

Chapter 2

Censoring Violence: Censorship and Critical Research in Forensic Psychiatry

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The spectacle is essentially tautological, for the simple reason that its means and its ends are identical. It is the sun that never sets on the empire of modern passivity. (Debord [1967] 1995: 15)

Introduction

That representatives of “total” institutions (see Goffman 1998 for details) such as prisons and psychiatric hospitals often react violently is hardly surprising; their reactions exist simultaneously within the realms of the spectacle and the non-event, what Debord calls the “*materialization of ideology*” ([1967] 1995: 150). Approximately two years ago, one of our studies was the target of a virulent ideological attack not only on the credibility, but on the very existence, of both its data and analysis by two experienced researchers (Holmes and Murray 2011). Despite the fact that the editor of the scientific journal that published our findings had access to the entirety of our raw data and confirmed the wealth of information on which our analysis was based, representatives of a specific total institution, headed by an individual psychiatrist, attempted without success to minimize, indeed discredit, our critical analysis of a still widespread but scientifically obsolete psychiatric practice: behavior modification plans.

But why expend so much energy challenging our data, our analysis, and our choice of theoretical framework rather than engaging in a thorough and productive academic debate about a treatment method we consider simply anachronistic and ineffective, in addition to unethical? The answer to this question lies, in part, in the psychiatric-penal apparatus’s inability to receive and respond appropriately to criticism, as well as in some of its representatives’ capacity for unrestrained violence and, even more worrisome, in the disturbing and always possible association, however dangerous, between medicine and corrections (where one comes to the aid of the other), a connection that we had yet to encounter in 12 years of research and 25 years of clinical practice in forensic psychiatry in Canada and in France.

In order to silence us, our adversaries, for they cannot be considered colleagues, employed violent strategies ranging from the devious to the direct; every effort was

made to censor the counter-discourse put forward. The violence of those in power, which we criticize in our text (Holmes and Murray 2011), is total, regardless of who dares challenge them: patients (subjected to behavior modification plans), personnel (required to follow behavior modification plans whether they believe in them or not), and researchers (subjected to false accusations concerning the existence of data and the quality of analysis). However, although our story made headlines in a highly conservative national newspaper, it is unlikely to be unusual enough to attract anyone else's interest—quite the opposite, in fact. The public is well aware of the correctional system's capacity for violence in the face of anyone who opposes it, at least in Canada.

In this chapter, we suggest that the phrase, "censoring violence," must be understood in two senses. First, there are those instances in which violence is more or less straightforwardly exercised by individual agents in the act of censoring, silencing, or actively discrediting opposing points of view. But alongside violence that censors through such repressive measures, a second form of violence is frequently at play. Violence of this sort is much less easy to discern because the agents of this violence are difficult—sometimes impossible—to identify. We qualify this second form of violence as structural, institutional, and essentially ideological violence. Its vectors of power and agency are diffuse; it is systemic and its hierarchies and chains of command are complex. Effectively, this second form of violence is committed by "no one," we might say; it is a "non-event" and it is "recommended" or it operates in the name of the complex system itself. It hides behind a public spectacle of care, justice, and the rule of law, permitting or even vindicating what is essentially abusive, unjust, and illegal. Individual agents—what we might once have called the subjects and objects of this violence—soon become instances, nodes, or switch-points in the operation of an anonymous apparatus. Total institutions function according to these inscrutable mechanisms: we might think here of the crimes committed in Abu Ghraib prison, the indefinite detention and treatment of detainees at Guantanamo Bay, or similarly, the fate of particular mental health patients treated in Canadian penal institutions. These are systems in which "nobody" acts and "nobody" appears to be responsible. Indeed, our ethical critique of behavior modification plans (Holmes and Murray 2011) sought to expose the violence of just such a system, and so the violent reaction that our discussion provoked is in some respects unsurprising and further evidences the kinds of systemic violence at play.

