on by substance use, one aspect of the video’s representation of this condition is that it is a medical emergency and the other aspect of it is that it is a threat to first responders with whom the corrections officers are positioned to relate. In another scene, a white man is shown in a medical setting being given care and not fighting with the police as was the case with the two Black men shown in the previous scenes.

When the video was over, one trainer commented in an impressed tone: “Especially see the strength – I mean, guy was shot and able to overpower four or five guys.” The man which the trainer was talking about, who was shot in the video, was a Black man.

This is one instance of a general observation that race was not brought up by the trainers nor the trainees during the trainings. This is a significant exclusion given the ways in which questions of racial justice mark nearly every debate regarding U.S. prisons outside of the field of corrections. Several serious investigations have been conducted into the possibility that excited delirium is used by law enforcement agencies to “cover up” the police killings of Black people (NPR, 2017).

In the video shared by the trainers, the Seattle PD showed Black people being fought or physically chased down by police and having “superhuman strength” and a white person being medically treated in a very vulnerable position, verbally preparing for his death saying, “I forgive myself!” I speculate that a result of race not being addressed in these trainings inserts the space for unconscious biases to run roughshod over judgments concerning engagements with prisoners.

iii. Wednesday

a. NAMI representative of the lived experience of severe mental illness

A representative from a local chapter of NAMI was invited to the training to speak to her experience of having a son who suffered from severe mental illness and the many struggles they
had with him when he was outside of institutions as well as when he was inside institutions, like prison. Her goal was to “put a face on what mental illness can do, and what co-occurring drug use can do.” This speaker, a sharp 91-year-old woman, shared the story of her son who had his first psychotic episode when he was in his twenties. She spoke about how they eventually filed involuntary commitment papers (“302’d him”) because he had put a young boy’s life at risk during the episode. She said that when the police came to her house, they asked if there were any guns in their house? She responded, “Of course, all my guys were hunters! Was a whole cabinet of guns, so I was worried.”

This speaker’s testimony created the possibility for understanding or compassion for the mentally ill son and particularly for her family, which dealt with repeated situations relating to his hospitalizations and incarcerations. In her essay, “Building a Prison Economy in Rural America,” Tracy Huling (2002) notes in that corrections officers in state prisons are typically men from rural parts of states because it is these spaces between cities in which the prisons of the mass incarceration boom were built in the last few decades of last century. It may not be surprising given this demographic fact that many of the officers at the training had hunting or gun promotions on their shirts and cars: the fact she shared that “all my guys are hunters” likely had the effect of identifying the shared culture of the speaker and the officers. I imagine it would be more challenging for the trainees to hear the story of a family member of a mentally ill Black person from one of the major cities of Pennsylvania.

The fact that the speaker was also “worried” because she had a cabinet of guns and a son whose judgment was impaired around physical safety concerns also does work in this context. Though her fear was reasonable, it is significant that the presentation was of a person with mental illness, who has become imprisoned through actions related to their condition, and who is
also a reasonably considered safety threat. This is likely not a challenging representation of mental illness to the officer’s worldview: it still presents people with mental illnesses as threats to themselves and others while also providing ethical sanction to the officer’s work with mentally ill inmates as a service to them as well as to their family members who are part of their community and have apparently tried all other less restrictive means of working with the person.

The speaker left the trainees with an appeal to compassion for prisoners with mental illnesses: “I want you to know, folks you work with are human beings with an illness. I respect you for the job you do. It’s not easy. And I want you to love them like I do.” Not to diminish the important message of compassion for prisoners with mental illnesses, but the appeal to “love” and understanding for inmates with mental illness produces a converse sentiment that prisoners without mental illnesses do not deserve “love,” compassion, or understanding. We see the consistently referenced division between “mad and bad” and “sick and a prick.”

b. Roleplays show difficulty of changing culture: “I don’t know which game I’m gonna bring, but I’m gonna bring a game”

In one roleplayed scenario intended to help trainees learn how to use the CIT rules of intervention, they imagined the visiting room at SCI Waymart. A trainer, Dave, who is only there for a couple days but was lauded by the other trainers as being particularly useful to have come in because he “speaks their language,” pondered out loud as he was preparing for the roleplay, “I don’t know which ‘game’ I’m gonna bring, but I’m gonna bring a ‘game.’” His decision crossed his face and he called out, “I’m gonna play Dinky, inmate # [says actual number and name]. Is anyone familiar with him?” Pointing at a corrections officer trainee he exclaimed, “I’m sure you are!” The other officer let out an exasperated, “Yes!”
SI Bill assigned one table of trainees to be another table in the visiting room, “So if we start annoying you, you can verbalize your concern, okay?” This is such an innocuous and articulate prompt for the men at the table, yet they responded to it with sadistic humor.

In the visiting room, SI Bill played an inmate’s dad on a visit to his son. A woman psych trainee played the inmate’s mom, but she does not speak much. Dave (the one who plans to bring a “game”) played this couple’s son, and he asked the dad, “How are things going at home?”

Dad responded, “Oh, fine, we’re just hoping you’re doing well here and sticking to your treatment plan so you can come home with us sometime. We’ll have to make the beds bigger when you do come home, I guess.” This was a friendly jab at Dave, the trainer/actor’s own weight, and was rewarded with lots of laughs from the audience of trainees.

Dave was undistracted by this, and his character whimpered, “The beds here aren’t comfortable.” Almost crying, he pouted, “They’re too small.”

Dad began to respond, but his son interrupted him, “I sleep on the floor a lot.” The officer delivered his line in a matter of fact tone, quickly sapped of the fragility we heard in the inmate’s voice just moments before. “So when can I come home with you guys?” He demands.

Dad appeared to offer impressive forbearance as he recited what seemed to be a regularly repeated series of steps his son will have to go through before he leaves the prison. Included in the list is that he will have to “stay med-compliant.” The inmate said he wanted to but that he gains a lot of weight on the medication. The officers playing inmates at another table seized on this whined complaint, mocking him.

The inmate responded ineffectually, “Why you gonna laugh at my mom?”

The mocking inmate further harassed: “That’s not your real mom.”
This received lots of laughs from the audience and confusion about how to respond from the actor/inmate. Finally, he softly asked, “Are you my real Dad?” The dad reassured him, and his mom interjected, too.

Then the son got increasingly distressed, saying how much he wanted to go home. At one point, he accused his parents of not wanting him home. His mom responded that she does want him home, “But you have to behave, and you have to take your meds, and you have to do what you’re supposed to do.”

“I want to come home. You don’t think I’m fucking innocent?!”

Dad responded, “No you’re not innocent. I told you not to fool around with that boy.” A lot of the trainees laughed at this exchange.

Son said, “I didn’t do any of that. You know I didn’t do any of that!”

A CO in the scene, played by a male trainee, interrupted the visit by asking for the inmate’s name, waited for a response, and then said, “Can I talk to you for a second?” At this point the trainee had identified the point at which they are responsible in the scenario to intervene in the prisoner’s crisis. One of the women playing an “annoyed” inmate in the visitation room tried to mock the inmate in crisis, but for some reason no one laughs at what she says.

The son begged the CO in the scene, “Pleeease can I just go home?”

The CO in the scene seizes on this question and tried to separate the inmate/son from his agitators in the visiting room, “Can you step over here for a second? We’ll get you back to your visit as fast as we can.”

“Please let me go home.”

“Can you step over here and talk to me real quick?”
The son was reluctant, so his dad said, “We don’t want to cause any trouble here. He’s a little upset and wants to go home.”

The CO in the scene responded, “I understand. He’s a good guy,” referring to the son.

This roleplay was intended to demonstrate various CIT principles and rules of intervention. It was ostensibly intended to give trainees a difficult scenario in which many environmental stressors are present that may further exacerbate a prisoner’s crisis. It was also meant to challenge the trainee’s ability to validate an inmate’s crisis and empower them with options, per the rules of CIT intervention.

Due to the actor’s introductory deliberations about which ‘game’ he would choose for the inmate he is play-acting in the scene, it is hard to say whether the actor believes that the inmate is “gaming” or whether he is actually experiencing delusions. The trainer’s foregrounding of the roleplay by telling the trainees that the inmate in the scene would be actively trying to manipulate the situation in order to benefit a conscious agenda may show more about this trainer/actor’s assumptions and have unintended consequences for the lesson of the exercise. The trainees were invited to perceive the roleplay not as a nuanced circumstance of assessing whether the inmate’s current crisis is due to actual delusions but instead as a way in which to pragmatically deal with a situation in which an inmate is trying to take advantage of the alternative protocols for dealing with mentally ill prisoners. This seems to have few consequences in the course of the roleplay, but the consequences for the trainees and for what lesson they learn are tangible. Indeed, though many officers I spoke with took away from the trainings a new sense of respect for the difficulties of people with mental illnesses within prisons, I just as often heard that a main takeaway from the trainings was the ability to know when a prisoner is “gaming” them.
As I have discussed, in the course of a CO’s work, these deliberations between “mad” and “bad” take place daily, and CIT trainings are intended to prepare officers to make these in a way that is sensitive to the varieties of behavior exhibited by people who are mentally ill in prisons. The subtext of replacing exercises that sharpen this deliberation with ones that make the prisoner being a manipulator a foregone conclusion is that officer skepticism towards inmate mental health concerns is increased.

iv. Thursday

a. Objectives of de-escalation and an appeal to “get on board”

During a presentation by Tennessee’s chapter of NAMI, they showed a training film they had produced with the help of the Tennessee DOC called CODE: Corrections Officers De-Escalation (NAMI Tennessee, 2017) Here is my quickly recorded transcript of a “mental health crisis” in a jail that was presented in this video.21

Inmate: “it’s my baby’s birthday. I wanna go home!” Over and over. “They’re trying to take me away from her.”
Officers: “How can I help you?” “no one’s here to hurt you.” “we want to help you.”
Inmate: “why?” “Just let me out soon, just let me out soon.”
Officer: “you have to be here just a little bit longer” “As soon as you get stable you can go. We need to get you better so that you can be a good mom to Joy.”
Inmate: “I know what you do, you tie people down and you keep them from their babies.

[female CO has more trust than the males, so female takes over and says to the inmate that the men will go away.]

Inmate: “let me go.” “I could bang my head against the wall and just splatter my head.”
Officer: “No, that’s not what Joy wants.”
Inmate: “I swear to God I’ll do it.”
Officer: “You don’t want to do this. Not for Joy. I don’t want you to, and I want to be your friend. Joy needs her momma. I will be right with you. We have to make the voices stop so you can see your baby.”
Inmate: “make it stop.”
Officer: “only way to make it stop is for you to take your medicine

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21 CITI conference
The main objective in this engagement in which the officers practice the CIT rules of intervention is to stabilize the situation for the safety of officer and inmate. When we finished this part of the training video, the former Superintendent interjected in disbelief, pausing the video: “That was the most polite cell entry! That’s exactly how our cell entries go…” He says this ironically and continues, “Yeah, right, we put pillows on the shields now… That’s what the paperwork says!”

The former superintendent’s interjection takes a turn, one which reveals again that one of the functions of lampooning protocol (“that’s what the paperwork says”) and using the least force necessary (“right, we put pillows on the shields now…”) is to provide the discursive and affective passwords needed to get their point across: “I tell ya, these new guys, they’re gonna have a hard time, thinking they’re gonna do it the old way.” Impersonating one of these ‘new guys,’ meaning a newly hired corrections officer, the superintendent says, “What do you mean we’re treating now?!?” The trainer is both highlighting the novelty of the CIT protocols for engaging prisoners while creating an in-group between himself and the trainees against anyone new hires who would come in “thinking they’re gonna do it the old way.” The trainer thus offers respect to the trainees who are open to make some changes while building solidarity amongst those who are initiated to these new ways.

**b. Appreciating a prisoner painting a mural on the wall to the cafeteria**

One day for lunch, I attempted to avoid the cafeteria but was invited warmly by the trainers who said jokingly, “It’s our treat!” No one pays for lunch in the cafeteria. In one respect, this is due to the fact that the meals are prepared by prisoners driven in from SCI Camp Hill, most of whom are Black or Latino. Learning this from my last visit to the training academy, I had hoped to be able to grab lunch elsewhere, but I also was there to learn from the training
participants, and lunch had always been a good opportunity to have casual conversation that was also rich with information. While walking to lunch, the former chief psychologist trainer and I passed a mural being made by a Black man, sitting in a chair with a paint brush. It was a beautiful mural that depicted the production cycle of meals served at a dinner table, beginning with Black people working the fields. My lunch companion complimented the mural painter who, in a friendly and somewhat proud seeming manor, described his work as being a depiction of the production of food “from farm to fork.”

It makes complete sense why the inmate we spoke to would feel pride and satisfaction from his work, and it is reasonable that he would enjoy this task over other ones he could be assigned. Additionally, his work was, in one sense, a celebration of the Black workers who made the food “from farm to fork,” including the cafeteria workers cooking, serving us, and cleaning up at lunch. It is possible that his art had a hidden subversive message. On the other hand, the collective discursive performance by which race dynamics are hidden within the prison system, at least at this training academy, may have extended to this prisoner as well.

v. Friday

a. CIT director presents on “trauma-informed corrections”

Linda, the CIT director, encourages people to adopt the new “trauma-informed care” model of “trauma-informed corrections.” She states that, “Guys come in with a lot of stuff. You don’t commit a crime because nothing happened to you.” Trauma is brought up here not to say that the prisoners do not belong in prison, but rather to encourage “empathic understanding” and shared humanity. She illustrates this by saying, “I have no problem saying to the guy painting [the mural] upstairs, ‘Man, that looks awesome.’” She encourages trainees to “use our knowledge of their trauma to work with them better while they’re in prison.”
b. “Corrections fatigue” – change of culture advocated for prisoners and guards

Bill, the former SCI major, a strong, stout man, is friendly but quick and somewhat acerbic. He comes over to me as I am writing and asks, “Is anything sinking in?” I share that I’m interested in this section because I work with individuals who have experienced trauma in their lives. He says, now with a much softer and more fatigued look than I have seen ever seen him display, “The job is traumatizing.” He holds my gaze to impress this upon me as he sits down.

Bill gets up from his seat next to give the last significant message of the five-day training. He talks about his friend who worked with him on an RHU (solitary confinement) “all my career. Then one day, when the sally port closed, he started saying, ‘it’s closing!’” Bill explained that his friend was panicking, and he started climbing up the wall trying to get back out of the prison walls, “even up to the razor wire.” Shortly after, his friend “got pension on a psych evaluation.” He continued on, imploring the mostly younger officers, “We carry a germ with us, and it’s called corrections.”

When I ask Bill about his speech after the training, he lamented the demands of his job, referring to “the amount of force I had to use…” and trailing off.

D. Conclusion

i. Culture shift is being attempted to promote compassion for inmates with MI

The PADOC’s CIT training is a sincere attempt to implement an overhaul of the frontline staff’s engagements with prisoners with mental illnesses that involves psychoeducation in order to build the knowledge base of the staff while also helping the staff to build compassion.

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22 A sally port is a small entrance or exit in a prison or jail, typically comprised of a series of secured gates or doorways. Its use predates the advent of mass incarceration or prison settings, having been widely used to mean the easily defensible passageway of a castle or other fortification.
and empathy for prisoners with mental illnesses. The developers of the CIT program and the trainers represent the range of the corrections hierarchy, though is primarily constituted by senior authorities in their institutions. There is greater diversity between the trainers along the lines of custody and treatment perspectives. The techniques being taught at this training mirror what many professionals receive while being training to work in so-called “helping professions” (i.e., social workers, therapists, crisis technicians).

ii. Resistance to culture shift particularly from corrections officers

One factor in the resistance presented by corrections officers to the shifts in the culture is that many seem to feel like they are disrespected by those who have adjacent or superior positions in the department of corrections. This was seen in the CO1s who spoke of “psych” staff thinking that they are “grunts.”

Another major difficulty to changing the culture of corrections, particularly for COs, is that many of the officers are veterans; the structure of the custody hierarchy is set up to be “paramilitary.” Metaphors of combat and care get mixed together in the trainings, and the tension between these presents a challenge to shifting the culture so that officers “come in in a therapeutic way, not in a punitive way.”

iii. Trainers’ response to resistance to culture shift facilitates and obstructs shift

Trainers build solidarity with trainees through exercising a type of gallows humor, which usually achieves a laugh from the audience as well as understanding nods amongst peers at tables. Through this humor, the speaker achieves the status of inclusion within the group of those who have worked in corrections “on the frontlines.” The listeners are thereafter sensitized to the speaker’s subsequent messages. Speaking about officer depression and fatigue from the job is
also a way to defuse shame, providing officers the ability to learn the lessons of CIT less
defensively and with an eye towards alterations in their behavior that they can make.

One of the unexpected findings of this phase of the research was the degree and the
complexity to which humor was used for the negotiation of certain difficulties: to a) speak in two
registers at the same time, and b) ameliorate hierarchical and multidisciplinary differences
between the trainers and trainees.

However, the pitfall of this pedagogical and rhetorical tactic, is that there is a de-
emphasis on prisoners’ experience and an over-emphasis on officers. The struggle to not lose the
investment of officers in the policy changes is most likely at the heart of this seemingly oddly
balanced ratio of prisoner to officer mental health emphasis that is paired with “gallows humor.”
Again, it shows how far the culture of prisons in Pennsylvania have to go if they truly were to
achieve even the modest goals of the reformers’ imagination of the last five years.

