

## PSYCHOLOGICAL EXPERTISE, RISK MANAGEMENT AND POWER RELATIONS IN CANADIAN PRISONS

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**T**he Canadian federal prison configuration is somewhat remarkable; like Scandinavian prisons in the 1970s and 80s, it sometimes serves as a “model” for reformers of other national correctional systems. In France for instance, where controversy is raging over the need both to “deal more adequately” with recidivism and to reform correctional facilities, the extreme deterioration of which is repeatedly denounced, one often hears explicit or implicit references to the practices and methods used in Canadian prisons, as applied both to conditions of detention and inmates’ rights and to new (re) habilitation schemes.

The present issue of *Penal Issues* does not aim to describe the Canadian correctional system as a whole, with the development of inmates’ rights over nearly thirty years, the significant opening-up of prisons to all sorts of actors in the legal, administrative, political and citizens group fields, the promotion and strengthening of what is known as “active” security *via* the involvement of guards in a detention model based on communication and personalized relationships or again, the diversification of adjustment measures and the ambiguities of the means of obtaining them. We prefer to focus here on one peculiar aspect of the system: psychological expertise and its concrete impact on detention.

The point here is not to observe this expertise from the viewpoint of an evaluator attempting to assess the efficacy of programs, using increasingly refined statistical tools to measure the rates of recidivism and of returns to prison. Rather, we take a sociologist’s view of social relations in detention. This focus on these institutional aspects, and our peculiar viewpoint, are by no means fortuitous: they correspond to a specific gap in French public debate. Indeed, when French reformers suggest that we “*set up an interdisciplinary methodology combining psychiatric, medico-psychological and behavioral expertise of sentenced individuals so as to detect their risk of recidivism and social dangerousness, as is done in Canada*”<sup>1</sup>, this invocation and the projected introduction of the imported scheme are divested of most of the critical reflections that these schemes have attracted. More traditionally, this desire to import a solution is carried out without any attempt to understand how such programs shape prisoners’ personal experience of detention. Our conviction that there can be no analysis or understanding of how prisons function without that “underdog perspective” has led us to weight the other side of the balance so as to achieve a degree of equilibrium, essential to public debate.

The methodology used in this study is mostly based on observation *in situ* and lengthy interviews conducted in three medium-security federal prisons in the province of Quebec. Fifty-six qualitative interviews were conducted among inmates, including 33 among the “regular prisoners”. The other 23 had some special status at the time we interviewed them, occupying a strategic position in the detention scheme (as inmate canteen operator, in charge of the sports department or block representative for instance) and/or acting as representative in an “inmates committee”. As an institutionalized leadership chosen to act as go-betweens between prisoners and the administration, inmates committees represent different groups of inmates (the “life sentences”, groups representing various cultural minorities, etc.), while an “ordinary prisoners” committee represents all inmates indiscriminately. Although each prison has its own internal instructions as to how inmates committees are to function, they have a great deal in common. Each group elects its representatives; the administration then checks the representative’s credentials with respect to the prison’s security policy before validating the choice. The inmates committee representatives set up various activities and approach the administration on behalf of the interests of group members.

### 1. “Risks”, “needs” and sentence-serving

In order to rationalize the various decisions concerning prison populations, and especially those pertaining to paroling, a formal, structured process combining evaluation of risk-of-recidivism factors and correctional planning was set up in the early 1980s. This system is based on a mixture of actuarial (statistical) management of risks and a clinical approach, structured around the identification of the dynamics of prisoners’ “needs” and of “criminogenic factors”.

The concept of “risk” is used as a tool both for the kind of control exerted on inmates via the establishment of a variety of prison facilities with different security levels (special detention units, maximum, medium and low security prisons) and for the production of psycho-social knowledge about prisoners. In short, the paramilitary, defensive warfare set-up in each facility is further intensified by an overall security *continuum*, supported by the production of individualized knowledge aimed at ensuring a fluid, well-controlled circulation of inmates from one type of facility to another depending on the degree of coercion judged necessary for each prisoner, according to the “risks” he is believed to represent.

<sup>1</sup> *Rapport d’information sur le traitement de la récidive des infractions pénales*, Assemblée nationale, 2004, proposition 14, “évaluer la dangerosité des détenus et les risques de récidive au cours de la détention”.