Prisons, Power, and Spectacle

Our general research program is concerned with the activities of nursing staff involved in the double duty of social control/nursing care, in ethical relationships with incarcerated psychiatric patients and institutional personnel, and, finally, in the prison setting and concrete organizations that constitute what is understood as "prison." We have always believed it important to describe and understand the

mechanisms involved in practicing nursing in the forensic psychiatric context. We continue to believe that studying this phenomenon of interest is a fundamental step in understanding the daily experience of nurses working in forensic psychiatric settings (Murray and Holmes 2013). For Senior (1998), exploring and understanding this issue is of vital importance for all health professionals, "because of the nature of interpersonal interactions within a custodial setting" (p. 235).

According to Rostaing (1997), studies describing "prison culture" are now out of date and no longer offer an understanding of "prison society" as a whole. "Social relations" between prisoners and correctional personnel merit researchers' renewed attention. Such research would allow a better understanding of certain specific phenomena that are part of daily life in penal environments (whether by studying those who watch or those who are watched). The particular *carceral* relations between inmates and prison personnel are the product of a contradiction that exists between prison rule and the normal rules of the everyday, free civil society (Rostaing 1997) in which nursing is embedded (Holmes and Jacob 2012). Psychiatric nursing in correctional environments and its specific *carceral* relations must be situated within the contradictory framework defined by the prison's functions (custody, public protection, correction, discipline, control, security maintenance, successful social reintegration, etc.) and the socio-professional expectations of the nurses who work there (Holmes 2005, Holmes, Perron, Michaud, Montuclard, and Hervé 2005, Holmes, Perron, and Michaud 2007, Jacob and Holmes 2011, Perron and Holmes 2011, Holmes and Jacob 2012). It is therefore imperative to study this issue from macro and micro perspectives simultaneously in order to both examine psychiatric nursing practice in the prison setting while including this practice in the larger framework in which our contemporary societies' psychiatric and penal apparatus play a part.

The work of many researchers has shown that correctional environments produce the components necessary for the anatomic- and bio-political management of psychiatric patients, and that these correctional components clearly disrupt nursing practice. Years of research have produced a consensus stating that nursing practice is threatened not only by prison culture but also by the violence to which nurses are often subject.

Between 2006 and 2009, we conducted research with the expectation that, for nursing staff, being hired by a hospital rather than a prison would create enough distance to keep the experience of psychiatric nursing care somewhat intact, albeit with full knowledge of the extreme environment in which care would be provided. Instead, our results (2006–2009) show that behavior modification plans were implemented as a primary "therapeutic" approach despite research showing that forensic psychiatric settings should oppose, as much as possible, the inclusion in nursing practice of political technologies specific to the prison model (Holmes 2005, Mason and Mercer 1998). In fact, nurses' use of behavior modification plans only serves to exacerbate the paradoxical (double) mandates of nursing practice in a correctional environment (punishment/nursing care), with unsurprising consequences: feelings of estrangement and alienation, distancing

from health care activities in favor of correctional activities, and a transformation in the representations of those under their care (amplification of delinquent characteristics). In short, the result is the integration of punitive elements into nursing practice and total cognitive dissonance relative to nursing work.

Despite the violence to which we ourselves have been subjected, the goal of our intervention (Holmes and Murray 2011) was and remains the exposure of unethical professional practices whose violence affects both patients and nurses. We believe that this violence affects nursing staff through the medical prescriptions that force them to incorporate into their practice activities whose effectiveness and legitimacy they openly question. Although all of our previous research reveals the polarization of care and incarceration in correctional psychiatry, the study in question (Holmes and Murray 2011) instead reveals a co-optation of (para) medical practices with correctional ones. For us, this is the context into which nursing staff are incorporated. Ethical considerations are required to counter this trend, and criticizing the use of behavior modification plans is one of the necessary steps in the process.