The results of folklorist Claire Schmidt’s (2013) discourse analysis on the use of humor
by corrections officers in prisons imply some interesting consequences for my own observations
of gallows humor being paired with the negotiation of new rules which are only being
ambivalently received at best:

New prison employees must learn to differentiate which rules are actually enforced and
which rules are bent in order to fulfill the function of maintaining order in the prison;
actual practices are communicated through stories, cautionary tales, coded speech,
humorous speech and by example, not through official lines of institutional
communication. (p. 357)

Schmidt’s argument concerning the way that employees “learn to differentiate which rules are
actually enforced and which rules are bent” should give correctional mental health reformers and
CIT trainers pause concerning the degree to which gallows humor is used within the trainings.
iv. Trainers see culture shift as necessary to solve issue of ‘corrections fatigue’ and CO PTSD and suicide

Another response to the resistance of front-line staff to the culture shift, not only from the trainers, involves the institutional focus on officer trauma. I will cover this extensively in the final analysis chapter.

v. The distinction between “mad and bad” underlies larger difficulties to the desired culture shift and block more substantive progress

In Pennsylvania prisons, disability, construed as intellectual and psychiatric disability, is present when an inmate is impaired in their ability to choose to comply or not comply with the orders of the staff. I'm emphasizing an inmate's ability to choose to comply or not to comply, because this is what distinguishes a "mad" from a "bad" inmate, "sick and a prick," the formulation of one psychiatrist presenter at a CIT training. A disabled or severely mentally ill inmate does not choose to be non-compliant with staff requirements, but the "bad" inmate does. There is a high amount of skepticism from custody staff about the boundary between these two categories, because an inmate with an SMI can “get away with a lot.” In the officers' perception, inmates with severe mental illnesses can even be “rewarded” for behavior that would usually result in a disciplinary misconduct write up. While we were eating lunch with mostly custody staff, one informant, the former head psychologist of PADOC, characterized this situation as "a border war between medical and custody." Disability is socially constructed in prisons (Galanek, 2013), as it is everywhere, and this is a unique construction seemingly imbued with the martial metaphor at the heart of the modern prison. It is a "border war" between A/B and C/D rosters, and then between C and D rosters (‘C’ roster for mental illness and ‘D’ for severe mental illness). Jamie Fellner, Director of the U.S. Program of the Humans Rights Watch, puts the issue
this way: “There is an inherent tension between the security mission of prisons and mental health considerations. The formal and informal rules and codes of conduct in prison reflect staff concerns about security, safety, power, and control. Coordinating the needs of the mentally ill with those rules and goals is nearly impossible” (2007, p. 391).

vi. Discussion of race is absent from CIT training, though present in other ways

Race was not brought up once as a salient issue for corrections in general nor for correctional mental health reform. Nonetheless, the discursive absence of race was underlined by the fact that nearly all of the prisoner serving staff in the cafeteria were Black or Latino; a mural being painted by a Black man on the wall leading to the cafeteria was commissioned to highlight Black labor from farm to table, a celebration of what appeared ghastly reminiscent of the plantation system; and there was a training module which included the non-diagnosis of excited delirium that has been contested as a “cover up” for police killings of Black men. The video that was shown from the Seattle Police Department also juxtaposes disparate representations of this treatment of white men with this “condition” receiving medical care and being “vulnerable” compared to Black men being shot and read as “superhuman.” In a following analysis chapter in which I address race and mental health reform more directly, I argue that the explicit mission of mental health reform in prisons is undermined by a lack of attention to the mostly unconscious biases of the gatekeepers to mental health rosters and treatment services alongside the institutional racism that may not even be able to be addressed through attention to individual or collective psychological dimensions.

This chapter’s aim has been to provide the ethnographic descriptive and analytic foundation upon which to build further analysis. In the next three chapters, I develop the final three themes I presented in the last section in which I summarized my findings. These themes are
developed through discourse analysis of interview excerpts conducted with participants at the CIT trainings, the interviewees being both trainers and trainees. There is much to learn from these participant interviewees concerning the implications behind the themes at these CIT trainings that I have identified: the division between “mad and bad” inmates; the tension between focusing on corrections personnel PTSD and mental health issues vs prisoners’; and the curious exclusion of race from the trainings.
Preface to Further Analysis: Discourse of Corrections-Reform

That punishment in general and the prison in particular belong to a political technology of the body is a lesson that I have learnt not so much from history as from the present. In recent years, prison revolts have occurred throughout the world. There was certainly something paradoxical about their aims, their slogans and the way they took place. They were revolts against an entire state of physical misery that is over a century old: against cold, suffocation and overcrowding, against decrepit walls, hunger, physical maltreatment. But they were also revolts against model prisons, tranquillizers, isolation, the medical or educational services. Were they revolts whose aims were merely material? Or contradictory revolts: against the obsolete, but also against comfort; against the warders, but also against the psychiatrists? In fact, all these movements - and the innumerable discourses that the prison has given rise to since the early nineteenth century - have been about the body and material things. What has sustained these discourses, these memories and invectives are indeed those minute material details. One may, if one is so disposed, see them as no more than blind demands or suspect the existence behind them of alien strategies. In fact, they were revolts, at the level of the body, against the very body of the prison.

What was at issue was not whether the prison environment was too harsh or too aseptic, too primitive or too efficient, but its very materiality as an instrument and vector of power; it is this whole technology of power over the body that the technology of the 'soul' - that of the educationalists, psychologists and psychiatrists fails either to conceal or to compensate, for the simple reason that it is one of its tools.

- Michel Foucault, Discipline and Punish, 1975, p. 30

The current discourse of corrections-reform, regardless of its historical stability, takes the following form, which serves as a series of logical movements within the discourse, each flowing regularly from one to the next:

- corrections-reform is initiated in response to prisoner resistance to problems within prisons including health, mental health and civil rights concerns (these are sometimes discussed as questions of humanity or under the term “humane”); the legitimacy of prisons themselves; and the over-incarceration of racialized and impoverished bodies.

- corrections-reform (re)produces the discursive subject-construction of the criminal, reifying the affect of disdain and malignance ghettoized in subjects in this category while (re)producing the “mad” or disabled category of prisoner that receives partial immunity from the ex-communication to which the criminal or convict is subject at the expense of
unlimited surveillance and management through becoming transparent to medical power.\textsuperscript{23}

- \textit{corrections-reform} also drops race and class as a problem to address while only addressing concerns over health, mental health, and civil rights of prisoners;\textsuperscript{24}

- \textit{corrections-reform} uses moment of addressing concerns over prisoner health and rights to address concerns of corrections personnel health, rights, or work conditions.\textsuperscript{25}

Individual prisoner trauma is discussed over historical trauma (racism, classism), and then in these discussions of prisoner trauma and mental health conditions, corrections officers’ well-being is emphasized, sometimes far beyond the weight and complexity with which prisoner health concerns are given. Law enforcement and corrections organizations bring in advocates, yes, and they bring in mental health professionals; but to a large extent, what is reflected on is the personal experiences and shared experiences of the professionals in attendance in the conversations, not the prisoners and people that police stop.

\textsuperscript{23} Analysis chapter 3.2.
\textsuperscript{24} Analysis chapter 3.3.
\textsuperscript{25} Analysis chapter 3.4.
Chapter 3.2: “Is He Sick or a Prick?” – Consuming Corrections

D: So what is being accomplished by the training, do you think?
CO1: It's given us an idea... of whether they're actually bullshitting you, or whether they actually have problems.

A. Introduction

In the last chapter I observed that CIT trainings are part of a larger “culture change” or “culture shift” that is being attempted within the PADOC and elsewhere throughout the country. I showed ways in which trainees at the CIT trainings resisted this shift as well as ways in which the trainers used irony, gallows humor, and appeals to officer safety in order to overcome this trainee resistance to adopting the lessons of the trainings and, ultimately, the shift in culture being proposed. In the present chapter (and the two that follow) I seek to validate and complicate the interpretations made from my ethnographic observations at the CIT trainings, particularly examining the ways in which staff explain the management of the boundary between “sick” (mad) and “prick” (bad) and what these explanations entail. To do so, I have analyzed interview transcripts conducted with trainers and trainees to clarify and challenge assumptions about participants’ interpretive repertoires, attitudes, and the discourses at play in CIT trainings.

I have selected interview extracts from interviews conducted with five different informants, all participants in the PADOC CIT trainings. Three of the interviewees (Ron, CO1; Sam, CO1; and Noah, Counselor) were trainees at the trainings I attended. Two were trainers at the trainings I attended in addition to being PADOC Crisis Intervention Committee Members.26

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26 This is an internal PADOC steering committee for CIT development and implementation. At the time of the attended training sessions, this committee was comprised of eight people and included John Wetzel, Secretary of the Department of Corrections.
B. Interview Transcript Discourse Analysis

My observations in the last chapter support a critical finding: throughout the discourse of CIT, and many other corrections mental health reform programs, there are attempts at humanizing prisoners for corrections staff. This narrative of humanization reaches a boundary at which stands a question that must be answered, one which determines the deliberation between mad and bad behavior. That question: “is this inmate playing us? Is he a faker?” There is a push and pull happening in the culture of corrections right now. One trainer called a prisoner “mentally retarded” but then corrected herself with, “we’re not supposed to say that anymore,” and sincerely. In interviews, I hear about corrections officers who are already predisposed to using CIT methods as having been derisively labeled "tard whisperers.” Disability Rights PA is the official watchdog agency of PADOC, and their 2013 report on treatment of inmates with SMI led to the changes happening over the last several years. There are real changes happening in corrections along these lines, but there is also a lot of resistance in the form of "resentment” towards the perception that "the inmates are in control" and are "more valued"27 than the staff.

i. “Culture change” from “punitive” to “therapeutic”

a. Extract – Bill – Former PADOC Superintendent, CIT Trainer

The earnest desire for this culture change coming from some senior administrators in the PADOC can be seen in an interview with Bill, a former PADOC Superintendent and current CIT trainer.

1 B: Yeah, culture change... We went from, it was punitive... where if you misbehaved, if you got misconducts, you know, you get RHU time. You were sent for... essentially for punishment. And we’ve changed that now to... for those people who have a mental illness, to go to those units that will be more restrictive, but they will be guaranteed closer monitoring, and out of cell activity... and treatment. Treatment and out of cell activity, okay?

27 This synopsis comes from a corrections counselor. Extracts from his interview are included below.
Bill formulated the culture change as going from “punitive” to “treatment”-oriented “for those people who have a mental illness” (line 4).

After implying that COs be therapeutic with an inmate, Bill modified this statement, walking it back, to say that this “doesn’t mean [the inmate is] not held accountable for what they did, but you add the therapeutic process.”

B: I am very passionate about the CIT program, and I'll give you a couple reasons for that. First of all, I've worked with the mentally ill most of my career. Second of all I think it is, I think it is a means of creating a safer environment in the jail, safer for the inmates, safer for the staff. I think it's a much more humane way to treat somebody who has a mental illness, by being able to talk to them, speak to them, de-escalate a situation. And, most importantly, I think it's the right thing to do. It's the right thing to do for somebody who has a mental illness. Understand that mental illness, and treat that particular person accordingly. You know.

Here Bill represented the contingent of sincere internal (to the corrections field) advocates for this culture change, and his argument presented a moderate position for this change: CIT practices should be implemented to improve staff and inmate safety as well as because they are “the right thing to do.” Note that in lines 6-7 the interviewee qualified his argument from humanity, stating, “It’s the right to do for somebody who has a mental illness.” Here can be seen the casual insertion of a statement that somewhat restricts his comments on culture change to not cover people who are not diagnosed with mental health issues.

ii. Discourse of “gaming the system”

CIT training should be considered as part of the PADOC’s desire to implement a culture change in the way that inmates with mental health diagnoses are treated by staff-line employees. The staff are asked to recognize and validate an inmate’s crisis and then be “flexible” in adapting while trying to assist the inmate in resolving their crisis. The trainers make sure to allay staffs’ fears at this point, saying that “you’re not going to give away the farm.” This responds to a typical complaint from COs and other “frontline staff” that they are being asked to treat with
“snickers bars” and that inmates have the “control.” The trainers also respond to the perception that trainees experience the short end of an inversion in who is being supported, the inmates or the staff. Trainers do this by appealing to the benefits this has for staff as well, like the former Superintendent did when he said that CIT helps to create an environment that is “safer for the inmates, safer for the staff.” The discourse of inmates “gaming the system,” with all of its accompanying discursive products should be considered the linguistic, practical, and institutional customs by which the boundary between criminality and mental illness is policed.

**a. Extract – Noah – Counselor at SCI Albion, CIT Trainee**

In our first interview, a Counselor at SCI Albion spoke to me of a novel formulation (for me) of D-codes who aren’t D-codes, the ultimate in so-called system-gaming fakers. In a follow-up interview, I wanted to know if Noah considered “D-codes who aren’t D-codes” as being people who see the perks others are getting who are mentally ill or otherwise vulnerable inmates and then try to get into them or get the services?

N: Absolutely. For probably multiple reasons. One would be all the perks of, hey, I had an inmate that was from the RTU on my previous housing unit. And the previous housing unit was general pop. And this D-code guy kept saying, I want to go -- I think I told you this story. He wanted to either go back to the RTU because he missed fun Friday – and it was upsetting that he didn't have popcorn on Fridays – or he wanted to go to the DTU because they had popcorn and chips and movies, and that's RTU. “I want to go back there. I want to go to the DTU,” so got misconduct. And he did. He smeared shit on his cell wall writing – excuse my language – writing, “Fuck you,” on his cell wall with poop, and there was poop all over the floor and he knew he was going to get back to popcorn and chips.

The interviewee responded to my request to illustrate what she meant by “D-codes who aren’t D-codes” by sharing a story of a prisoner who seemed to be aware of the benefits and drawbacks of

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28 For instance: “Is he sick or a prick?”; “D codes who aren’t D codes”; “…just wants to go see the pretty nurses.”
various areas of the prison. The RTU and the DTU are both specialized housing units for people diagnosed with severe mental illnesses.

b. **Extract – Ron and Sam – CO1s at SCI Fayette, CIT Trainees**

In an interview with CO1s from Secure Correctional Institution Fayette, Ron and Sam shared what they were learning from the training about interacting with prisoners as well as what makes them amenable to many of the reforms in CIT. When I asked them what they got out of the CIT training, Ron answered:

1. R: It's given us an idea... of whether they're actually bullshitting you, or whether they actually have problems.
2. D: So it helps you to decide between those two?
3. R: Yeah, am I gonna have psych come down and talk to em or do I need to let medical know something's going on.
4. D: So it gives you a menu of your options?
5. R: More or less.

This part of our conversation was an explicit statement of trainees experiencing CIT trainings as refining their ability to police the boundary between “mad” and “bad.” According to the Ron and Sam, however, a determining factor of how this boundary is managed is the individual qualities of the officer. Ron said, “You have to care,” and that if you do not care, then you will not be “helping.” Another important boundary, intersecting with the humanity afforded prisoners diagnosed with mental illnesses, is the decision between whether an officer should use force against an inmate or whether they should de-escalate the crisis or call for help to de-escalate the crisis. The officers continued in their explorations of their interactions with prisoners with mental illnesses and prisoners, in general, who express themselves as being in crisis (for instance threats of self-harm); particularly what is seen in the following excerpts are Ron and Sam’s assertions of their own desire not to be too aggressive to prisoners and to be helpful to them alongside their
reasoning about what makes them different from other officers who they perceive as having different motivations and practices:

8 S: You know it’s like I said, me and him have been down there so long… I mean
9 R: We’re not down there to flex our muscles... If a guy’ll listen to us, and we know he’s gonna get out, we start talking to ‘im.
10 D: Yeah, well is that kind of the difference between you and the younger guys?
11 S: Pretty much the younger guys are like go-getters, they think they’re badasses, you know they ain’t... cus in the RHU it’s always at least 2 on 1. So you know, and anytime it’s 2 on 1 it’s gonna make it easy. You know what I mean? So I mean sometimes they bitch about it, when we talk somebody down. If it’s quarter to 2 in the afternoon, they’re not staying over to do paperwork and all that, then it’s a little different story then, you know what I mean? Believe me.
12 D: Yeah, they don’t wanna do it then. They don’t want to be a badass then.
13 S: No...
14 R: I’ll hear come across the radio, “Tard whisperer, tard whisperer.” And they get on my case when I make my rounds.

In lines 14-17 Sam expresses that not having to do paperwork is the reason why some COs will not enter an prisoner’s cells to use violence to make them comply. There is a reason why Ron and Sam are at this training. They are the “tard whisperers.” But what about all the other officers who, when it is not close to shift change (lines 15-16), will use force for compliance more readily in order to “resolve” a situation?

22 D: So what do you think? Do you think Everything’s changed? Or?
23 R: No.
24 S: Well I’ll say, there’s a lot more cameras nowadays. Back in the old days you could just open somebody’s cell, and go in there and beat ‘im up. You can’t do that no more.
25 D: Like Todd was saying, “Before cameras, BC.”
26 S: You can’t do that no more, you’re probably gonna be on the street.
27 D: Cus you’ve got the cameras in there, they can see what’s happening. When did that happen?
28 R: I don’t know, they were there when I came in.
29 S: Probably in the early 2000s, something like, maybe before that. I mean, in the olden days you could just kick that door open and just…
30 R: well we’re not always there on the other shifts. So what we have is to look at his misconduct and what was written, as to what the officer is saying about it. And then when you talk to them about it, of course their rendition is always different.
31 S: Well the other shift, too, there’s young guys.
32 R: I’m gonna go to the bathroom
S: I only see the guys most of the time on daylight, and…
D: Because you guys are on at night?
S: Well me and him are 6-2, but the 2-10 shift, we might have a guy with 5 years in, tops. And they’re young… John Waynes, ya know what I mean? They wanna go out and…
D: Still? Still, I say that because you hear people talking about the culture changing. Like you heard Jack, the former deputy, and he says that things have changed, where you’re no longer going in there and ‘kicking ass’
S: That’s what I’m sayin… You gotta get approval to go in on somebody anymore.
D: You gotta get approval for that, but they do get approval?
S: Yeah, I mean they get approval like that [snaps his fingers], but the thing is, like I told you, 8 to 9 times out of ten, you dress up for no reason at all.
D: But if they do go in there, they’re gonna make em pay for having to suit up?
S: Right, and they’re gonna get what they deserve. They’re gonna get what they were looking for.

When I have spoken about culture change with some officers, I have been told that a difficulty is to bring some of the people who have been on the job the longest along. But these two officers challenge that notion. They demonstrate the fatigue that older COs get from having to be as aggressive as younger officers and as aggressive as was more explicitly required in the recent past before the “culture change.”

c. Discussion

The pay-off for prisoners of the discourse of corrections-reform is increased oversight of the ways in which prisoners with mental illnesses are treated as well as specialized programs and housing units that divert prisoners away from being subjected to disciplinary actions. The inmates who are on the MH/ID (mental health/intellectual disability) roster benefit from these protections and these increased services. The effect of one subset of the prisoner population having these desirable conditions is that prisoners who are not on the MH/ID roster begin to present to staff in ways that would qualify them for referral for psychological or psychiatric evaluation to determine their eligibility to re-classified as fitting on the MH/ID roster. Whether
the onset of new candidates for the MH/ID rosters is because people are “bullshitting” or “faking” to “see the pretty nurses” or to “get popcorn and chips.”

I understand the attitude of these staff-line personnel as functioning in the prisons as a type of reactionary dis-incentivization of specialized housing units and diversionary programs.