**Table 1 : Administrative tools for the evaluation and prediction of risks**

Statistical Information Scale on Recidivism SIR-R1	<ol style="list-style-type: none"> <li>1. current offence</li> <li>2. age at admission</li> <li>3. previous incarceration</li> <li>4. previous revocation or forfeiture of parole</li> <li>5. act of escape</li> <li>6. security classification</li> <li>7. age at first adult conviction</li> <li>8. previous convictions for assault</li> <li>9. marital status at most recent admission</li> <li>10. interval at risk since last offence</li> <li>11. number of dependents at most recent admission</li> <li>12. current total aggregate sentence</li> <li>13. previous convictions for sex offence</li> <li>14. previous convictions for break and enter</li> <li>15. employment status at arrest</li> </ol>
Custody rating scale	<ol style="list-style-type: none"> <li>1. <i>institutional adjustment</i> <ul style="list-style-type: none"> <li>- history of involvement in institutional incidents</li> <li>- age time of sentencing</li> <li>- length of current sentence</li> <li>- street stability</li> </ul> </li> <li>2. <i>escape risk</i> <ul style="list-style-type: none"> <li>- escape history</li> <li>- most serious outstanding charge</li> <li>- previous periods on parole or statutory release</li> </ul> </li> <li>3. <i>risk for public safety</i> <ul style="list-style-type: none"> <li>- street stability</li> <li>- alcohol or drug use</li> <li>- age at time of admission</li> <li>- number of previous convictions</li> <li>- severity of current offence</li> <li>- stability prior to current incarceration</li> <li>- previous periods on parole or statutory release</li> </ul> </li> </ol>

At the same time, the “criminogenic problems” viewed as the cause of offending are construed and defined as individual “needs”. Action on “needs” and criminogenic factors is rooted in a process of increasing awareness of responsibility which is not (or no longer) primarily grounded in the idea of causality or wrongdoing, but rather in a “motivational” pole, with individual psychological values such as the inmate’s “personal initiative”, “involvement”, “responsible personal behavior” in the forefront. These categories are constructed, inasmuch as possible, so as to organize a plan for the intervention of prison agents in charge of release on parole.

**Table 2 : Needs rating guidelines**

Needs considered	Possible rating
Employment	factor as an asset to community
Family/marital relations	adjustment
associates/social interactions	no immediate need for improvement
substance abuse	some need for improvement
community functioning	considerable need for improvement
Personal/emotional orientation	
Overall attitude	ment

The aim of the needs-focused intervention is to reduce the risks that the person is believed to represent for the community. All decisions as to choice of the prison facility and the possibility of early release are taken on this basis. They give inmates the hope of being released after serving one third of their sentence, or of being confined in a relatively less coercive environment (transfer from a maximum security facility to a medium security one, or from a medium security facility to a minimum security one...). Participation in treatment programs

is thus, in actual fact, reintegrated into the system of privileges characterizing the functioning of every prison organization: the sociological point here is to comprehend the concrete impact of this “reintegration” on the economy of interpersonal relations in detention.

The decisions made in this context are dominated, by and large, by the actuarial risk-management model. For example, a factor such as place of detention, and together with it, the security rating assigned to the inmate, are decisive in determining whether he gets released on parole<sup>2</sup>. Similarly, the inmate’s note on the statistical information scale on recidivism is the best predictor of whether he will be given early release – or not. Correctional statistics show that over 45% of federal inmates who requested total parole in 2003-2004 were granted it<sup>3</sup>. In this context, many evaluative and predictive statistical tools are used to further the “best risk management” possible, as well as to ensure protection of the community through the rehabilitation of “good” inmates” at the “right” time, under “good” conditions.

Far from the portrayal of a subject passively encountering a behavior-regulating project in which the actor is supposed to galvanize all of his personal resources to transform himself by conforming to the programs prescribed for him, the analysis of our interviews shows three main forms of reaction to the role the subject is supposed to play:

1. enrollment
2. tactical conformism
3. rejection

We must point out that the attitudes described here are ideal-types, and that attitudes may vary in the course of detention, thus highlighting a possible subjective ambivalence in an individual’s prison experiences. This rough-hewn, inevitably oversimplified description does nonetheless give some idea of how incitement to participate in treatment programs links up with other ways of orienting behavior in confinement.

## 2. Enrollment, tactical conformism, refusal

### *Enrollment*

*Enrollment*, a rare occurrence, means that the inmate invests himself completely in the program he attends: in other words, he dons the role expected of him. He judges the program useful and relevant, capable of helping him to “get out of his situation”. This means he accepts the idea that he has “problems” and identifies with the “needs” with which the program is supposed to cope.

*“I’ve gone a way along in my life. I went back to my childhood. I did some programs, and there, I freed myself. After that, I was able to look around, beyond my own little world”* (president of a committee).

*“I myself am fine. Because I walk the straight line and I do it myself, for myself. I’m not going to school for the guards’ sake, or because I have to. I’m doing it for myself. At the same time I’m doing something I like and at the same time I’m doing something the guards like”* (an ordinary prisoner).