At the macro level, it is important to bear in mind the wider social, political, and institutional context within which our study took place and our research was accepted for publication on 20 October 2010. This will permit a better understanding of the ways the psychiatric-penal apparatus pre-emptively censors and discredits critical research, exercising a seemingly anonymous form of violence that is structural, institutional, and essentially ideological in nature. At the time of our study, Corrections Canada was managing a public relations disaster with the high-profile case of Ashley Smith, a 19-year-old woman who in 2007 strangled herself to death in her cell while correctional officers watched and filmed the event. Three front-line staff and one correctional manager were charged with criminal negligence causing death, but unsurprisingly, these charges were soon dropped. On 20 June 2008, Howard Sapers, the Correctional Investigator of Canada, published his report on Ashley Smith, entitled *A Preventable Death* (<http://www.oci-bec.gc.ca/cnt/rpt/pdf/oth-aut/oth-aut20080620-eng.pdf>). The 33-page report details the “inhumane” conditions of Ms Smith’s custody and the systemic failures and abuses of Canada’s correctional facilities, particularly vis-à-vis mentally ill prisoners and the medical care they receive. Among a long list of horrors, Ms Smith was “assaulted” by Correctional Services staff, subject to the inappropriate use of force (both chemical and physical), and denied her right to basic hygiene, such as toilet paper and sufficient sanitary products during her menstrual cycle. It also soon came to light that Ms Smith was transferred 17 times during custody, which effectively re-set the clock on her solitary confinement, bypassing strict legal limits for the length of time it can be used. “The attempts that were made to obtain a full psychological assessment were thwarted in part by the Correctional Service’s decisions to constantly transfer Ms. Smith from one institution to another” (Sapers 2008: 6). Consequently, despite years in custody, much of it in seclusion, no full psychological assessment was completed and no comprehensive treatment plan was put into place. After a two-year legal battle

with Corrections Canada, and two weeks after our article was accepted for publication, CBC’s *The Fifth Estate* broadcast on 12 November 2010 a special investigative report on the life and death of Ashley Smith, entitled “Behind the Wall” (<http://www.cbc.ca/fifth/2010-2011/behindthewall/>). The documentary aired the shocking video of Ashley’s Smith’s death in its entirety as filmed by correctional officers. At the time of writing this chapter, the Coroner’s Inquest into the death of Ashley Smith is still underway, but what has emerged is a system that is patently abusive, unjust, and illegal.

Amidst this public relations disaster and mounting public outrage, as if by coincidence, *The Globe and Mail* on 21 January 2011 published a “Photo Gallery” or photo essay containing seven images, with captions, called the “St. Lawrence Valley Correctional and Treatment Centre” (<http://www.theglobeandmail.com/news/national/st-lawrence-valley-correctional-and-treatment-centre/article631320/>). Flipping through these images and reading the captions is a lesson in what Guy Debord calls the “totalitarian bureaucracy” ([1967] 1995: 9) of the spectacle, an institutionally integrated, systemic, and systematic fantasy. Captions inform the reader that this prison “has none of the grim trappings normally associated with one” and that the facility is “ground-breaking” in its treatment of inmates with “mental problems.” “Floors are carpeted and there is an abundance of natural light and soothing music. Most of the 100 ‘residents’ saunter between their roomy cells and common areas.” There are photographs of a smiling prison psychiatrist speaking with a patient in his room, artwork laid out on his bed. And there is an image of an inmate strumming a guitar on his bed.