**iii. Challenge to predominant discourse of “gaming the system”**

**a. Extract – Francis – Former PADOC Chief Psychologist, CIT Trainer**

Not everyone agrees with the pragmatic cynicism of the “frontline” staff. Francis, former Chief Psychologist for PADOC remarked in an interview that it makes sense that inmates would “navigate” the current system in order to get their needs met. This is how he responded to my request for comment on this tactic of division between the inmates, deciding whether or not an inmate is “gaming the system."

1 F: I guess… we all game systems. I mean that’s just… some more successfully than others.

In the interview, I responded to his retort that “we all game systems” (line 1), by adding a hypothesis that I wanted him to grapple with, viz., that the “culture change” that is occurring is not just a transition for staff, but is also a transition that the inmates are going through in which they now are elicited to navigate multiple units that entail distinct privileges and prohibit various disciplinary actions. Francis replied:

3 F: [long exhale, sigh] I mean I don’t know… I prefer this term ‘navigating the system.’
4 D: Okay. Why do you prefer that? What’s preferable about it?
5 F: Well I mean, ‘gaming it’ is very pejorative. I mean if I’ve got clients or I get kids or anything like that… pretty much what I’m trying to do is help ‘em navigate this system.
6 “You’ve gotta do this to get that.” Okay… “I know your boss is an asshole, you know, and it’s painful to work for him, but you’re just gonna have to suck it up and cooperate.” I know that .333 is a good batting average in baseball, but it’s not a good batting average in terms of getting to work, you know. So and I think really it’s what we want… it’s what we want everybody to do, to sort of navigate whatever system they’re in. How is one going to move from one social group to another or move from one job to another? How is one going to move anywhere?
These specialized housing units in which the “hats and bats” mentality is suspended, are understandably appealing to prisoners.

b. Discussion

There are noteworthy challenges to the persistent moral judgment against prisoners who attempt to “game the system,” and the former Chief Psychologist’s highlighted herein is the most explicit challenge to this condemnation of the “faker.” Nevertheless, the discourse of the criminal who is always seeking to “game the system” – who somehow attacks the order of the prison with their attempts to gain desirable services, favored food, and the suspension of corporal punishments and punishment by isolation for rule violations – is evidently so unassailable within the discourse of the prison that the notion that a prisoner is “navigating the system” is able to be uttered only in private and with another member of the “treatment” contingent (myself as psychologist). To reveal this perspective to the trainees would be to invalidate the trainer’s perspective and mortally compromise their ability to get them to adopt CIT rules of intervention. To not strike the appropriate moral distance from the prisoner who is “not mentally ill” is “just criminal” and “bad” would be to call into question the motivations of the trainer, and possibly call into question their allegiance.

In lines 15 and 16, Francis introduces the notion that prisoners are “navigating transactions” and that “folks are absolutely incensed about the incentives that they’re having in these new units.” Francis is well aware of the dominant “gaming the system” perspective held
throughout corrections, and his notion of “navigating the system” is a counterpoint to this hegemonic interpretive repertoire, generated through his career experience as a psychologist responsible for quality of life programming for prisoners.

iv. The sacrifice of the discourse of corrections-reform: the “criminal, prick, bad guy, jackwagon, asshole”

   a. Extract – Bill – Former PADOC Superintendent, CIT Trainer

1 B: It may take a little more convincing to people that what we're doing is appropriate because they're seeing some... they're going to see some negative behavior from these inmates with mental illness, but if they can come to the understanding that that's as a result of their mental illness, and not just criminal, bad behavior, I think we have a better understanding of how it is to work with those who are mentally ill.

In this extract, the former Superintendent is answering a question concerning his perception of resistance on the part of corrections officers to the culture change towards a more therapeutic mode of punishment. He argues that CIT training helps to achieve this culture change in the agent of the officer “if [COs] can come to the understanding” (line 3) that the “negative behavior from these inmates with mental illness” (line 2-3) is a “result of their mental illness” (line 4).

This extract presents an exemplary construction of the argument that is evidently most close-to-hand for trainers as well as trainees after having completed the training (compare with Ron and Sam in extract above): it is just as important to distinguish between whether a person’s behavior is stemming from a mental illness as it is to respond with humanity to those inmates who have mental illnesses. Getting staff-line employees to implement CIT takes “a little more convincing” (line 1) because of those staff’s lack of comprehension that the prisoner’s behavior is somehow out of their control and is instead a “result of their mental illness.” The trainers perceive that the staff would find it distasteful to implement the softer forms of engagement recommended by CIT if the prisoner’s actions are “just criminal, bad behavior.”
One achievement of this extract of the interview is the division between “negative behavior… that’s as a result of their mental illness” and “negative behavior… [that’s] just criminal, bad behavior.” Another discursive product is the suggestion that it is understandable why staff would not want to implement the softer forms of engagement recommended by CIT with people who are judged to be exhibiting “just criminal, bad behavior,” (re)constructing the sacrifice of those judged as exhibiting this type of behavior to whatever types of disciplinary actions are deemed necessary to force compliance within the prison.

b. Francis – Former PADOC Chief Psychologist, CIT Trainer

At one point in our interview, I asked Francis a question I asked all the interviewees, what is the difference between an inmate who is mentally ill and an inmate who, as I put it, is “just a criminal”? He challenged my binary formulation, calling my bluff:

F: [long pause] I think you’re really talking about a continuum. And I know that I guess our local mental health court kind of wrestled with that whole issue. And uh, the thing they were wrestling with is I guess it goes to that issue of how much of the crime, if any, was related to the mental illness? Like you’ve got a few very rare situations where the crime might have been caused by the mental illness, and they’re rare like… well you’ve got the NGRI, but then on the other extreme you could have somebody who’s maybe very mentally ill, but the offense that they did really has nothing to do with it, wasn’t caused by or related to the mental illness in any way. And then there are also there are just sort of the resources issue. I mean it’s very true that this notion that the rich kid’s misdemeanors is a poor boy’s felony.

In the chapter concerning the occlusion of race in corrections mental health reform discourse, I will provide continue my interpretation of this passage and what directly follows it.

c. Discussion

The question of the difference between an inmate who is mentally ill and an inmate who is “just a criminal” is one which cannot be asked without considering beliefs surrounding what it is that a criminal is. In his lecture published as *The Punitive Society* (1972-1973), Michel Foucault considers the definition of “criminal” through a reading of the foundational Italian
Enlightenment era criminologist, Cesare Beccaria. Foucault writes that in the eighteenth century “we see a readjustment of the notion of crime around that of a social hostility” and concludes that “punishment is established on the basis of a definition of the criminal as someone who wages war on society” (p. 33). Subsequent to Beccaria, who died in 1794, the new conception of the criminal as ‘the criminal-enemy’ (Foucault, p. 36) would be expanded upon to include the reformative hope that their antagonism and exclusion from the norms of society could be corrected. This stemmed from the post-revolution romance with institutions, itself fomented by the pseudo-environmentalist humanism that espoused the ability for change given the provision of the appropriate conditions and circumstances. This movement, which created the first penitentiaries in Pennsylvania and New York, was championed by thinkers as influential as Benjamin Franklin. Today’s division between custody and treatment can be seen in these eighteenth and nineteenth century historical antecedents, as can the conflicted border between a mentally ill prisoner and a prisoner who is “just a criminal.”

The inmate who has been marked a criminal and come under the jurisdiction of the disciplinary mechanisms of the prison is marked through the punitive aspect of carceral power as an enemy of the state who wages war on society. There is a belief in the ability to reform this individual, but the means of reform are not the same as that of the inmate on the MH/ID roster. The strategies for the “correction” of each of these different classes of inmates are contingent on the way in which the inmate’s alienation from society is perceived: is he or she ‘sick’ or a ‘prick’?

In CIT trainings, there is a discursive (re)construction of the criminal as sacrifice. In her book, Carceral Capitalism (2018), Jackie Wang explores, among other things, the political economy considerations relevant to the historical emergence of ‘the criminal.’ She quotes
George Jackson, one of the Soledad Brothers, and his conception of ‘crime’: “Crime,” Jackson writes, “is simply the result of a grossly disproportionate distribution of wealth and privilege, a reflection of the present state of property relations.” Jackson develops this thesis, arguing from his experience being a prisoner, that everyone he encountered was from the “lumpenproletariat.” This is a technical Marxist term referring to the portion of the working class of any society who is, in essence, expandable due to the fact that their labor is unneeded for the current state of industrial capitalism to thrive. By itself, this term is race-neutral, but Jackson develops the expandable class under capitalism is disproportionately comprised of Black people. I will return to this argument in the following chapter on the occlusion of race in corrections-reform discourse, but for now I want to center the argument that the category of ‘criminal’ is produced due to capitalism’s production of an expendable class of potential workers.

At this point, it is useful to return to Foucault’s conception of criminality, which is highly developed in Discipline and Punish (1975) as well as in his lecture cited above, published as The Punitive Society (1973). Notably, Foucault was writing at the same time as Jackson and made similar arguments. However, Foucault infamously left out race (as well as gender) from his analysis, which allows me to take the argument abstracted from the level of race at this point in my own analysis. For Foucault, one of the central coincidences of modern history is that of the

30 Foucault would only include these dimensions of analysis when his work took an explicitly biopolitical turn, inaugurated with his first volume of The History of Sexuality, which was written in 1976, one year after the publication of Discipline and Punish (1975), and published in English in 1978. For an excellent development of the emergence of criminality that centers women, see Silvia Fedirici’s Caliban and the Witch: Women, the Body, and Primitive Accumulation (2004); for the more recent history of the shifting definition of criminality in the post-Antebellum U.S. South that centers Black people, see Douglas A. Blackmon’s Slavery by another name: The re-enslavement of black Americans from the Civil War to World War II (2009); and for an even more recent analysis of the changing definition of criminality that centers Black people, see Michelle Alexander’s touchstone text, The New Jim Crow: Mass Incarceration in the Age of Colorblindness (2012).
31 I am only implying two incidences which coincide, not the more recent meaning of the word implying surprise or good fortune.
emergence of capitalism contemporaneously with the emergence of the disciplines. The latter of these two terms being the productive apparatuses of power and knowledge over subjects developed within and applied through institutions in a cyclical feedback loop of application and production, what Foucault termed ‘power/knowledge.’ To return to the first term, capitalism, and what Foucault’s thoughts are in relation to the emergence of this system of political-economy with that of the redefinition of the criminal as a “social enemy,” consider a central argument in his genealogy of this redefinition:

Criminals appear as social enemies through the violent power they exercise on the population and through the position they occupy in the process of production by their refusal to work. (1973, p. 48)

Foucault’s analysis of the “violent power” of the criminal exercised on “the population” was, as all of his analyses would have it, relative to the contemporary regime of power. The “violence” of the criminal, in other words, is not an immutable construct for Foucault: it is not as though criminals are always violent but what changed in this period of time under capitalism (and the proto-capitalism theorized by physiocrats in the eighteenth century) is their transgression against the period’s emergent norm that all citizens must be productive workers. For Foucault, the violence that the criminal committed on “the population” is equally relative to the emergent capitalist political-economy in that this violence is comprised of an individual’s activity somehow getting in the way of production of goods and capitalism’s transactional logic. The transition from feudalism to capitalism involves a number of steps, but critical to this transition is the replacement of trading and bartering to transactions being mediated by capital. The vagabondage laws of eighteenth century criminalized the refusal to work as much as they criminalized functions of “counter-power” to the hegemonic political-economy, such as barter and trade, hunting, and even self-defense. Foucault summarizes:
There are, therefore, two ways of being opposed to society: exercising a certain power, which is an obstacle to production, and refusing to produce, thus exercising, but in a different way, a counter-power opposed to production. The feudal and the vagabond are two instances of anti-production, enemies of society. We see what will be a fundamental assimilation being carried out here. In fact, from the moment society is defined as the system of relationships between individuals that makes production possible and permits maximization, one has a criterion that makes it possible to designate the enemy of society: any person hostile or opposed to the rule of the maximization of production. (1973, p. 52)

There are of course laws that are concerned with violence not against the “body politic” but rather against individuals, such as can be seen in laws that criminalize assault and battery, harassment, and murder. Regardless of the type of crime exercised by an individual, if a person is deemed to be intellectually disabled or disabled through a severe mental illness, these diagnoses exercise a counter-power on the law, what Foucault calls a “counter-law,” (1975) that intervene on the punishment of the offender. Nevertheless, the interview extract above with the former Chief Psychologist Francis clarifies that the instances in which people are considered mentally ill are not sentenced to serve time in prison are rare (NGRI). Instead, what we see is a suspension of the punitive power of prisons on the subject of madness as psychological and psychiatric services divert these subjects into less punitive specialized housing units and, at best, away from disciplinary actions such as solitary confinement and so-called controlled uses of force.

Michel Foucault and George Jackson’s economic and materialist analyses of criminality provide new background for understanding the interpretive repertoire of the former Chief Psychologist regarding the differences in sentences between people from different economic classes: “I mean it’s very true that this notion that the rich kid’s misdemeanors is a poor boy’s felony” (Lines 9-10).
The notion that the criminal is an enemy of the state should be considered in relation to the ways in which metaphors of combat are selected when discussing working with prisoners as well as in working with prisoners with mental illness. As I have shown in the last chapter, this occurred at the CIT trainings themselves, but it also occurs in the wider professional field surrounding CIT trainings that should also be considered a part of corrections reform.

I observed this metaphor being deployed at a 2017 interdisciplinary conference in Pittsburgh which focused on the intersection of mental illness and criminality. One speaker used the construction “human characteristics” instead of “humanity” to refer to what the mentally ill “have,” which could be seen as an odd lapse in speech, but he may have been creatively engaged in identifying the way in which those people with mental illness who live in tension with “public safety” have a murky relation to the category of humanity and, to the point, the “public” that is difficult to say whether they are a part of or not. There was some interesting work being done conceptually here in the choice of words the speaker used. He deployed a martial metaphor of a “constant battle,” leaving one to wonder whether his historical knowledge of the modern treatment of people with mental illness includes the ways in which the state forced people off the streets and into the first asylums in the 1700s using great shows of force to do so (Foucault, 1965, pp. 48, 49).

Tim Murphy, Republican congressman from Pennsylvania and one of the only psychologists in congress at the time, gave a strident presentation, celebratory of his “Helping Families with Mental Health Crisis” act. He announced loudly that the “system is a failure” after he showed a video promoting his act. This is my description of parts of that video from when I was watching it:

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32 The conference’s title was From Out of the Shadows.
… deep bass drum hit, almost like the sound of a gunshot, but more like a cannon than a gun, or a war drum, that continues to speed up and up, until an uplifting music plays over bright images and words about the “HFWMHC” act.

After this video, Tim Murphy continued in asking us to “imagine we have many militias” through the country, “and that’s our army.” And the federal government is trying to organize them, he continued the thought experiment. This is what our mental health system is, currently, he says. “This is a mess and disorganized… doesn’t work.” This martial analogy – appealing to being in a war in which militias are fighting a strong enemy but are mortally hampered in their effectiveness by disorganization and lack of communication with one another – served as the emotional set up he needed to make the argument to us that his legislative act makes in congress: we need to “integrate information and services” and communicate better. It is hard to say that this is a “war on mental illness” like we have had wars on drugs and crime in the last several decades, and I wonder if this is because a “war on mental illness” sounds too close to a “war on the mentally ill.”

v. From “border war” between custody and treatment to corrections’ “middle culture”

In the last chapter, I identified the formulation by a psychologist, agreed upon by senior administrators from custody, that there is a “border war between treatment and custody.” This notion of a “border war” is an important introductory framework for anyone considering the power dynamics between the strata of professionals within corrections; nevertheless, it is important to recognize that this conflict between the two is a productive and dialectic conflict. The former Chief Psychologist’s following assertions point to the naivety of judging

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33 I will return to this theme in a subsequent analysis chapter in which I consider the selection of martial metaphors in discussing corrections officer trauma.
representatives of custody and treatment within prisons as being antagonists. Let us consider whether they should instead be considered dynamically and productively opposed *agonists*.

### a. Extract – Francis – Former PADOC Chief Psychologist, CIT Trainer

F: Yeah, and I do think there’s a larger ‘middle culture.’ It’s sort of in-between. Like if I had a new psychologist I used to make sure that they would come in the evening for part of their training and just spend a night or an evening in [name removed]’s office and then I’d ask the major to talk to ‘em, hang around with the Major for an evening. ‘Cus you know, these are old guys who’ve been around and what you find is that they’re a lot more mellower than the line-staff. They might have gone through those same phases, but now they’re more inclined to say, talk first and yeah. So I think to survive in the work you’ve got to sort of come to a middle ground. I mean…

D: What would the middle ground be?

F: Well the middle ground is really a recognition of the complexity.

Francis indicates that when he was involved in a psychologist’s training in the department of corrections, it was critical to expose that psychologist (lines 2-3) to a high-ranking officer in the custody chain of command (lines 3-4). This exposure was intended to show the “new psychologist” that the “old guys (from custody) who’ve been around” are “mellower than the line-staff” (lines 5-6). Francis continues by identifying a developmental process in which a DOC staff member goes from being a “line staff” to being “mellower,” stating that the Major had progressed through “phases.” The culmination of the progression through these stages of a line staff’s development is to “come to a middle ground” (line 8). In line 7 he emphasizes the importance of coming to this “middle ground,” stating that it is essential to survival in corrections work. To come to the middle ground from the side of custody is to become “more inclined to say, talk first…” (line 7). When pressed to further define this “middle ground” developmental achievement, Francis provided that it “is really a recognition of the complexity” (line 10).

The fact that Francis encouraged the psychologists to “spend a night or an evening in [a Major’s] office” (line 3) also has the effect of positioning the Major as being worthy of respect.
from the “new psychologist.” Especially in organizations whose hierarchies are as well-defined to be called paramilitary, who goes into whose office matters with regards relations of power and parallel dynamics of respect. Additionally, having the trainee “come in the evening” for the conversation further constructs the Major as being someone worthy of respect and significance in the professional development of the “new psychologist.”

The middle ground is a recognition of the complexity of corrections and of working with various types of inmates in order to get the desired staff-defined goals. Francis is actually identifying not one avenue of developmental professional growth, but two: the line-staff who learns to “talk first” (line 7), which is basically a succinct expression of the tactics being taught in CIT as the “rules for intervention”; and on the other hand, the “new psychologist” (line 2), whose development towards the middle ground involves coming to respect custody and security concerns and personnel (line 3) and being able to recognize that many custody and security staff includes “old guys who’ve been around” (line 5) and have respect for soft-power tactics of working with inmates.