### *Tactical conformism*

In *tactical conformism* the therapeutic relationships are described as “play-acting”. The idea is to “show you are motivated”, to adopt the specialist’s language, to say and do what is expected of you. The inmate is aware of the pressure on him, plays the game and his role in it, but maintains a significant distance. The idea is above all to give himself the means to “negotiate” a

<sup>2</sup> Vacheret, Cousineau, 2003.

<sup>3</sup> Note that this percentage only applies to *those who requested* parole, not for the entire eligible population.

possible release by showing good will, which should be beneficial during his prison stay.

*"You yourself, you have to make sure he feels he's doing a safety thing, in his relations. It's give and take – that's life."* (an ordinary prisoner).

*"The whole thing, when you arrive at a prison, it's as if you're entering a play, in a theater. Everyone is playing a role, then at the end, nothing happens... If you don't go to see the psychologist they'll lower your wages, so you go, you go 'cause you don't have any choice. That's what the programs are about. Yeah, he's forced... You got no interest in going there, you got no interest in going there, no matter what the program is. It's to get out sooner. It's to give a good image of you: "psychological follow-up", "psychosocial abilities", "a violence-free life"... that's good, you get good credentials, they'll let you out... But you don't have any choice about going there, you've got a gun behind your head !!! You see?! He didn't solve his problem" (vice-president of a committee).*

Although this tactic of resistance is structured by the specific constraints of the institution, it is often referred to the inmates' supposed psychological make-up: *"They instrumentalize everything, they only attend programs to get out faster"*, we were occasionally told by the guards during our observations. This kind of counter-action, produced by a complex system of power relations, may then be interpreted by members of the correctional services as symptomatic of how acutely criminalized these inmates are... The efforts made by specialists to determine the profile of refractory individuals and to develop counter-strategies aimed at *"increasing individual incentive with respect to programs"* is, similarly, an individualization of the motivations, actually more subtle, involved in this pseudo-conformism.

#### Refusal

Lastly, in *refusals*, the inmate chooses to ignore the programs offered. Because he feels that his commitment – or non-commitment – will have very little impact on the actual course of his sentence, and is often convinced that no matter what he does he will not leave the prison before the assigned date for his release, he refuses to participate, thus asserting his refusal *"to fit into the mold"*, and *"to have anything to do with the system"*. Coercion and incitement strategies have less hold on these inmates, enabling them to refuse to participate in what they view as a farce.

*"I have time to serve. I'm going to do it. If they don't let me out, they don't let me out. I'm due for statutory release in May 2005. I'm serving my time, taking it easy, and when it's done they'll throw me out. That's that... It's not the treatment house that's going to cure me... When I decide I really want to make good, I'll make good. I don't need them. I don't need them to give me sermons"* (an regular prisoner).

Whereas most of the criticisms expressed by inmates seem to be of the same sort, structured around the idea of *arbitrariness, uncertainty and unpredictability*, they are nonetheless elaborated on in varying ways depending on individual situations. The most frequent criticisms are:

- the system is based on blackmailing inmates rather than on being in touch with them:

*It's "do this program or you won't get out". "Why are you doing the program?" "I don't have any choice, if I don't do it they won't let me out... That's the way they force inmates to do it. That's what's no good." "You should do those programs, you don't have any choice. I'm putting them on your confinement plan." "If it isn't on your confinement plan, well, you can't go to the private family visits. "You can't do this, can't do that... You know, threats" (block representative).*

- Some inmates claim that they have real problems, but that the programs would not help them to deal with them:

*"There are programs of all sorts here. Kinds I never got to take. When I arrived here at the beginning of my sentence I wanted to see a psychologist. They asked me, "why do you want to see a psychologist? You don't have any money problems, you don't do drugs, you don't aggress women, you're not a violent sort. Why do you want to see a psychologist?" But I want to see a psychologist precisely because I want to understand, I just bungled stealing a quarter-million dollars when I'm capable of working, I've got education, I have a nice family, I don't have any trouble with women, and I don't do drugs. Why me? Why did I do that? That's what I want to find out. When I was seen by a psychologist, he saw me for ten minutes, and he said "no, I don't see what need you have to see a psychologist". He doesn't see the need, but I just took five years. Whereas they're gonna push guys to go see a psychologist who don't wanna go there. That's where I don't understand how the system goes" (inmate canteen operator).*

- Others claim to be integrated in programs without identifying with the "need" defined by the evaluation and the "road map" set up by the program representative.

- Still others denounce the fact that the prison staff does not view participation in the program as a guarantee for the future, but rather as an indicator of "good behavior" in detention, characterizing an inmate who "serves his time" without disturbing the prison order.

- Others again criticize the fluctuations of evaluations over time, depending on the officer in charge and the way that officer views the inmate. From one month to the next, a problem of violence may crop up or disappear if a change of job or some other transfer puts a new staff member in charge of them. This destroys any prospect of rationally planned treatment.