In line 1, Francis identifies a ‘middle culture,’ which can be considered the over-arching discourse in which the law and counter-law (Foucault, 1975) of custody and treatment meet within the prison. There may be two discourses that vie for “ascendancy,” but there is a middle culture that exists during this dynamic, dialectic push and pull. One such as Lance, or anyone who is going to “survive in the work,” comes to moderate their leanings towards one pole or another pole of the “middle ground” discourse by coming to a recognition of “the complexity” of the work.
b. Discussion

My findings in analyzing this extract converge with those from my interview with the CO1s, Ron and Sam, who shared their impressions of younger COs who are “John Waynes” who “wanna go out and… they don’t care about talking to ‘em or not, they just wanna suit up, go in, and kick their ass.” This is a surprising finding. I assumed that corrections officers who had lengthy careers in corrections would struggle to accept the new “therapeutic punishment” model that is being pushed in the rhetoric of CIT trainings. Instead, what I found was that the older COs I spoke with expressed less resistance to the change than many of the younger ones; additionally, I found this identification of a developmental process to a “middle ground” from a senior psychologist alongside the identification by senior staff-line officers of a correlation between officer immaturity and increased aggression and violence in encounters with inmates.

This first finding is not as critical as the that of the notion itself of a middle ground in which the border war between custody and Michel Foucault saw power in its productive form rather than its repressive form, and Foucault’s conception of power is applicable here (1976).34 Either side of the border war between custody and treatment does not seek the repression, negation, nor the professional obliteration of the other. Instead, these two operations reinforce one another, and recognizing the “complexity” that necessitates the balancing force of the one form the perspective of the other is the maturation process through which an officer proceeds to the middle culture.

vi. Subject constructions reflecting the middle culture: inmate or consumer?

a. Extract – Francis – Former PADOC Chief Psychologist, CIT Trainer

1 F: Like we’ve got… each of our institutions is different but then there’s the difference
2 between the department of corrections and maybe county agencies and you know, used to
3 be state hospital agencies. So that the inmates, you’ve got folk, you’ve got clients who

34 The History of Sexuality, Vol. I.
really go back and forth between five and six different agencies: school systems, hospital systems, correctional systems, mental health systems, and but the systems don’t talk to each other very well if at all. And folk in the system tend to come from real different orientations, just, you know, they have a different assumption of what the problem is and as a matter of fact just different assumptions about what the hell you call your client! Do you call him an inmate, do you call him an offender, do you call him a patient, it’s just… so that’s… it’s got more layers than an onion.

b. Ethnographic observation

When mental health is not involved in the immediate matter under discussion, terms such as “inmate, prisoner, prick, jackwagon, asshole, and criminal” are used to describe a prisoner; however, the occasions in which the subject-construction of ‘consumer’ is selected to describe a prisoner are almost always during a moment in which CIT, NAMI, or mental health is being directly invoked. As an example, take an instance when Linda, the CIT Program Manager and a trainer, was educating trainees on the three agents most important to CIT in corrections. She noted that these three are “the COs with security, the ‘psychs,’ and the peer facilitators,” concluding that the last category, Certified Peer Support Specialists (CPSS), can be NAMI representatives or they can be the “consumer themselves.”

The adoption of the term “consumer” to describe an inmate who has a mental health condition is not surprising if one considers two facts: the Department of Corrections and other criminal justice and law enforcement institutions have a long and comfortable relationship with NAMI, and this metaphor of consumption is favored by NAMI in their language regarding people with mental health conditions. The reasons for the robustness of this alliance are multifaceted, but one primary factor in this is their stubborn adherence to political neutrality and non-confrontational positioning regarding issues that undermine the neutrality of criminal justice.

35 I rarely if ever heard staff-line employees discuss the benefits or drawbacks of CPSS, so I am skeptical as to the actual extent to which this service has been implemented in crisis situations. When I did hear about their participation, it was often in Mental Health Units (MHUs).
such as overrepresentation of poor people and people of color in prisons. Secretary of the Department of Corrections John Wetzel himself has served in various positions in NAMI, further reflecting the influence that NAMI has on the course of the “culture change” of the PADOC.

On one of the days of the training, one the trainers, Jack, was going over CIT’s rules of intervention. This was the first time the trainees had heard these articulated. Jack noted the importance of restating what an inmate is saying about crisis: “reflecting what the consumer is feeling about the crisis, the emotional state or emotional reaction to the situation.” Jack stopped here, apparently recognized his switch from calling prisoners inmates or derogatory terms to calling them “consumers.” He said to the trainees, “Consumer comes from CIT language,” then asked, “Who’s our consumer?”

A CO answered, “Inmate.”

Satisfied, Jack moved on, and after describing a particularly sensitive encounter between a prisoner he calls a “consumer” and a CO, Jack appeared to feel he was losing the staff he was speaking to by advocating too much for inmates’ mental health on the grounds of promoting their health interests alone. So Jack emphasized a series of benefits to the other, seemingly more pressing goals of the staff: “I still used this moment to gain information. I am still assisting inmates who need direction.” Note that the trainer favors the term ‘inmate’ over ‘consumer’ in his attempt to re-establish legitimacy with the trainees.

Moving between these two subject-identifiers seems to happen as a reflection within spoken discourse of the discursive oscillation that is occurring within PA corrections. Prisoners are neither inmates nor consumers, they exist along a carceral continuum between the two that is represented in the categorizing instrument of inmate rosters A through D.
As though the oscillation between inmate and consumer, hard and soft power, was feeling too imbalanced toward the latter pole, the speaker brings up a way in which the instruments of violence available to COs are progressing as well. He then tells another story, this one the most violent of those he has shared.

In what seems like a non-sequitur, but certainly had purpose, Jack brings up “mace and batons.” “PA didn’t have mace, now they do. Gonna get batons, too.” Jack tells a story from his early career as a CO in New Jersey. An inmate was not standing for door call, and so “a real gruff CO” says, “Oh, we got a tough guy! I can play your game.” He sprayed the inmate with mace. In the story Jack was recounting, the CO emptied his can of mace spraying the “non-compliant, tough guy,” then he yelled behind his back to his fellow officers, “Need another can!” Jack gets into character, acting out a sort of glee that the officer had at bringing the inmate into “compliance.” As he’s waiting for another “can,” an inmate in the neighboring cell says to him, “He’s fucking deaf.”

The COs laugh out loud together, and the speaker enjoys how his story is received. He uses this story as a jumping off point for his lesson that “the days of cracking skulls are over.” This means no reports, no injuries, “It’s just that much easier people.”

c. Discussion

The turn towards "consumers" over clients or patients is indicative of the corporatization of mental health services across institutions as well as the biomedicalization of mental illness and addiction, which makes therapy clients into consumers of prescription drugs and medical patients into the same. The history of the wide-spread adoption of the term “consumer” is also one of recuperation by the psychiatric discipline and institutions of the psychiatric survivor movement.

36 Tanya Luhrmann (2011) and others have charted the rise in the role of prescription drugs in mental health treatment through the 90s and now over the last two decades.
that was a part of and extended beyond the de-institutionalization movement (Chamberlain, 1990). The turn towards the term consumer is selected by some people within the ex-patient or psychiatric survivor movement, arguably because it introduces a connotation of respect for the subject of mental illness, which can be understood when we consider the valorization of consumption in contemporary American culture and beginning in the last century. In 1990, Judi Chamberlain divided the ex-patient movement into two camps, those who considered themselves psychiatric survivors and those who considered themselves consumers. She hardly had praise for those within the latter:

NAPS [the National Association of Psychiatric Survivors] was formed specifically to counter the trend toward reformist "consumerism," which developed as the psychiatric establishment began to fund ex-patient self-help. Ironically, the same developments which led to the movement's growth and to the operation of increasing numbers of ex-patient-run alternative programs, also weakened the radical voices within the movement and promoted the views of far more cooperative "consumers." The very term "consumer" implies an equality of power which simply does not exist; mental health "consumers" are still subject to involuntary commitment and treatment, and the defining of their experience by others. (Chamberlain, 1990)

Given this history of the term “consumer” being used for “ex-patient,” it is not surprising that corrections personnel (following law enforcement before it) would choose to adopt this term as well, needing itself to reform along the lines of a massive institution failing the needs of people with mental health diagnoses (just as was the case of state hospitals before them).

The subject-constructions “client,” “patient,” and “consumer” are used by various members of the professional community of corrections; these are terms which have, until recently, typically circulated in mental health and medical practice and theory, not in carceral or criminological discourses. This discursive slippage may have large implications concerning the meaning of the cultural shift that is taking place. Again, however, the desire to shift the DOC towards a mentality in which prisoners are considered foremost as being “consumers,” in the
mental health care sense, has a particular challenge of overcoming the stubborn and potentially
essential discourse of society at war with portions of itself (criminals, of varying stripes).

The subject-construction of “consumer” is particularly significant and telling given the
way in which prisoners can, at any moment of their sentence, be diverted to one roster or the
other, this unit or that unit, or moved from an institution with certain services the prisoner is
evaluated as needing. The potential for a prisoner to one year be considered a patient and another
year be considered an inmate, paired with the expansion of MH/ID services throughout prisons
that complicate the status of prisoners \textit{qua} prisoners, seems to necessitate a new word other than
prisoner. This word would be one that would apply to prisoners across all rosters receiving any
number of services, across custody and treatment divisions. ‘Consumer’ is a good term for this.
This is a term that is introduced, one trainer said, through the CIT training for trainers. Though
this direct link between the use of the term in a training which itself produces new terms to be
used on the job to understand prisoners is significant, it is also the case that the term consumer is
being used in carceral and law enforcement contexts outside of CIT. Therefore, this is only one
example of the way in which the term ‘consumer’ is gaining in circulation in the corrections
field.

The prisoner-consumer may be considered one who is opting-in to surveillance: the
subject-construction of “consumer” has connotations that are startling in a prison context, and
they should be taken seriously and explored for the discursive conjunctions they imply and the
novel forms of governance within prisons they suggest. In his essay, “Consumer technology after
surveillance theory” (2008), Richard Rogers writes, “According to surveillance theory after
Foucault, consumers are enticed into participating in the act of being watched in exchange for
product… Participatory surveillance describes how the consumer must leave traces…” (p. 288).
The introduction of tablets into Pennsylvania prisons (and in other states) is a prime example of myriad moments in which prisoners are enticed to opt-in to being surveilled. These tablets record activity on them and monitor use, far less so than consumers outside of prison have their activities monitored, oddly, but nonetheless the tablets allow the administrators of the prison to monitor a host of activities (games, email, music, videos) which can be restricted or augmented by prison authorities or can be purchased by the prisoner if purchases of this sort have not been restricted (as is also true for commissary “privileges”). Tablet and commissary “privileges” are consumed by prisoner-consumers who opt in to having their activities surveilled. Let us assume that there is a fraction of those who are on the MH/ID rosters who would not qualify had they not over-reported symptoms or otherwise falsified their presenting symptoms. The treatment services that are afforded to those prisoners who have revealed themselves as needing treatment can similarly be considered to be “consumed,” i.e., prisoners who choose to gain these services are also opting in to a wide range of behavior and personality modifying techniques that rely on collecting biographic as well as behavioral information about prisoners in order to modify their behavior or otherwise treat them.

This “opting in” to carceral consumer services can be seen in mental health courts, as the former chief psychologist said in the extract above (line 2-3). I witnessed the ways in which members of the Allegheny County Mental Health Court navigate these issues at a presentation of their work in 2017. In this mental health court, offenders were not called criminals nor offenders, but were instead referred to as “people in the court” or “consumers.” This nexus of mental health and corrections, the mental health court, can be considered a type of frontier of languaging of the integration of corrections and mental health, where the subject of these courts

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and of the integration of these two powers is placed in the most overarching and abstract subject position that is on hand to deploy and makes sense in these systems: the consumer. Whether a ‘consumer’ must be sent to jail for a week to remind them of the consequences of not complying with the programming at the court (i.e., “a shocker”), or whether a ‘consumer’ is mandated to see a counselor once a week for their PTSD, there will be some services for them to consume.

Commenting on the smooth integration of the services of the mental health court, Judge Lazarra said with a generous smile: “[It’s] amazing how all the gears start going – incredibly creative solutions for our consumers. I just love it.”

Foucault speaks of the disciplines as “counter-law,” which is an interesting formulation that has significance for the way in which the psy-disciplines supervene and suspend the effects of legal discourse on a subject (1975, p. 222). Not Guilty by Reason of Insanity (NGRI) is a simple example of this, but the type of suspension I have in mind is much less pronounced but all the more dispersed. These instances are ones such as are seen in mental health courts offering to the properly assessed and diagnosed person a trade of the suspension of the sentence mandated for a crime in return for the abdication of the control of high degrees of privacy. As a member of the mental health court put it when relating an “inside joke” amongst the mental health court members: “we don’t know why people accept mental health court, because we get so deep into

38 Foucault on the disciplines as counter-law:
“The disciplines should be regarded as a sort of counter-law. They have the precise role of introducing insuperable asymmetries and excluding reciprocities. First, because discipline creates between individuals a ‘private’ link, which is a relation of constraints entirely different from contractual obligation; the acceptance of a discipline may be underwritten by contract; the way in which it is imposed, the mechanism it brings into play, the non-reversible subordination of one group of people by another, the ‘surplus’ power that is always fixed on the same side, the inequality of position of the different ‘partners’ in relation to the common regulation, all these distinguish the disciplinary link from the contractual link, and make it possible to distort the contractual link systematically from the moment it has as its content a mechanism of discipline.” And continuing down the page: “In any case, in the space and during the time in while they exercise their control and bring into play the asymmetries of their power, they effect a suspension of the law that is never total, but is never annulled either” (Foucault, 1975, pp. 222, 223).
their business!” The joke in this, in part, is that if a candidate for mental health court elected not to be in it, they would sacrifice the relative freedom of motion that comes from not being confined in prison for not exposing themselves in an intimate and grotesquely imbalanced embrace with the power of the courts and the powers of the disciplines.

In the presentation by the panel of the Mental Health Court of Allegheny County, Debra Brandi, the prosecutor associated with the mental health court of Allegheny County, made a distinction, saying that the mental health court looks for a person who is “kind of a knucklehead” vs. “someone who is a serious criminal.” Here is another instance, among many at the conference, where one can see the same subjectivities emerge that are also, arguably, seen in the legal documents condemning the treatment of prisoners with SMI and mandating trainings and other reforms that make a distinction between these two types of subjects and consequent differential treatment within corrections facilities. The mental health court judge said: “They give self-reports: hey, judge!” She spoke like a child to a parent, innocently, while attempting an imitation of the people in her court, its consumers.

C. Conclusion

Before moving onto the next chapter, I will provide a summary of this chapter’s findings.

In section (i) I explored the trainers’ perspectives on what is meant by “a culture change” as well as how they perceive the resistance to these culture changes by the staff they are trying to train to be its agents. Trainers see their mission as going beyond training to a “culture change” from “punitive” to more “therapeutic” or “treatment”-oriented form of corrections. Trainers are quick to add that they are still interested in holding prisoners accountable, and they make sure to support the difference between prisoner behavior that results from mental illness and that which results from being a criminal or being “just bad.”
In section (ii) I analyzed the dominant ethical interpretive framework used by corrections personnel to judge a prisoner’s behavior, viz., a prisoner is either “gaming the system” or is not. Some interviewees who were trainees shared that what they got out of CIT training was to refine their ability to discern between these two possible motivations behind a prisoner’s behavior. Some of the motivation behind the trainer’s own policing of this border between “sick and prick” was exposed in that front-line staff report feeling like inmates with mental illnesses are treated better and cared about more than staff. Staff report being afraid of oversight because it is exercised by their superiors with the threat that if they do not operate in a certain way, which they often disagree with, then they could lose their jobs. It is easier to understand why principles behind CIT, such as treating prisoners with empathic understanding, could seem inconsistent with so-called front-line staff when one considers the various investments staff have in policing this border between the non-mental health rosters and the mental health rosters.

In section (iii) I documented a challenge to the moral reasoning of “gaming the system” in a counter-position that prisoners are rather “navigating the system,” and understandably so. This challenge is such a minority position that it was never spoken of within the trainings but was only disclosed in private.

In section (iv) I identified a primary function of CIT trainings and the discourse of corrections-reform, that being what I have called the sacrifice of the criminal to this discourse. In the construction of a prisoner to whom empathic understanding and compassion is provided (along with the correlative services and lack of beatings), the prisoners who fall on the other side of this binary (out of the MH/ID rosters) are subject to the old culture. As one trainer put it, “the days of cracking skulls are over,” but it seems that this is the case much more for those with mental health diagnoses than those without.
Section (v) explored the ‘middle culture’ of corrections, which can be considered the over-arching discourse in which the law and counter-law of custody and treatment meet within the prison in a mutually reinforcing relationship. There may be two discourses that vie for “ascendancy,” but there is a middle culture that exists during this dynamic, dialectic push and pull.

In section (vi) I interrogated the novel subject-construction within corrections that is the prisoner-consumer, or rather, the prisoner as consumer. I explored the implications that this has for prisoners as well as how this formulation can be understood against the backdrop of the history of the deinstitutionalization and ex-patient movement. Moreover, the term consumer was considered in its effectiveness at providing a value-neutral and “service” neutral subject-identifier, accurately reflecting the position that the subject of corrections finds themselves as the potential subject of various institutions, services, disciplines, diagnoses, or programs depending upon how they are categorized and the moral reasoning applied to their behavior.

The discourse of corrections-reform has as one of its primary consequences the reification of the category of “the criminal.” What comes from all the prisoner, family, and activist resistance to the operations and even existence of prisons; from the innumerable work hours put into critical scholarship and journalism; from the hundreds, even thousands of lawsuits and investigations by prisoner rights lawyers and government watchdog organizations? What comes from these efforts appears to be another generation of prison reform in which the reification of “the criminal” as the cultural sacrifice occurs. It seems undeniable that one of the discursive products of the discourse of corrections-reform, as seen in the CIT training program at the PADOC, is the recreation of the sacrifice of the criminal to the categories of “bad” and “criminal.” In fact, this judgment is such an integral part of the culture of corrections that it is the
discursive password, the pedagogical go-to, for any trainer seeking to bridge the professional gap between the trainer and the trainee. Staff-line employees are reassured that the culture change, in which they are being recruited as agents, does not include the detestable prospect of being an “inmate lover”: no “hug a thug” here.

This is not the only discursive product of corrections-reform, and in the next two chapters I will continue to analyze interview extracts and ethnographic observations in order to illustrate the other two critical products of the discourse of corrections-reform at play within CIT trainings. In the first chapter that follows I explore the occlusion of race from CIT trainings. In the chapter after that I explore the way in which the traumas and mental health of corrections staff achieve a central position in CIT trainings and other corrections mental health reform occasions.
Chapter 3.3: “Hug a Thug” – Correctional Colorblindness and its Products

Finally, we must admit, out loud, that it was because of race that we didn’t care much about what happened to “those people” and imagined the worst possible things about them. The fact that our lack of care and concern may have been, at the time, unintentional or unconscious does not mitigate our crime – if we refused, when given the chance, to make amends.


A. Introduction: Institutional and Individual Colorblindness

The justification for this chapter comes not from having observed race at PADOC’s CIT trainings, but from having observed an astounding collective performance by which any mention of race was avoided. The surprise I experienced came from the fact that in most contemporary public conversations in the U.S. surrounding prison policy, the racial demographics of prisoners are at commonly acknowledged if not at the center of debate. Issues of race were never brought up explicitly in the trainings and were only rarely present in conversation or intentional deliberations in the wider corrections field I have studied; nevertheless, I argue that the presence of absence, or hauntings (Gordon, 1997), of the racial oppression central to American prisons can be seen in discursive performances and formulations such as are seen when corrections staff use the phrase “hug a thug program” to reassure one another of the boundaries of their compassion. The understanding that “thug” is commonly used to stand in for a Black man has risen to the level of scholarly validity such that it is argued by numerous cultural theorists and social scientists in peer-reviewed academic journals. In a 2016 article, Calvin Fakunle and John Smiley argue that, “Terms such as ‘thug,’ ‘ghetto,’ ‘hood,’ ‘sketchy,’ and ‘shady’ are all examples of coded language that are used to refer to or speak of Blackness without overtly sounding racially prejudiced.” This is a discourse analysis of the construction of race within corrections as what Michael Taussig calls “a public secret”; the discursive means by which the present is made to be absent. There are methodological difficulties in identifying covert or
colorblind racism (Bonilla-Silva, 2006). The difficulty of identifying it in speech is part of the nature of the phenomenon of what Bonilla-Silva calls the “new racism.”

Furthermore, this chapter is premised on the concept that if racism is present at CIT trainings and within the discourse of corrections-reform focused on mental health, it will take the form of blindness to race as a determining factor in the decision-making processes and policies by which carceral institutions and their actors decide who, when, and how someone is treated. My research does not aspire to produce value-neutral, objective truth claims; instead, I methodologically embrace the perspective of Prison Abolitionist Critical Psychology. As in feminist psychological research methodology, which often takes as its premise the historical legacy of patriarchy permeating many aspects of psychological and socioeconomic reality, I begin this chapter with the informed conviction that American society has not shed its anti-Black racism and that prisons play an overwhelming role in the maintenance of anti-Black racism.

Michelle Alexander’s book, The New Jim Crow: Mass Incarceration in the Age of Colorblindness (2012), has become a watershed text for criminal justice reform and abolition movements. I rely on this text for its contradiction of the generalized claim of actors within U.S. criminal justice institutions; the claim, implied or said by most people I spoke to in my study when race was brought up, incredibly heard as well in the words of our President, “I am the least racist person you will ever meet.” Alexander’s demystifying contradiction of this claim is less of a contradiction and more of a qualification:

What, then, does explain the extraordinary racial disparities in our criminal justice system? Old-fashioned racism seems out of the question. Politicians and law enforcement officials today rarely endorse racially biased practices, and most of them fiercely condemn racial discrimination of any kind. When accused of racial bias, police and prosecutors – like most Americans – express horror and outrage. Forms of race discrimination that were open and notorious for centuries were transformed in the 1960s and 1970s into something un-American – an affront to our newly conceived ethic of colorblindness. (p. 100)
According to Alexander, it is incorrect to assume that these “extraordinary racial disparities” do not exist because one does not find explicit racial bias and explicitly racist attitudes and interpretations coming from politicians, law enforcement, and (we can add) corrections personnel. In fact, this relatively new “ethic of colorblindness” serves as a rhetorical strategy by which the racial disparities in the criminal justice system are defended. The logic of colorblind racism is pervasive through the criminal justice system and repeatedly encountered in my study. It typically begins with the assertion of the non-racism of the agents of institutions, leading either to the disavowal of disparities (as when officers assert that there are about the same amount of white people in their facility as Blacks) or to the acceptance of racial disparities paired with an explanation based upon the belief that there is more violent crime in Black communities.  

Alexander dispatches with the latter argument by citing studies which show that “violent crimes rates have fluctuated over the years and beat little relationship to incarceration rates – which have soared during the past three decades regardless of whether violent crime was going up or down” (p. 101). She points out that, at the time of her writing, violent crimes were at “historically low levels,” but the rates of incarceration throughout the country were still climbing.

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39 Black people make up 11% of Pennsylvania’s general population compared to whites at 79%; Nevertheless, Black people make up 46% of Pennsylvania’s prison population far more than whites, who make up 39%.

40 In the last decade, which is the intervening time between now and when Alexander first wrote The New Jim Crow, incarceration rates have seen their first decreases since the early 1970s, when the US incarceration rate first began its historic expansion. However, the rates of incarceration of immigrants over the last 10 years should be compared with this trend in order to ascertain whether this decrease might rather be considered a displacement of the focus of incarceration or should be considered a decrease at all. In a related matter, the rise of what Alexander calls e-carcerration should be considered (house arrest with ankle bracelets being a prime example).
What I have seen in interviews and in my ethnographic observations are variants of the colorblindness that Alexander identifies as being a common discourse of defense of the ethical integrity of the criminal justice system’s institutions. I see arguments she has identified being deployed by my study’s informants, but I also see other interpretations of the decision-making occurring in prisons that may be unique to the reasoning of corrections personnel. I will discuss some of these variants of colorblindness, which sometimes should not be described as such because they explicitly address racial disparities in prisons and in sentencing; however, the interpretations offered to address racial disparities should be considered to be a product of colorblind racism, just as much as diversion away from considering race should be considered such, because these interpretations are allowed to go unchallenged and even unstated by the lack of discussion around race: a silence which proliferates many new forms of racism.

This chapter primarily explores two things: the tactics by which race is hidden in spaces devoted to corrections mental health reform and the consequences of that hiding. Abuse and neglect of prisoners with mental illness went unseen by the DOC partly because the prisons were not correctly assessing for mental illnesses, which made it so the numbers on the MH/ID rosters were significantly misrepresentative. This undercount led to many people being put in solitary confinement who, if they had been properly diagnosed, would have been less likely to suffer this abuse. There were many other protective reforms which have been implemented in the last five years, but to paraphrase PADOC Secretary Wetzel in discussing the benefits of having implemented higher quality and quantity of psychological assessments to more closely quantify the “actual” number of prisoners with mental health conditions: an institution is only able to change what it measures. 41 For this reason, what is measured by the PADOC and other

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41 This is quoted from Wetzel’s guest lectured at a Mental Health and the Law course taught through University of Pittsburgh’s School of Law in 2016. I was present as a student.
organizations monitoring the department are important indicators of the priorities of the institution. The public has some access to what is measured by the PADOC through the its Bureau of Planning, Research & Statistics’ monthly publications of a Population Report as well as an Annual Statistical Report. By reviewing these reports, published on the PADOC’s website, anyone can monitor a variety of trends, for instance, variations in population across all facilities as well as broken down into multiple variables (e.g., facility, race, gender, age). One can determine the number of Black people to white people within a facility because these variables are collected, published, and can be compared. How many people are in special housing units (most notably, diversionary units such as mental health units) can also be determined across and within facilities. However, what is not reported in these reviews is breakdown of the special housing units based on race.

According to an article in *The Atlantic* (Lantigua-Williams, 2016) covering the 2015-2016 analysis from the Association of State Correctional Administrators (2016), “[O]verall, black male prisoners made up 40 percent of the total prison population in those 43 jurisdictions [that responded to data requests], but constituted 45 percent of the ‘restricted housing population,’ another way to describe those in solitary confinement.” In other words, Black people are over-represented in solitary confinement units. Upon my own look into the Association’s report (2016) to pull Pennsylvania-specific data, in addition to this number, I was struck by the intersection of race with severe mental illness prevalence: in Pennsylvania, 1,677 white men are diagnosed with a SMI and 1485 Black men are diagnosed with a SMI. Unfortunately, the authors of the report did not conduct a multi-variate analysis that would allow one to compare the number of Black people with severe mental illnesses who are in RHUs vs. the number of White people with severe mental illnesses in RHUs.
It is impossible from these data that the PADOC collect and share publicly to determine the racial breakdown in diversionary units. In other words, the PADOC does not see race when it comes to who is diverted into mental health focused units and who, consequently, remains in the traditional punitive pathway leading to the RHU (solitary confinement) and other disciplinary actions. Because the PADOC remains colorblind in this important instance, we cannot determine whether there is equal representation of races across these often-prized housing units, which inmates “game the system” in order to enter and stay (chapter 3.2). Subsequently, there is a potentially devastating flaw in the mental health reforms to Pennsylvania prisons in the colorblindness of their implementation.

The PADOC is not alone in this gap in their data around racial demographics of participants in diversionary services against those who fall outside their; however, there is an increasing body of research that shows how Black people are underrepresented in “diversionary” programs throughout the criminal justice system, such as “specialty” courts (particularly mental health and drug courts: National Association of Drug Court Professionals, 2013; Marlowe, 2013), and even within jails and prisons (Kaba, et al. 2015; Venters, 2019).

In the National Association of Drug Court Professionals’ Adult Drug Court Best Practice Standards (2013), there is a thoroughgoing recognition of the racial disparities within drug courts and an effort to address the court practices that have constructed and maintained these discrepancies. Douglas Marlowe (2013) presents the findings from a 2011 study he and West Huddleson conducted in which they compared minority representation in drugs courts with other criminal justice programs (using 2008 data). Though Blacks made up 44% of the U.S. prison population, they only made up 21% of the population of drug courts (p. 42).
If we look at the small amount of studies focusing on disparities in prison and jail diversion programs (i.e., mental health units and the like), we can confirm that what is identified in pre-incarceration diversionary programs exists in some carceral settings as well. Homer Venters, the former Chief Medical Officer of NYC Jails, wrote about a book (2019) about the conditions at Riker’s Island which led to his eventual resignation. Witnessing inmate deaths through medical neglect and prison guard assault, he and his medical team developed a system to track what they termed “jail-attributable deaths” (p. 17). Another unique record-keeping improvement he and his medical team made was to collect and analyze racial demographic data on who was being sent to MHUs and who was being sent to RHUs. In his team’s 2015 study (Kaba, et al.), they found that some groups in the jail system are more likely to elicit treatment responses whereas others are more likely to meet with a punishment response. One startling observation is that non-Hispanic Black and Hispanic patients are 2.52 and 1.65 times more likely to enter solitary confinement than White patients. (pp. 1914, 1915)

In his book, *Life and Death in Rikers Island* (2019), Venters dispenses with academic pretenses and adopts a clarion call: “At the core of these jail-based disparities is a hidden punishment apparatus that propels more than twice as many blacks as whites in solitary confinement” (p. 94). After accounting for what he takes to be the major processes by which the racial, “jail-based disparities” occur, he makes a claim that further implies the consequences of institutional colorblindness: “The lack of transparency in this process combined with deep racial preconceptions baked into criminal justice and health systems, results in a tremendously harmful widening of disparities after people arrive in jail or prison” (p. 94).

In discussing the proliferation of rehabilitative modes of incarceration in the politically liberal and predominantly white town of Bloomington, Indiana, Judah Schept points to the way in which race is unconsciously used “in the determination of corrections administrators and
institutions to employ or abandon rehabilitation strategies and discourses” (p. 122). Schept, following researcher Khalil Muhammad (2010), highlights the way in which white communities often receive rehabilitative services within prisons (and around them – see veteran’s courts and addictions courts), whereas Black communities receive punishment. Muhammed (2010) writes that there is “an invisible hand of racial nepotism that sets the limits of cruel and unusual punishment for white Americans.”

Prison is not the institution upholding racism in US. This is why Alexander speaks of the “age of colorblindness” not the “colorblindness in prisons.” Indeed, prisons are one American institution in which colorblind racism present.

I have discussed the ways in which institutional colorblindness, taking the form of gaps in data collection around the racial demographics of who is receiving diversionary services, has the potential to sanction and hide disparities in the representation of Black people in preferred, less punitive services. In interviews with CIT trainers and trainees, one can see the subjective manifestations of this institutional discourse.

B. Analysis

i. “I don’t believe it was racially motivated. But I believe it was racially disproportionate”

a. Extract – Bill – Former PADOC Superintendent, CIT Trainer

1 B: But it wasn't all mental health. It was also a crackdown on crime. Because during the 2 80s and the 90s people started getting like, "Hey, enough is enough. You're committing 3 an offense, you're going to jail." So we went from like, 6 thousand inmates, you know, to 4 30 thousand inmates, and we jumped up tremendously. And everybody was okay with 5 that. But then the costs starts hitting you... When corrections becomes your second 6 highest budget in the state, people start taking notice of that.

7 D: I wasn't planning on asking you this question, but since you brought up the 80s, what 8 do you think about people who would say that in the 80s part of the war on drugs that
brought in a lot of people into prison was partially racially motivated? Where does that fit into your thinking of prisons?

B: You know what? I am the least prejudiced person you're ever gonna see. I heard on a show one night... they were complaining that you know a lot of Black people are locked up and it was racially motivated. The simple fact of the matter is they were the ones committing the crime. Now why were they committing the crime? Poverty. Terrible living conditions. You know if you're going to survive, if you have to survive by selling drugs, well that's what you're gonna do. Doesn't make it right! But that's what people were doing. Now I don't believe it was racially motivated. I believe it was racially disproportionate. Certainly I believe it was racially disproportionate. But I, you know there are so many other social factors involved. The living conditions, the unavailability of jobs, you know? No opportunities, you know? And you know I really think there's a lot more factors involved in it, but I just, I hate when people started looking at the numbers and start putting values on what those numbers were.

The interviewee begins his response with a line which has become commonly known in the US as a cliché preface to what is typically a statement that clearly contains some element within it which at least challenges the listener to determine whether it is racist or is not racist. This cliché is the infamous, “I am the least prejudiced person you're ever gonna see” (line 11). Michelle Alexander’s notion of how colorblindness supports racist results in prisons is key for analyzing comments made by the superintendent in which he recognizes that the prisoners are disproportionately Black (lines 17 and 18) but emphasizes throughout “[T]he simple fact of the matter is they were the ones committing the crime” (lines 13-14). The lack of honest conversations within corrections around race, which is symptomatic of America’s larger colorblindness, allows for the proliferation of easily disprovable statements on racial inequalities within the prison system by those who are running it. This claim that there exists a disproportionate number of Black prisoners because they have disproportionately committed crimes during the boom of mass incarceration, is one of these easily disprovable statements.

It is widely accepted that over-policing of Black and Brown communities, themselves segregated through acts of state policy (such as redlining), has been the primary cause of the
appearance that more crimes are committed by Black people than white people. In other words, Black crimes have been more visible because of the disproportionate surveillance of Black people. Nonracial rationalizations like “they are the ones committing the crimes” are part of what Alexander calls the “genius of the new system of control” (p. 103).

b. Extract – Christopher – Sergeant (CO2) at SCI Retreat, CIT Trainee

Here is the introduction of corrections officer’s demographic reasoning around the racial breakdown of the prison at which he works. His reasoning is a simpler example of colorblindness than that above.

1 D: So are there more Black people in your jail?
2 S: Yeah, I’m trying to think off the top of my head a break down, roughly, it’s close, like 3 500 are Black, 400 are white, maybe 150 are Hispanic. I don’t know the numbers in the 4 whole DOC, but I know in our jail, it’s a little more Black. But it’s not like way more 5 than you would think. You know what I mean?

The Sergeant conveys accurate estimates within a margin of error of about 50. According to the PADOC’s 2017 Annual Statistical Report (the interview-concurrent public inmate demographic data), of the 1120 inmates at SCI Retreat, 536 of them were Black and 445 of them were White. These numbers taken together represent an inversion of the size of the state’s populations of Black and white people. The sergeant gave an accurate estimate, but he did not provide the context of the state’s racial demographics. The lack of this context sanctions the interviewee’s concluding statement that, even though “it’s a little more Black… it’s not like way more than you would think. You know what I mean?” (lines 4 and 5). An appeal is made to what the listener, myself as interviewer, “would think”; and based on what he shares with me, that the racial split is somewhat equal, I can understand how his perception would be of a correctional system that has an acceptable degree of racial parity.
Before moving on it is significant to note that there was a reason why I rarely, if ever, challenged an interviewee by providing them with facts on the over-representation of Black people in prisons compared to white people. This is because I was curious about the interviewees own interpretive resources, their interpretive repertoire. I was not serving as an educator on race issues, but rather race became a primary analytical theme as I realized the glaring absence of race as an analytic object in these public-facing interviews as well as the logic of dismissal applied when it was brought up. It is true that the framing of my question on race left the interviewee an easy path to respond that their prison is fairly evenly populated with Black and white prisoners, it is a significant finding that staff never brought race up once of their own volition and never challenged the premise of my question on even demographics.

c. Discussion

These are examples of the public suturing of the public secret. From our theoretical basis that colorblindness elides racial disparities in prisons, we are able to then see what is left out of the discourse in the discourse and how is it missed. There is no “clever trickery,” as Michael Taussig warns us not to look for. There is, on the other hand, a professional culture that maintains its gaze away from difficult questions concerning disparities in race with easy answers and observations that dismiss the discomfort or the offense at the suggestion of racial disparity.

ii. The real sacrifice in the moral reasoning applied in “gaming the system” discourse

a. Extract – Francis – Former PADOC Chief Psychologist, CIT Trainer

In the last chapter (chapter 3.2), I analyzed an excerpt in which an interviewee, Francis, was asked to give me their views on the difference of an inmate who is mentally ill vs an inmate who is “just a criminal.” I interpreted this excerpt according to discourses of class that penetrate
the history and present of the prison system. In this chapter, I am looking for how the considerations of race are not present in the interpretive repertoires of even the speakers of the most progressive discourses I was exposed to within CIT trainings. The first part of the excerpt is reproduced below, followed by the continuation of our interview through the entirety of the portion of our interview in which race was actively being avoided in favor of class-based interpretations.