- Lastly, when a given program includes psychological monitoring, the lack of confidentiality in relations with psychologists is sharply criticized:

*"They put a lot of pressure on me to go see a psychologist because that was part of my program, but I don't need a psychologist. If I need one, I'll go there myself. Ya have to go there on your own. Another thing, before you really talk to a psychologist, that can take maybe a year, or 2, 3 or 4 years before you open up... With prison psychologists, ya hear talk about so many traffic... 'Oh, he a was god-damn son of a bitch, he wrote a disgusting report on me'. That's all you hear. You see them psychologists in the office, giving notes... the officers, they're out to lunch. It's a whole clique... It seems to me, a psychologist is supposed to be confidential. When he writes his papers, all that paperwork or a report, he could sum it up to give an idea of why you did it, why you're in, what brought you there. You understand? He can say all that without giving away any secrets !!! There ain't any confidentiality, they tell everything, they've got computers, they take a jab at them and they can get into all those records..." (vice-president of a "life-sentence committee")*

#### Conclusion

The ambiguous relations between incitement to participate in treatment programs, the system of privileges and sentence-serving become clearer here. Much has been written by sociologists of prison life on the "give-and-take" system reigning in correctional facilities in various countries, whereby both sides: collective privileges (authorization of a sports or cultural event, for instance), individual privileges for "ordinary" inmates or special privileges for leaders, granted to ensure their continued participation in prison order-maintenance. Now, our interviews show the subtle mechanisms through which participation in programs itself is reintroduced in this give-

and-take arrangement in the Canadian situation. Actually, this system of privileges, familiarly known as the “*système bonbon*”, the “goody system”, in Quebec’s prisons, should be seen as a *continuum* of instrumentalized exchanges encompassing traditional privileges as well as various other forms of “rewards” connected with sentence serving. This intertwining of relatively distinct phenomena within this sort of system of constraints places the probation officer in a very powerful position and puts therapeutic activity and action on “needs” in close conjunction with the prison’s security and discipline-regulating mechanisms. This at least partially refreshes the problematic, ambiguous and uncertain link between *security* and *rehabilitation*, which characterizes the official double vocation of many contemporary prison systems.

For the fact is that in this framework, it is paradoxically in the name of the values of autonomy and relative freedom that inmates are asked to take an active part in the production of the prison order. The “autonomy” praised by specialists, on which involvement in the program is predicated, is therefore restricted autonomy of a very specific sort. The role the inmate is supposed to adopt is still one of conforming to the institution’s security requirements, just as in the more traditional prison organizational pattern. But here, he is henceforth expected to play that role for the sake of his own personal motivation to take the therapeutic programs and of his desire for self-betterment. The fact that the role persists, and at the same time, the massive addition of the subjective dimension, constitute what D. Martuccelli accurately described in a broader theoretical framework as “a role of prearranged prescribed creativity”.

This continuum enables us to understand how the relative autonomy of inmates has really been considerably reinforced, in the course of the historical trend of repatterning power relations in Canadian prisons over the last thirty years, but also, how the institution has acquired effective means of orienting inmates’ behavior and rational choices to conform to its security goals. In short, the risk-need link and the hybrid (clinical/actuarial) approach on which it is based simultaneously form the crux of the Canadian neo-rehabitational model and at the same time structure and consolidate the security scheme, all of which is achieved, nonetheless, in what is often described as a “detotalized” context. In return, analysis of behavior adopted in reaction to this specific form of regulation reflects the actors’ irrepressible capacity for action, and therefore their ability

to elude the framework of this “restricted autonomy” and these new forms of constraint.

More generally, precisely because they are a part of the institution’s security scheme, these programs (and in fact the psychological follow-up of which they may be a part) are inhabited by sweeping distrust, immensely increased by the absence of confidentiality, clearly the sine qua non condition for any truly therapeutic relationship. Although the Canadian arrangement is unique, it forcefully reminds us of French prison reform projects. This arrangement shows the relevance of the ethical position taken by those prison physicians and psychiatrists who try to resist, within a more wide-sweeping trend toward the psychiatrization and the psychologization of the judiciary sphere, by refusing to have their therapeutic role transformed into that of expert on dangerousness and risk of recidivism. Is the goal of psychiatric workers in prison to alleviate the suffering of patients referred to them, and to improve their ability to bear and cope with their problems, or is it to make the disciplinary mechanisms function, and to strengthen the institution’s security stance? If these questions are ignored and the importing of “efficient methods” unconditionally recommended, any projected reform will be reduced to a purely functional plan, disconnected from any ethical questioning of the constraints specific to confinement and the violence of power relations in prison.

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#### Further reading

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