F: [long pause] I think you’re really talking about a continuum. And I know that I guess our local mental health court kind of wrestled with that whole issue. And uh, the thing they were wrestling with is I guess it goes to that issue of how much of the crime, if any, was related to the mental illness? Like you’ve got a few very rare situations where the crime might have been caused by the mental illness, and they’re rare like… well you’ve got the NGRI, but then on the other extreme you could have somebody who’s maybe very mentally ill, but the offense that they did really has nothing to do with it, wasn’t caused by or related to the mental illness in any way. And then there are also there are just sort of the resources issue. I mean it’s very true that this notion that the rich kid’s misdemeanors is a poor boy’s felony.

D: What did they call that? The rich boy killed somebody driving, and they said he had “affluenza.”

F: Yeah! I remember that. That’s a very real thing. I mean, I just remember interviewing a lot, and I was interviewing kids who come to our small unit for MR offenders, and the black kids who came through Philadelphia had done a lot of bad shit before they ever got there. But we got white kids, we had a white kid from Warren County, I think it might have been his 2nd arrest or something like that, I mean, they came down real hard on him. So I think there’s an issue of class and then there’s also an issue of where you come from.

D: Wait, they came down real hard on the white kid?

F: Mm hmm.

D: Cus..?

F: Because you commit a crime and off you go…

This informant speaks openly about class functioning as a determining factor for an offender’s outcome in terms of what services are offered or likelihood of being diverted away from criminal justice services; however, he does not directly acknowledge race, instead seeming to employ the stand-in construction, “an issue of where you come from” (line 18). This can be seen in how he first addresses “black kids” and “white kids” and also mentions their class, but
then when he comes back to finish his comments, class remains but race is obscured in “where you come from.” The informant bases his position concerning racial disparities in sentencing on his experience “interviewing a lot… [of] kids who came to our small unit for MR offenders.” He draws on his professional experience as a psychologist interviewing people who were referred to his specialized housing unit for juvenile offenders who were diagnosed with deficiencies in cognitive functioning that reached the threshold for the classification of “MR” or what is not more commonly referred to as ID/D.

We can see the interpretation of “Black kids” being the ones who were allowed to “pass through” even though they had “done a lot of bad shit” (lines 13-16) while the court system “came down real hard on” white kids (lines 16-22). In line 22, the speaker suggests that when “white kids” commit a crime “off [they] go.” This is an example of what I saw as being a common reference to imagined preferential treatment given to Black people in the criminal justice system; this reference relies on an interpretive repertoire that views power flowing in the opposite direction in which data suggests. In other words, it is not hard to find prison staff who believe that Black people are coddled in the American criminal justice system despite countless studies demonstrating the opposite. The Sentencing Project’s Report to the United Nations on Racial Disparities in the U.S. Criminal Justice System (2018) provides a comprehensive review of studies supporting the imbalance in treatment of American Black people by the US criminal justice system. Some of the dominant findings are that, compared to white people, American Black people are subjected to higher detection of crimes by law enforcement, greater likelihood of being convicted of a crime, and longer sentences for the same crimes.

It is somewhat surprising to see this explanation in this particular informant as I had formerly guessed that his elevated position within the hierarchy, his background as a
psychologist, his early career connection to deinstitutionalization, and his support of projects that advocate for the humanization of prisoners would immunize him from this belief. The fact that even this informant embraces this interpretive repertoire, which is not the same as color-blind racism but instead engages beyond that to think through disparities that are registered in the subject’s memory, is further evidence of how pervasive it is throughout Pennsylvania’s correctional personnel.

What are the possible reasons for some form of this argument that either races are equally represented across institutions and services or that black people are favored? What is the function for the individual within the institution and what accomplishments does it achieve for the institution and its allies that this ideology has reached such ascendency?

One hypothesis of what it does for the individual is that it distances that person from the moral outrage that would then be turned on their career. It encourages group solidarity within the profession and through the strata of the organization by confronting a dominant “misconception” of people who exist outside of the hard work that is done, blissfully ignorant. One can see this in the CO from Albion’s call interview, but instead of with race, closing ranks is done along the lines of people with mental illnesses and people without. In other words, people don’t understand outside of corrections what is happening or how they should do their jobs. For the institution, this discourse is a defensive posture against criticism.

b. Discussion

As I showed in the last chapter, and as Lorna Rhodes has previously observed (2004), corrections personnel often perceive prisoners’ supposed attempts at “gaming the system” by getting mental health services as being one of many ways in which prisoners have more power and are cared about more than corrections staff by society and higher-ups. These higher-ups, the
argument continues, are concerned with the perception of politicians and prisoner advocates so that their institution maintains its funding and, effectively, is not shut down due to dual influences of public pressure and decreased prisoner populations. This perception of powerlessness, even envy of the perceived power and humanity of prisoners, is likely due to the lack of support corrections officers feel in their job as well as the environmental effects of the prison on their well-being. These considerations will be important in the analysis chapter following this one. A similarly inverted perception of (what I would argue is) the reality of prisons and its prisoners, is the argument that Black people are provided preferential treatment throughout the system so that any given official is not considered to be racist.

Bonilla-Silva (2006) argues that colorblind racism operates when “whites enunciate positions that safeguard their racial interests without sounding ‘racist.’ Shielded by color blindness, whites can express resentment toward minorities; criticize their morality, values, and work ethic; and even claim to be the victims of ‘reverse racism’” (p. 4).

iii. **Deflections or displacements from race to mental health**

a. **Extract – Francis – Former PADOC Chief Psychologist, CIT Trainer**

During an interview with Francis, I asked him about whether any kind of diversity trainings happen in addition to CIT and mental health first aid trainings. I had thought to include this question, which was not a question I had considered asking before the interview, because Francis had brought up the Attica prison rebellion which was animated by a fierce understanding among the prisoners of the racial injustices they were experiencing. Francis responded affirmatively that there are diversity trainings that happen. I had seen the 2017 training schedule for the PADOC Training Academy where we were doing the interview, and I had not seen any trainings like this. Either way, Francis quickly diverted the discussion from racial diversity,
which was obviously the topic at hand, to illustrate a separate point about professional factions within corrections:

1 F: Yeah, and there’s other diversity, too. Cus I was actually at a forensic conference down in DC, decades ago, and there was.. some guy was giving a workshop on cultural diversity, and I guess he was a psychiatrist who worked with… I guess it was the DC jail system. Of course he comes in and it’s a Black guy. And he says, ‘I’m here to talk to you about cultural diversity.’ And I guess you’re thinking I’m gonna talk about racial diversity.’ He says, ‘No. I’m gonna talk about…” cus he says ‘a lot of people talk about how Blacks and whites can’t get along. I’m talking about custody and treatment can get along better. And since I’ve got all these treatment people here, I’m gonna talk to you about cultural diversity.’ He said, ‘And my rule of thumb is…’ this is a good one. He said, ‘is what my momma taught me.’ He said, ‘You gotta remember whose house it is.’ He said, ‘Now, when you work in hospitals it’s your house, and what you say goes.’ He said, ‘But when you’re in a prison, it’s not your house. This is custody’s house, and you’re only going to be able to do your mission by getting to understand the culture, being able to work in it…” He says, ‘You can’t even get through a door by yourself.’

This illustrates the tension between “treatment and custody” (what Francis would call “a border war”), but it also enacts a familiar discursive diversion made by corrections personnel from the topic of race to the topic of mental health. Here the question of the role of diversity trainings is used to segue (line 4-7) into an illustration of the difficulties of two cultures of treatment and custody working together in the same institution. Just as the trainer in the interviewee’s vignette deflected a cultural diversity training into a conversation exploring the different between the cultures of treatment and custody, so did the interviewee. Many times, in interviews and in my informal discussions, I got the impression of a general unease around discussing race. This is not surprising given that this discomfort around conversations of race permeates most sectors of American society. However, the turn away from race, even when it is explicitly brought up, is an example of the discursive maintenance of a colorblind culture; and a colorblind culture within corrections, as my introduction argues more thoroughly, has the potential to recreate and even widen the racial disparities in access to resources and health care services already experienced by Black people.
b. Zach – CO at SCI Smithfield

Interviews such as the following with a corrections officer point to the need to, at least, take cultural diversity trainings more seriously.

Z: But as far as response goes, I've got lots of black inmates. And I've been called racist. Because if you don't do something that they see -- or if you don't do what they want, just because you're white, oh well you're racist.

D: They'll use that.

Z: It's like the go-to. No. I'm not. I treat everybody exactly the same. And just because you're African American and he's white -- it wasn't -- you didn't sign up for a shower today. He did. So you not signing up for the shower -- or not signing up for the shower that doesn't make me racist. That makes you irresponsible. So I mean, you hear everything. And then you have the opposite end of the spectrum. It's like, gee sarge why are you catering to the black guys? I'm not. He signed up for the phone and you didn't. So you get it from both sides.

D: Sounds like you're in a pretty tough spot there.

Z: But you don't hear that very much. When you work the RHU you hear it every day.

c. Discussion

When a corrections officer treats “everybody exactly the same,” the tendency of colorblind racism is to fall into patterns of seeing and behaving that reinforce racial disparities that already exist. These patterns will continue in the colorblind corrections staff member without understanding the ways in which racial disparities in healthcare are constructed outside and inside prison; that prisons are disproportionately Black not because of moral failings of Black people but because of a criminal justice system that over-identifies Black crime against white crime and tracks Black people into more punitive sentences than whites; and the history of the pathologizing or criminalizing of Black people, almost always whichever is the worse outcome for the Black person.

According to Johnathan Metzl in *The Protest Psychosis* (2009), white people are more likely than Black people to be diagnosed with mental illnesses that are typically not placed in the category of “severe”; whereas Black people are more likely to be diagnosed with severe mental
illnesses, particularly schizophrenia. Combine this imbalanced diagnosis rate with Metzl’s content analysis of the words used by psychiatrists in leading psychiatric journals from 1960 through 1979 to describe schizophrenia – “violent” and “aggressive” topping the list – and a disturbing institutional racism emerges. The effects of the social construction of this racialized psychiatric disability – disabled when one resists – evoke the legacy of drapetomania. This was the infamous diagnosis that pathologized the desire of a Black slave’s attempts to escape, theorized in 1851 by Mississippi physician Samuel A. Cartwright. The distinction between a Black person who is a criminal and a Black person who is “sick” or “mad” that we see across the criminal justice system is anticipated by eugenics theorization of so-called “negroid sane criminals” and “negroid civil insane.”

Against this backdrop, there is also the reference to the controversial (non)diagnosis of “excited delirium.” I discussed excited delirium in the first analysis chapter (Chapter 3.1) in which I discussed my observations of a presentation on the (non)diagnosis at the PADOC CIT training. The trainers emphasized the strength, aggressiveness, and superhuman persistence of the person police officers were shooting to death in the video. The trainers focused the trainees’ gazes onto these aspects of man in the altercation, but they left invisible his Blackness, mentioning it not once. It may be that the trainers and everyone I have spoken to have had in common that, when the topic of race is broached, they do not want to come off as racist by bringing attention to it. Consider what the trainers’ might have said when seeing that the training

42 It is neither a medical nor psychiatric/psychological diagnosis in the ICD-10 nor the DSM-5.
43 As Homer Venters (2019) notes: “The most consistent feature of excited delirium deaths seems to be contact with law enforcement” and he continues in his argument that “there is a prospect of racial disparity in its use” (p. 24). Regardless of the data behind its application to Black people versus white people, my ethnographic data provides an example of the discrepant way in which it is sometimes applied in law enforcement and corrections: the Black man was a “superhuman” who was shot to death and the white man received calm medical treatment.
video they were showing represented a Black man being killed and having superhuman strength and the white man, apparently with the same condition, being treated to medical attention and not shot and killed. It is even more difficult to flounder through figuring out how to discuss these obvious inductions of race-based moral reasoning if the person in the scenario has little experience of identifying situations in which race may be playing a determining role in outcomes of critical and mundane situations. Corrections is a culture in which there is a feedback loop between discomfort about discussing race, defensiveness, and lack of identification of instances when race may be relevant and should be considered.

C. Conclusion

The discourse of mental health corrections-reform occludes the narrative that prisons are racist institutions. This proposition itself on the state of prison reform needs to be shielded from incorporation and co-optation; otherwise, another training may be created to combat racism in prisons. But training is not enough for this, as I am finding that it does not seem to be enough, along with myriad other reforms, to fix prisons’ poor treatment of people with mental illnesses. If the culture of prisons is to change to be non-racist, it will have to close its doors. This is why the racist reality at the heart of prisons cannot be seen. It is, as Michael Taussig writes, a “public secret,” which is “a reconfiguration of repression in which depth becomes surface so as to remain depth” (1999, p. 5). What we may be seeing, however, is a displacement rather than a repression, a public secret that would produce so much shameful anxiety and structural upheaval were it to be brought to the light of consciousness, that its bearers redirect their preoccupation onto a more benign, less threatening, even useful object of attention: mental health reform.
Chapter 3.4: “The Frontline of Mental Healthcare” – Battle for Trauma

“When we walk onto these floors, we walk into a battle zone, and it’s us against them. And we need each other”
“This culture is killing us … one by one”

- CITT guest speaker, Director of Corrections Officer and Veterans Engagement and Recovery program

A. Introduction

In this chapter, I will explore the discursive battle within corrections (and law enforcement peripherally) of whose trauma will be addressed and what events and conditions within this field are allowed to be spoken of and treated as trauma. I am neither concerned here with describing the suffering of one social group against the other in order to judge the weight of each group’s claims to justice (prisoners vs officers), nor with comparing the two group’s claims in order to promote reconciliation by providing a framework of understanding. Following Didier Fassin and Richard Rechtman’s distinctly Foucauldian approach to the anthropology of trauma (2009), I will focus my analysis in this chapter on the emergence of ideas and practices around trauma narratives while sideling inquiry into their truth value.

I begin with an ethnographic observation of the field of American corrections and law enforcement: at the same moment when prisoners’ mental health within prisons is being successfully raised as an issue – and more threateningly (or restoratively), when the detrimental mental health impacts of prisons on prisoners are raised successfully – the question of correction officer suicide and PTSD takes shape as a consistent narrative counterweight, sometimes completely erasing the mental health and trauma of prisoners in various settings and conversations. By drawing on Jeffrey C. Alexander’s social theory of trauma, I will describe the tactics of this cultural work of warring trauma narratives; I will in a genealogical fashion chart
the subjects, groups, and histories constructed and suppressed in this conflict, the material consequences of their sparring, and what strategies there may be underlying their deployments. In *Empire of Trauma* (2009), Diddier Fassin and Richard Rechtman provide historical background concerning the cultural emergence of the “trauma narrative” as the vehicle by which a person or group’s suffering is seen and victimhood is validated. Another touchstone for this conversation is Judith Butler’s (2006) theorization of the uneven distribution of public mourning given across social groupings.

Another introductory point regards the development of a primary through-line of this dissertation, consistent with Foucault’s anti-repressive hypothesis, that the discourse of *corrections-reform* exhaustively recreates or re-forms corrections in its actors’ attempts to negate it. Along these lines, I will show how the calls for “trauma-informed corrections” (and before this, “trauma-informed policing”)

are redirected towards presenting and addressing officer suffering. There is a regular performative or discursive turn away from prisoner (and offender) trauma across many relevant corrections and law enforcement sites of discourse and in the speech and writing of many authors from within these fields. The content of this turn away from prisoner trauma is just as important to examine as are its results, and by “performative turn” I do not mean to imply that its actors are enacting a conscious performance or ruse. Members of the corrections personnel community often express feeling alienated from those who are not employed in corrections, perceiving their work as being misunderstood, disrespected, and

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45 Policing is the public domain of the extended carceral archipelago (Foucault, 1975). The increased level of exposure of non-prisoner citizens to policing practices along with the voting rights disenfranchisement of prisoners and ex-prisoners voting may explain the historical pattern by which reforms first occur in policing that are later adopted in corrections. We can see this in Crisis Intervention Team Trainings as well as in the recent turn to language of “trauma-informed policing” and the term “trauma-informed corrections,” the latter being less popular than its law enforcement counterpart, but making quick gains over the last five years.
unsupported. It is against this backdrop of feeling unsupported in their work by those outside the profession, as well as by administrators within, that so-called “front line staff” are making arguments advocating for their own well-being and struggling with the perception of prisoners being supported above them. This perception of feeling unsupported and disrespected by communities outside of their profession is also popular in law enforcement, even observable in the public discourse (note the reactionary rhetoric of “Blue Lives Matter”). Considered together – corrections and law enforcement professionals – one can see a group identity based on the perception of being culturally marginalized, maligned, and misunderstood, all the while doing difficult and even traumatizing work that no one else in society wants to do. This group identity is significant as a basis for the debate between different trauma narratives. I will analyze this further through observations made at the 2017 CIT International Conference for law enforcement and corrections personnel.

In this chapter, my analysis cycles between interview extracts from CITT trainers and trainees and ethnographic observations. The ethnographic observations are primarily drawn from the 2017 CIT International Conference, but I also include data taken from corrections podcasts and websites in this chapter.

B. A Social Theory of Trauma

Jeffrey Alexander’s social theory of trauma (2012) holds an acknowledgment of material conditions or “forces” as “deeply implicated in social suffering” and sees trauma narratives that are collectively constructed in response to traumatic events as having “significant effects on social organization” (p. 2). Accountable to potential critique from disciplines attuned to personal and interpersonal experience and meaning, Alexander’s emphasis on “material” implications within his theory of the collective construction of trauma is “centered inside a cultural sociology”
that does not push emotion or cultural representation to marginal positions vis-à-vis material and economic primacy. In a useful coinage echoing affect theory’s Deleuzian developments beyond historical materialism and social constructionism, “symbolic-cum-emotional forces” become the analytical matrix in which the movement between emotional currents and collective narrative works which “transform the worlds of morality, materiality, and organization.” What is distinct about Alexander’s social theory of trauma is that it focuses, initially, on the processes by which individual pain and suffering can “become collective,” thereby having the ability to “trigger significant repairs in the civil fabric.”

But what is groundbreaking about Alexander’s theory is its recognition of collective trauma work as constitutive of the group identities, histories, and cultures of the aggrieved along with the notion that around any series of events, multiple narratives of ‘who has suffered’ and ‘what was the trauma’ vie for ascendancy: “Who can command the most effective platform to tell the trauma story? Some stories are repressed by ruthless states, while others are materially sustained” (p. 3). This cultural analysis of trauma narratives and the material stakes in settling conflicts serves as a companion to Michel Foucault’s notion of various discursive games of truth (2010, p. 310) and their concomitant subjects and group classifications competing with one another. For Foucault, the mark within the hegemonic discourse of these subjugated histories is the resistance of discourses or “countermemory” struggling for presence (Foucault, 1984, p. 93). For Alexander, trauma narratives are moments and movements of cultural work with stakes that Foucault calls discursive.

Alexander’s social theory of trauma provides the basis for understanding the way in which trauma narratives of corrections officers and law enforcement have become amplified and expressed with increasing articulateness and depth as the traumas, suffering, and mental health
concerns of prisoners are brought to light in public conversations and take center stage in corrections reform.

C. Analysis

i. The culture changing towards “trauma-informed corrections”

The change in culture throughout American corrections follows a trend occurring throughout many other institutions, that is, I will begin the analysis by referring back to an interview with the former Superintendent and current CIT trainer because throughout our conversations he, more than most I spoke with, was optimistic and explicit about his desires for a “culture change”\[Cf. previous analysis chapter (chapter 3.2, Sick vs. Prick) in which interviews with Bill, the former superintendent, are also highlighted and produce the concept of a “culture change” or “culture shift.”\] In our interview, the former superintendent responded to my question about prisoner trauma by making some progressive points.

In the beginning of the former Superintendent’s response (lines 5-6), he says that the next day of the training (of which we were in the middle) would include a speaker with a focus on trauma. What he did not say is that that the focus of that section of the training was in fact on officer trauma and well-being. I do not want to describe the process through which “trauma-informed
corrections” becomes about officer trauma and well-being at this time as I will address this moment at some length in the following section, including an analysis of my observations of the section of the training the interviewee referenced.

In lines 6 and 7, he clarifies that trauma “plays a huge, huge role in what happened to inmates in their past” and that it “dictates some of their behavior.” He even recognizes the ways in which prisoners’ traumas can be triggered by prisons themselves (lines 9-11); nonetheless, there is some confusion in what exactly he is identifying. Is he merely identifying that prisoners who have experienced trauma in the past are triggered by the “authoritarian environment,” or is including on top of this the understanding that prisons can be traumatizing? It seems that the simpler version is the truth, even though Bill says that “going into an authoritarian environment… in itself can be very traumatic” (lines 10-11). But Bill is claiming that these environmental stressors are the triggers of potential childhood abuse. In this section, my focus is not on prisoner trauma from before their prison stays or during the stays (which of course is a pervasive psychosocial reality of prison); rather, I am interested in how the field of corrections is turning towards viewing itself as needing to be concerned with the trauma of prisoners, to be “trauma-informed.”

The “culture change” is taking place in corrections throughout the country. Though the superintendent spoke of this shift during other places in the interview in terms of adding the “therapeutic process in there,” a dominant leitmotif throughout the world of corrections involves a focus on “trauma-informed corrections.”

I have spent the last two years being a regular listener of the Reimagining Prisons: Making Safer Communities Inside and Out podcast, hosted by Sam Dye. The podcast is created by Prison Fellowship, which describes itself on its podcast webpage as “a Christian non-profit
organization that aims to restore those affected by crime and incarceration by helping men and women in prison achieve holistic life transformation and emerge as productive citizens” (2019a). The progressive Christian social agenda coupled with a capitalist utopian vision to help prisoners “emerge as productive citizens” has strong echoes of the Quaker roots of the nineteenth century penitentiary. The podcast host, Same Dye, interviews “thought leaders in the field of Corrections,” typically State Secretaries of Corrections and sometimes prison wardens, with the purpose of discussing corrections reforms that are underway in their states and throughout the country. These reforms are almost all concerned with replacing or supplementing punitive handling of prisoners with “soft-power” techniques.

In an interview with Heidi Washington (2019b) the Director of the Michigan DOC, she spoke of training staff in motivational interviewing to help make the department "trauma-informed": “We just released our new strategic plan, and one of our goals, one of our broad concept goals is becoming a trauma-informed department.” The Director continues, making the rhetorical move of focus in this chapter, from discussing prisoner trauma to officer trauma: “I would’ve never thought we’d be at a point where we’d be teaching those concepts, because we understand so much more today about the impacts of trauma, not just on the offenders’ lives but on our lives and how we, because of trauma, interact with people… A lot of people will say, ‘oh, she’s gone off the deep end.’” In this snippet, Washington illustrates the prevalent move I am outlining in corrections-reform: she introduces trauma-informed practices to focus on better serving prisoner’s with trauma, she then includes addressing officer trauma as a goal, and then quickly recognizes anticipated difficulties from “a lot of people” who will say she has “gone off the deep end. This is the moment in the game of truth of corrections-reform at which progressive ambitions are scaled back to reflect the fears that officers will feel de-prioritized by even
providing trauma-informed services to prisoners. Reform-minded administrators struggle to pull their departments in the direction of a “culture shift” while officers struggle with a deep sense of lacking support and de-prioritization. We can see this tension in interview extracts with PADOC administrators (trainers) and officers and other staff (trainees).

ii. “They’re more concerned about the inmates”

In the discursive battle I am documenting, which I see as being between the trauma narrative of the prisoner and the trauma narrative of the officers, a major concern of the officers (and other frontline staff like counselors) is whether the administrators are validating the position of the prisoners over that of the staffs’ position.

   a. Extract – Bill – Former PADOC Superintendent, CIT Trainer

1 B: We don’t want the staff to say, “They're more concerned about the inmates than you are about us getting injured.” That is not the case at all. And you saw several components on staff wellness, and working safely. We want staff to understand, that by using CIT, by avoiding cell entries and other forcible methods, it's possibly a safer environment for all of us. For the staff, for the inmate population. Talking. Now specifically we're talking about those inmates with mental illness, but it can also work with inmates in population. You may not have a mental illness but may be in crisis.

In lines 1 and 2, Superintendent Bill characterizes his impression of what ‘staff’ believe about CIT trainings, concerned that staff believe, ”They're more concerned about the inmates than you are about us getting injured. His phrasing is somewhere between assertive and defensive in line 2 when he states, “[t]hat is not the case at all.” The superintendent is rhetorically implying that the antithesis of staffs’ beliefs are true, outlining as evidence for this claim that there are “several components on staff wellness and working safely.” Bill seems to be correct in his awareness that a major hurdle to the advancement of CIT is the impression that “They’re more concerned about the inmates than you are about us getting injured.” Interestingly, he also connects “staff wellness” to staff safety and cites initiatives encouraging “staff wellness” (lines 2-3) directly
following his dismissal of the perception that he cares more about inmates than staff. The order of these statements implies the importance of the strategy of emphasizing staff safety and wellness in breaking down officer’s resistance to becoming agents of the so-called culture change of CIT in corrections.

The very terms within which this issue is phrased imply that there is necessarily something differential happening, in the sense that one group will always apparently be privileged – someone’s injury is more valued/more worrying. No one speaks about inmates and officers being equally valued, just as no one seems to think of the fact that trauma should be equally damaging in both officers and inmates. That wouldn’t work within the structure of the discourse which clearly needs to reserve a special status for the officers. And, given the need to reserve this structure of non-equivalence, as soon as inmate trauma and injury becomes an issue, it is an issue which seems to occur at the expenses of officers (because after all, that discursive move cannot be made, of saying that the risks of trauma/injury to all should be equally weighted). In Parker’s methodological steps he involves a nice idea, which he phrases by way of a question: ‘what cannot be said or thought within the terms of this discourse?’ Injury/trauma to officers and inmates should be equally weighted, equally grieved. The discourse just cannot allow for this equivalence of suffering.

b. Extract – Noah – Counselor at SCI Albion, CIT Trainee

The superintendent is right in his belief that many staff members think administrators are more concerned with inmates than staff. To add to the issue for trainers, some feel that administrators are more concerned with the political pressure being put on them by their superiors and politicians than they are concerned with the rights of inmates. When sentiments of
support and solidarity are given by administrators their authenticity can be questioned by staff., as Noah, a correctional counselor, illustrated in his interview.

In line 1, Noah confirms the anonymity of the interview, which effectively communicates the fear he has of his superiors hearing about his viewpoint. Furthermore, this communicates his belief that these are not positions for a staff member to express if they want to maintain good standing with their superiors and his belief that the superiors do not want to hear these beliefs held by staff. He continues, in lines 4-6 he expresses cynicism concerning the motivations and effectiveness behind common sentiments in CIT trainings such as encouraging staff to work as a team across treatment and custody lines as well as to “take care of one another.” From his perspective, these concerns are merely held “on the front” towards the trainees and staff in other didactic situations, but the primary concerns of those in power over him have to do with “reducing outbursts and incidents” in order to decrease the flack the administrators of the prisons receive from politicians in the capital of Harrisburg, PA (lines 7-8).

c. Discussion

Though Noah expressed fear that his opinions would reach the ears of his superiors – confirming his anonymity before proceeding with the interview – the informant is not staking out
a minority position. Consider the embattled tone of this 2014 article published on the website Lawenforcementtoday.com:

The new normal seems to be that correction officers are no longer given the benefit of the doubt. This has translated into a [sic] unspoken policy in which officers are now reluctant to use force to enforce lawful policy for fear of being the next targets of indictment. The whispers heard amongst the ranks suggest that using force in legitimate instances may be misconstrued. It may be safer to not expose yourself to scrutiny and policies and procedures being continually unenforced increase in lawlessness in the jails.47

iii. “We are the forgotten people”: pivot towards corrections officer trauma

When the conversation concerning mental health, PTSD, and trauma of prisoners occurs, it often shifts its reference to the well-being and traumas of corrections officers. I observed this occurring regularly in online resources devoted to the perspectives of corrections staff, in the broad structure of CIT trainings, in presentations at trainings on trauma, and at conferences devoted to law enforcement or corrections officer relations with the communities they serve.

This re-centering of officer mental health can be seen in an article published on the website Correctionsone.com titled, “5 agency improvements corrections officers want to see in 2019: We asked our members how they would like to see their agencies improve in the coming year” (2018). The website solicited its readership to answer the question implicit in the title of the resulting article, and the number one concern readers had was “better mental health support.” This header is articulated in a way that echoes my interview with Noah:

From riots to understaffing, the challenges corrections officers face don’t stop when their shift does. Mental health struggles follow many officers home from the tier — and they’re often left to deal with the psychological baggage on their own.

For many, the salt in the wound is that administrations seem to make an effort to offer mental health assistance to inmates, but not to those on the other side of the bars. C1 readers named mental health support as one of the most important improvements their agencies could make in the upcoming year.

“We go through all this training to prevent inmate suicides and inmate safety,” Hillary Randall wrote. “That's what the state is worried about. There is no in-depth discussion, let alone training, for officer suicides or safety. If one [inmate] dies, it's bad PR and they're worried about lawsuits. But if an officer dies, they just hire another one. Inmates get treated better than the ones who have sworn to protect the public from said inmates.”

The language used in this article is reminiscent of the CIT trainings I was present for and much of the CITT conference’s focus on officer mental health. The recommendation at the end of this officer’s opinion – to have “in-depth segments in PTSD during new officer training” – is anticipated by the PADOC’s CIT training including a presentation for a new program called COVER (Corrections outreach for veteran employee restoration). This training focused on corrections officer PTSD, highlighting military service as a risk factor for developing this while doing prison work. Rebecca, Director of the COVER program, explained this as a “staff wellness” initiative, which is understandable considering that a large majority of corrections officers are military veterans and thus at risk for PTSD development while being exposed to further critical stress incidents at work.

Rebecca began her presentation by disclosing her own trauma history. She explained that, though her traumas were “not from combat… but even in a good life there’s trauma.” Her coping mechanism she learned in the marine corps was drinking. While she is speaking, everyone is listening closely. She shared a lot of anecdotes of personal hardship surrounding issues that saw her committing criminal offenses for reasons that are certainly understandable given the burden she carried and she openly shared.

“It is God’s grace alone that I am here,” she said after recounting how she was not prosecuted for two major alcohol related criminal offenses. “I should’ve been fired.” She thanks a higher power’s grace for not having had worse consequences occur. When discussing how

48 Pseudonym.
close she has been to ending up in prison because of the mistakes she had made she said: “But for the grace of God go I.” This appeal to a higher power glosses over the structural inequalities present in the backgrounds of herself and many who are in prison. It is likely that her having been white, a veteran, possibly that she was a woman, and a corrections officer affected the differential outcome between her and many of the prisoners she oversees and with whom she compared herself. In corrections officer’s personal narratives of trauma, comparisons of prisoner and officer exposures to privileges (protective factors for not going to prison) and structural inequalities (risk factors) are not included; this allows for a type of relating from officer to prisoner that does not reconcile with the historical traumas suffered by prisoners that produce greater risk for being imprisoned and traumatized as prisoner. In other words, it is a little more than by God’s grace alone that the speaker is still employed in prison and not instead a prisoner within the same location.

Rebecca continued, “We’re in a crisis in corrections. And we’re united in it… at jails, prisons.” This crisis is one of rampant suicides. At first, I noted that this comment contradicts what other speakers have said when they had been quick to emphasize that, despite the public’s and prisoners’ concerns, suicide is same in prisoner population as in outside population (a claim which is, at best, debatable). Then, to my shock, I realized that the speaker was identifying “a crisis in corrections” as being that of officer suicide, not inmate suicide.

To put these remarks in context, this is the first time in the training that trauma is directly addressed. If corrections reform is talking about the mental health of inmates, as is the mandate of CIT trainings being conducted, they are going to talk about mental health of officers. This fits with the narrative that CIT is about improving staff safety as much as it is about improving inmate safety and treatment.
Rebecca continued with her own personal narrative, “Two years after this epiphany, [I had] this come to Jesus moment.” She then detoured to assert that Veterans’ Court is a “lovely program.” Veterans court is a treatment or diversion court like mental health court or drug court. As I discussed in the last chapter, these courts disproportionately favor white offenders in providing treatment services over more punitive services (Marlowe, 2013; National Association of Drug Court Professionals, 2013).

The COVER Director recounted gruesome and potentially traumatizing experiences with a fellow officer. As Rebecca described this horrific scene of another corrections officer she cared about, he was spoken of so softly and kindly, with a view towards his trauma history and expressing that she wished he would be given more chances.

The Director of COVER continued, “When we walk onto these floors, we walk into a battle zone, and it’s us against them. And we need each other.” This is an explicit example of an articulation of the way in which many corrections officers see trauma narratives as a zero-sum game in which they have to stake their claim and go into battle with “them.” Though she seems to be right in having said that “this culture is killing us,” she simultaneously discounts how the culture is killing and imprisoning subpopulations in a disparate manner.

Again, focusing on corrections officer PTSD in this section of the training that I was told the day before would address my questions on prisoner trauma, the speaker deepened her analysis by introducing the term ‘corrections fatigue,’ apparently coined by a group called Desert Waters Correctional Outreach. “We need to make time to take that body armor off. Stop being badasses, cus we are badasses, keeping people incarcerated, keeping Pennsylvania safe! Which we do.” It was as though she was asserting this to an unbelieving imaginary audience that just does not get how hard they work and the sacrifices they make. Then, as if to reinforce the way in
which metaphors of combat introduce, in some cases, and stabilize, in others, divisions between prisoners and officers, she made an impassioned appeal:

“This is us I’m talking about.”
“This is us.”
“You should have a person to be that peer support: like a battle buddy.”
“We are a brotherhood.”

“We don’t hear the good stuff,” she said, meaning when things are good at SCIs. “But we don’t hear the bad stuff either,” referring to how much the COs endure in their work and the extreme toll it takes on their well-being and on their family’s well-being. “We’re all one dead dog away from checking ourselves in.”

The turn towards corrections officer trauma was stark and complete in this part of the training.

We can see in the COVER Director’s section of the training (covered above) numerous rhetorical constructions by which corrections officer trauma is centered in the conversation of PTSD and mental health concerns within prisons. A primary way in which this occurs is seen in the way that metaphors of combat and care are mixed together in discourse and practice. Another trainer, for instance, noted how a CO volunteer in a scenario, who had done over 100 cell extractions, positioned himself in a “modified weaver position”\(^{49}\) while talking to an inmate.\(^{50}\)

Training is being relied upon that concerns how to avoid and implement force. In this example, the “modified weaver” stance in which the CO is standing is identified and praised by the trainer, who turns to the rest of the trainees and mentions how their basic training is still

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\(^{49}\) A modified weaver position or stance is a method for positioning one’s body while shooting a firearm. Without holding a weapon, this stance looks like bracing one’s weight on their dominant foot and leaning forward, preparing oneself equally for defense or offense.

\(^{50}\) October Site Visit, PADOC CIT training, Day 2
relevant in a moment when CIT skills are being used. This is where the discursive resources of combat and care are simultaneously drawn upon to analyze an encounter with an inmate and thus both discursive repertoires are brought together in practice. The construction of this combat-care assemblage takes place in the interaction in which the CO in the scenario slips into the previously trained modified weaver position when tending to a mental health crisis, after which the trainer identifies the maneuver and authoritatively highlights and praises it for the rest of the trainees. It is a recurring tension in the mental health reforms within prisons that corrections officers must be combat ready when providing care services on these so-called “front lines of mental health care.”

iv. Prisoner trauma

A primary question is what are the stakes of recognizing prisoner trauma? Clinical psychologist Steven Gold (2002) writes that the diagnosis of PTSD was “unique” when it first won recognition as a psychiatric diagnosis in the 1980 DSM-III: “This diagnosis was distinctive in that it included among its criteria the explicit statement that etiology was attributable to circumstances extraneous to the person being diagnosed” (p. 5). The anthropologists Didier Fassin and Richard Rechtman (2009) corroborate this insight that the ideological revolution produced by the concept of trauma changed the status of the wounded soldier, the accident survivor and, more broadly, the individual hit by misfortune, from that of suspect (as it had been from the end of the nineteenth century] to that of entirely legitimate victim. (p. 278)

Applying these insights to the criminal justice context, there are significant material and ideological, not to mention moral and institutional, consequences to acknowledging that a prisoner has a history of trauma or PTSD. This diagnosis upsets typical interpretive repertoires deployed so widely by correctional staff in understanding that a prisoner is either “mad or bad,”
“sick or a prick.” The first term is used to negate agency, whereas the second term (bad or prick) evokes a subject with an agency that is as complete as it is malevolent.

When I talk to prison abolition activists about this ethnography, nearly every person has laughed and asked something like: “What about the mental illnesses developed because of the jails and prisons?” This is a critical point, because in their mockery of the serious humanism embodied by the subjects of this zone of confluence between mental health and the law we see an enormous erasure of the mental health of the people who are called “inmates,” “bad dudes,” serious criminals,” “crime.” As the formerly incarcerated activist Andrea James writes in an article compiled by the Marshall Project of feedback on what people believe “prisoners” should be called:

“I have both experiences as a criminal defense attorney and an incarcerated woman. Prior to my incarceration, in the role as a defense attorney, I recognized the immediate devaluing of a person as a human being as soon as they encountered any aspect of the criminal justice system… While in prison, part of the dehumanizing programming is the use of the word inmate. You are referred to as inmate 27402-038, for example, and relegated to an underclass referred to as “the inmates.” It stays with you, creating a public and subconscious persona that is far removed from a person’s true identity. Inmate is a term used to reduce human qualities, separate and disparage.” (2015)

I hear this insight echoed by clients in recovery who are ex-prisoners when asking about my research: “So do you think about the mental health issues caused by the prisons, too?” Ex-prisoners with mental health issues that I have spoken to typically vet clinicians for their understanding of the pain that prison causes prisoners. Many do not have the language of trauma available to them on initial encounters with therapists who are sensitive to prison caused or exacerbated PTSD, just as was true of veterans returning from World War 1 were not expecting to have their stories of “shellshock” identified and listened to by clinicians. It is imperative that clients who are ex-prisoners see clinician’s understanding of the mental health impacts jails and prisons often have on prisoners.
v. “There will be very few pats on the back”: CIT as the moral edge of a culturally marginalized and maligned community

It may seem at first that these external criticisms are not getting to the COs, that they are immune to them, as might be mistakenly inferred from bravado or the strident boom in corrections officer apparel merchandise that spurns the externally critical sensibilities of the outside critics. But what do these shirts say louder if not, “You don’t understand!” The anger implicit in many of these messages belies a deeper truth that the need for understanding is not being met and without that many aspects of the dialogue that outside critics and prisoners as well wish for corrections personnel to understand are going to be met with a parallel lack of understanding and listening.

Arlie Russel-Hochschild writes about an empathy wall that needs to be crossed by liberals, democrats, or progressives in order to understand what she calls the “deep story” of white conservatives in the rural American South. When one passes the empathy wall and attempts to understand a deep story underneath otherwise politically abstract and polarizing positions, Russel-Hochschild argues, one attempts to focus on “the hopes, fears, pride, shame, resentment, and anxiety in the lives” of participants (2016, p. 135). To represent a deep story is a sociological qualitative method that requires a different type of ethnographic study than I have conducted, but I do begin my analysis in this chapter with the affects circulating within the professional and scholarly field of corrections.

Affect is not just an individual emotion; but rather, like discursive psychology’s emphasis on what language does socially, affect is best understood by considering its verb form: to affect. Affect is also emotion, but speaking of affect instead of emotion emphasizes the social and
political circulation of emotions between different subjects and even between different media. Just like texts, we can conduct an analysis similar to discourse analysis on affect; indeed, affect also lives in text. The reader will see this fact as I begin to focus my analysis on various speaker’s relating their “enjoyment” or “satisfaction”\textsuperscript{51} in working on a treatment focused housing unit vs. disciplinary units or on otherwise non-treatment blocks; this is seen in the way in which upper-level personnel speak of building morale and in the speeches given in which they acknowledge feelings of being disheartened and unappreciated (“There will be no pats on the back”\textsuperscript{52} and “It takes heart and real courage to do this work”).\textsuperscript{53}

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Within the law enforcement and corrections community there exists a collective affect upon which a group identity is built. It perceives itself as a resolute community having courage enough to be on the frontlines of mental health care because no one else can do it, and all of this with “very few pats on the back,” as a keynote speaker at the 2017 CITI conference said to his audience. Then uneasily within this community that already feels culturally marginalized while doing the hard work are the corrections officers, who are treated with much less respect by law enforcement officers and it seems by their institutions and their communities. It is upon the basis of this group identity that the trauma narrative of corrections officers is built, and so I will explore it in this final section.

Becca and Cindy, both from a small town in Georgia, spoke about their jail’s CIT program that was just in the beginning stages of being implemented. That was why they were both at the CIT International conference in 2017 in sunny Fort Lauderdale, Florida, to get tips on

\textsuperscript{51} CO1 at POC
\textsuperscript{52} COVER trauma lecture
\textsuperscript{53} Cedric Alexander AT CITI
how to implement their program. More importantly, they were “voluntold” by their superiors to come to CITI and to develop a CIT training at their jail. They made sure to note their frustration with not getting paid any extra for developing the training, though they admitted the travel was nice. Cindy joked with me, saying, "You know, my mom came from a time in the 70s where they had a totally different way of handling this. They'd take ‘em out to the woodshed." She then looked at me like I should know what she means, which I did. She seemed to not want to say that they would beat the prisoners, as there are public secrets maintained in this discourse as well. She offered her opinion saying that “some people” just need to know there are consequences.

When discussing the changes to corrections over the last ten years, Rhonda said it was “all Obama.” Throughout President Obama’s presidency, she saw that “respect went down for police and guards,” and “now they have to take anyone” at their jail who wants to work there and it has reduced the quality of staff.

Jack used to be deputy superintendent in an SCI on the New Jersey Pennsylvania border. He successfully rose in the corrections ranks through the 70s, 80s, and 90s, eventually gaining the position of Major, which carries the highest amount of responsibility at an SCI after the superintendent and deputy. This man recounted how, in the early 70s, he found a first job out of the military at a steel mill near his hometown. He had expected this would be steady, life-long work because his father had had a long career at a steel mill. Instead, he lost this job after two months, laid off along with tens of thousands of others due to the steel and oil crises of that decade. Speaking with the unemployment office, they asked him if he had any past experience, to which he responded, “I know how to kill and mill.” This was in reference to his training as a soldier and a steel mill worker. The unemployment worker stopped him, called over her supervisor, and asked him to repeat what he had just said. He did, and the supervisor informed
him that he may have something for him. He then completed an exam that apparently distinguished between his fit for either being a corrections officer or a state trooper.

In the CITI’s choice of Hawaii and then Fort Lauderdale as the sites of their conferences, there is counterpoint to the martial and punitive metaphors of corrections which intermix with revelry and mutual self-recognition amongst peers of the same embattled community.

At the networking event held poolside, some attendees were swimming in a pool in the middle of the party. There was a Caribbean style band playing Hotel California" comprised of three black men. They had a marimba and impeccable harmonies. The event was large enough that the music was amplified quite a bit and yet it still did not crowd out conversation of the over 200 attendees. There were multiple bars serving the seemingly large amount of alcohol being drunk. It was mostly a middle-aged and white group of people. Most of the hotel serving employees were Black or Latinx. It was a party atmosphere, the promise fulfilled by the organizers of the let-loose vibe that Fort Lauderdale can offer. One man wore a shirt which read on its back, “The liver is evil and must be punished.” This genre of apparel was prevalent throughout my visits to the CIT trainings, but what is interesting about his choice of shirt is its illustrative juxtaposition of punishment with revelry.

A prime example of the formulation of the group identity of corrections and law enforcement came in the form of the keynote speaker at the CITI conference. The Mayor of Rochester, Cedric Alexander, himself having a law enforcement background, spoke to a dimly lit ballroom with hundreds of people sitting at round tablets. There was not enough seating at the myriad round tables, so people found seating and stood along the lengthy back wall after secreting through the door in the middle of the talk.
Alexander began by noting some public mental health crises involving law enforcement and then asserting, “How important this work is and you getting this training is.” Echoing the military metaphor so often deployed by law enforcement and corrections personnel in discussing their work with people who suffer from mental health conditions, the speaker declared how those getting CIT training “become the frontline in mental health care.” Indeed, “We are overwhelmed by” mental health crises. Again, this echoes the consequences of relying on martial metaphors in these conversations, viz., the dangerous slippage between the object of the war being to fight mental illness versus fighting those who have mental health diagnoses.

In a common turn, the speaker moved from discussing the mental health crises of those in the communities in which the officers are employed, to discussing the officers’ mental health directly. Accepting work is “real courage” and it “takes heart,” he stated. From here, the speaker implored the officers to “take care of ourselves” because of “all we take on.” The crowd provided loud applause at this moment, which is unsurprising given the popular officer sentiment of a lack of support.

D. Conclusion

This chapter sought to articulate the way in which conversations around prisoner mental health are regularly redirected towards a) discussion of officer trauma and b) metaphors of being in combat with an enemy. I have argued that this discursive shifting demonstrates a major challenge for any serious correctional reform: the ability for officers and administration alike to see prisoners as more than enemies. However, a shift of this sort will take much more than trainings focusing on “humanization” of prisoners. It will likely take a thoroughgoing analysis of the reliance on a combat and war paradigm within corrections that is diffuse within corrections.
so as to inform hiring practices, cultural norms of relating to one another, and the moral reasoning used in everyday encounters with prisoners with and without mental health diagnoses.

The question which occurred to me during trauma-informed and soft presentations of corrections officer suffering at the trainings was this: what if the prisoners mimicked in the roleplays at the CIT trainings spoken of this way? What if the prisoners were spoken of not as a potential “idiot” or “asshole” or any of the other slurs that foreground how frustrating their behavior within the prison is for the CO’s instead of the trauma that the prisoners have experienced or the prisoner’s suffering in their confinement. This is the language that would be necessary to shift the culture of the prisons around compassion for inmates with SMI, and even for inmates without mental health conditions. The question is not whether the intentions of the trainers or of other agents of the mental health reforms within corrections are genuine; rather, it is a question of whether the larger discourse of corrections can facilitate a culture shift that considers prisoner trauma at least as worthy as that of the trauma of the officers.
Chapter 4: Conclusion

A major question I will finish this study with is whether police and corrections officers should be the ones responding to the traumas of our society? I ask this question following my encounters with senior administrators in the DOC, insightfully aware of the relatively recent deinstitutionalization movement's profound but often ignored implications for any major archipelago of institutions, such as that of the state prison system throughout the US. These administrators, having begun their careers in the middle of the closing of the asylums in the 70s and into the 80s, present as being deeply influenced by this early experience in their administrative reflections as well as in what they share with new initiates to the organization of the DOC or to younger colleagues.

In my fieldwork, administrators often anxiously argued that the PADOC is the best place to handle the service needs of the mentally ill inmates. They are not just concerned with the fact that many inmates came to prison due ultimately to the closing of state hospitals, but they are also aware that this means that if they do not learn from the lessons that closed these hospitals, they may be next.

In fact, one way to read the current state of reform is through the lens of subsets of workers vying for supremacy (vying for stability for their profession and themselves). In this process, the discursive consequences are of high importance for the viability of individual workers with various skillsets, professional organizations, entire economic ecosystems (towns or regions reliant on carceral industry, the nation reliant on surplus labor force being imprisoned).

The question of which inmates are mentally ill is a question of how many inmates are mentally ill, which in turn is a question of resource allocation to various services and, potentially, away from others. There are many tactics the various actors can take in this discursive battle,
which is what it is, and the different tactical positions imply different strategies and resource allocation. The goal of most actors under capitalism is to continue to procure capital, which means to continue to be an actor which produces value, which itself is determined discursively. Corrections officers and administrators aligned with the professional organization of COs (which is most administrators) may take several tactical positions in regard to the matter above, at first creating a starting position and then responding to new arguments (discursively tactical positions from another interest). The original position has been to underestimate the number of inmates with mental illnesses. This reinforced the 'hard power' strategy of violent intervention that prevailed, more or less unchallenged, at least since the mass incarceration boom beginning in the late 60s and peaking in the 80s and 90s. This 'hard power' strategy is that which requires the least input from other disciplines such as psychology or social work, and it ensured the continuation of the professional positions (subjects) of those who had the skillset, temperament, and experience that was best-suited to implementing this disciplinary/correctional strategy.

In the 2000s, pressures dictated that DOCs take inmate mental illness more seriously, which, in turn, posed an existential threat to some correctional positions (as well as a non-immanent threat to the institution of prison itself). This is the moment in the history of American prisons that we witness today, and it is the moment in which prisoners are being spoken of in novel formulations, borrowed from mental health, such as “consumer” and even “prisoner.”

Prison research has an opportunity to diagnose the contemporary prison, the one that is only beginning to come into being. I support the abolition of the current American prison system, and this taking place alongside bold experimentation into what accountability and community could look like outside of the throw away culture we have come to accept as inevitable. However, currently, the punitive culture of prisons is undergoing a reform-ation, a reenergizing.
As some keen observers mark a shift from hard power to soft power (Crewe, 2011a, 2011b). Prisons are being rebranded and partially restructured as both punitive and therapeutic.

I take seriously Judah Schept’s warning that “[t]he ways in which we assume, write, and lecture about carceral and police power play an important role in carrying the regime forward, reproducing—reforming—its logics, training the next generation of its players and, in the process, further calcifying its legitimacy” (2015). When doing prison research, it is much more likely than not that one’s work will be incorporated into carceral power/knowledge in a way that perpetuates it. Criticisms of the treatment within prisons of people who are intellectually disabled or experience severe mental illness have led to sweeping reforms. To some extent, these have improved the survivability of many prisoners, but these reforms have also brought in numerous new hires and programs, energizing the agency during the same five years when the Pennsylvania prisoner population has seen its first decrease in over 30 years and 3 prisons were announced to be closing (PADOC, 2000, 2018). To his room of trainees, the former superintendent, in the same breath, provided both the lamentable “New Asylum” narrative in which the psychiatrically disabled of our culture often end in jail and prison after nearly all state hospitals closed in the 70s and then said that there is no one better for the job of taking care of them than the department of corrections.

Many proponents of corrections-reform practice a blinkered thinking which is ahistorical past the 60s and selective about history from that point on, proposing the “New Asylum” narrative of prisons and jails. It allows them to say that the kinds of tactics we used before were the right ones, but we need to change with the times. Economically and for the continued progression of the institutions in the corrections industry, it makes sense that they would ignore the brutality of their history, or rather, not ignore, but explain it away as a prehistory that does
not relate to them. COs often describe feeling out of control of policy at their job and like the inmates are being treated better than they are. Like their skills no longer fit the culture that is being shoehorned onto the institutions they work for; like they cannot believe what they are being asked to do with the prisoners; like they woke up one day and were doing a job they no longer were the best at or had authority over. “The days of hats and bats,” as one CIT trainer said to the trainees, “are over.”

This is not to erase the care that also genuinely occurs in corrections personnel. This genuine care, this moral outrage, often expressed much more by “psych” than “custody,” that comes as a calling to witness the humanity of and thus feel ashamed at the suffering of “the mentally ill” within prisons, has been a primary driver of prison reform and its continuation as the dominant mode of managing the social, economic, political problems of our country. The mass spreading of this moral outrage, and its capture in professional disciplines that jockey for authority over the ensuing policy changes and institutional corrections, may even be studied historically as a potential index for carceral expansion. The robustness in the US of clinical psychology and other social science disciplines may be considered a large factor in the infamous size of our prisons and prison populations, as they drive the on-the-face-of-it progressive reforms necessary to their continuation.

The influence of psychologists, especially reform-minded psychologists, on the functioning of prisons is vast, as is our direct participation in the operations of the institutions. Brierie and Mann (2017) have written a useful history of the entanglement of psychology with prison management and expansion. As an example, they write that “G Stanley Hall, the first president of the APA, was also a commissioned member of the World Prison Congress, a body of scholars and practitioners with enormous reach and consequence at the time.” They also point
out that the APA’s formation 125 years ago was done by “a small group of scholars” who
“almost certainly had prisons on their minds” (p. 478). Continuing, they write:

It is also important to note that this was not a one-sided exchange between the institutions
of prison and psychology. Early psychologists were influenced, and some deeply
influenced, by experience with reformatories, prisons, and asylums. Many psychologists
entered prisons in order to apply their craft and pursue their particular science following
the formation of the APA. Many of these everyday psychologists entered prisons at the
turn of the 19th century “looking to gain professional status,” and, in doing so,
“psychologists’ identity as clinicians and counselor gave them professional authority”
(Charleroy, 2013, p. 144). (Brieirie and Mann, 2017)

Psychologists, being on the vanguard of turn of the century progressivism, sought out
positions in prisons for reasons like those of early career psychologists today who seek to
support and shape the new mental health reforms and programs currently underway. In response
to the 1970s calls for prison reforms, which were quite reminiscent of today’s calls for more
“therapeutic” and “trauma-informed” prisons, Foucault argued, “Criminal psychiatry and
psychology risk becoming the ultimate alibi behind which the prevailing system will hide in
order to remain unchanged. They could not possibly suggest a serious alternative to the prison
system for the simple reason that they owe their origins to it” (1975). The alternative to
integrating into the carceral system as its reformist “alibi,” abolitionist critical psychology can
respond to this legacy of psychology in prisons as other forms of critical psychology respond to
the history of psychology in other domains of society. Abolitionist critical psychology is
countersurveillance because it seeks to un-veil or re-veal the operations of power/knowledge
prison officers and administrators, so influenced by psychological science and practice.

The discourse of corrections-reform has as one of its primary consequences the
reification of the category of “the criminal.” What comes from all the prisoner, family, and
activist resistance to the operations and even existence of prisons; from the innumerable work
hours put into critical scholarship and journalism; from the hundreds, even thousands of lawsuits
and investigations by prisoner rights lawyers and government watchdog organizations? What comes from these efforts appears to be another generation of prison reform in which the reification of “the criminal” as the cultural sacrifice occurs. The discourse of corrections-reform, as seen in the CIT training program at the PADOC, recreates the sacrifice of the criminal to the categories of “bad” and “criminal.” In fact, this judgment is such an integral part of the culture of corrections that it is the discursive password, the pedagogical go-to, for any trainer seeking to bridge the professional gap between the trainer and the trainee. Staff-line employees are reassured that the culture change, in which they are being recruited as agents, does not include the detestable prospect of being an “inmate lover”: no “hug a thug” here. And as Michelle Alexander explains, the institutional racism of the historically unprecedented and unmatched carceral expansion has occurred and continues occurring not through explicit, conscious racism of its professional actors, but instead through the colorblindness that hides the institutional realities of the unequal distribution of benefits to white people and punishment and neglect to Black people and people of color. The sacrifice of corrections-reform is the criminal, but there is an even further betrayal of Black people, who carry the burden of the dis-curse of the “criminal,” “the prick,” “the thug.”
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