A typical reader might not question this *mise-en-scène* or wonder whether it is a calculated response to all the bad press surrounding the Ashley Smith case. Nor would a typical reader know that guitars are rarely, if ever, permitted in prisons or in psychiatric facilities, for obvious reasons of security. As pointed out by Mason and Mercer (1999: 95–96), “in a surreal approximation of life outside, the deception of life inside is intensified ... the in-vogue ‘hotel-ization’ produces gardens and gadgets invoking images of Eden with surreal statues, rolling rockeries, and fashionable fountains ... Today it is merely the fashion to create fashionable forensic fads.” The photo essay in the *Globe and Mail* is pure spectacle. As Debord writes, the spectacle “erases the dividing line between true and false, repressing all directly lived truth beneath the *real presence* of the falsehood maintained by the organization of appearances” ([1967] 1995: 153). In the same way that many federal penitentiaries colluded and collaborated in the many transfers of Ashley Smith, correctional staff, psychiatrists, and even inmates themselves are co-opted to put a beneficent face on the penal-psychiatric apparatus (care, justice, and the rule of law) for public consumption through the use (and arguably, abuse) of a national newspaper. This is just a very small snapshot of the kinds of coordinated forces that serve to censor in advance critical points of view, and to discredit research that would expose the spectacle as a lie which itself may seem harmless enough, but which nonetheless is a condition within which violence—too often to the point of death—continues behind the scenes.

The Psychiatric-Penal Apparatus: Conformation, Violence, and Censorship

At the micro level, in the prisons themselves, analysis of data collected during our years of research reveals that many nurses share a common fear. Indeed, conflict resulting from the antagonism between various components of care and prison rules leads nursing staff to fear the loss of their professional identity. In our opinion, the phenomenon of obvious "moral contamination" (Goffman 1998) seen in a majority of nurses attests to a basic social process stemming from the coexistence, in a single work environment, of divergent cultural paradigms imposing their respective jurisdictions on a single clientele: the incarcerated patients. According to our analysis of symbolic issues discussed by participants, in our various research over years, the dominant (prison) ideology modifies the provision of nursing care and even affects nurses' representations of their own professional practice. It is therefore unsurprising that a large portion of nursing staff acknowledge having internalized the primacy of security concerns over patient care. Several nurses also mentioned the constant challenges involved in performing their duties, since each professional act must, in order to conform to expectations, strike a balance between care, security, control, and punishment.

The results of years of research we performed in correctional psychiatric environments bring to light a *conformation* process to prison mores that reveals the hold various forces have over nursing staff. Nurses see their professional practice, as in the case of behavior modification plans (BMP) to use this example, modeled by the powers that be, even when they do not believe in what is being asked of them. These ideological forces (carceral and medical) impose themselves on the nurses who find themselves co-opted by the correctional paradigm and recruited as impersonal agents in the deployment of political (punishment) technologies (BMP being just one example). This ideological modeling seeks, in our opinion, to transform nurses' representations of their socio-professional identity through daily interaction with patients, interactions themselves determined in part by the combined effects of political technologies involved in the process of conformation to prison system norms.

Some of our participants adopted a deferential attitude not only toward prison rule but also, and even more so, toward the doctors they work with. This attitude is motivated by the assumptions that corrections officers are the leading occupants of the environment and that doctors are the source of expertise. There are also pragmatic reasons for such deference; avoiding conflict with corrections officers and doctors greatly facilitates a nurse's practice, in addition to reducing the risk of conflict at work. Our participants find it difficult to perform their professional duties as they would in a hospital, for example, because external pressures inevitably impose limits on their nursing practice.

In prison environments, nursing staff enjoy far less autonomy regarding care management than in hospitals. According to participants, nursing practice is certainly possible in penal psychiatry, so long as it conforms to the ends, needs, and limits of the penal environment understood as a dense, coherent, and complex

microcosm. A number of nurses indicated that they are professionally concerned, even worried, by the constant ideological proximity of the prison mentality's tenets and their subjugation to medical power. This proximity is responsible, according to many participants, for the lack of differentiation between psychiatric nursing practice and the prison culture the health care provider is informally enjoined to espouse.

Our Overall Research Program

In no way does our analytical approach, in all our research, call into question the legitimacy of the security requirements in place in correctional psychiatric environments, and there can be no doubt that the nurses in our study must respect practical security measures in forensic psychiatric settings. That said, the maintenance of a safe distance between prisoners/psychiatric patients and nursing staff is valued by the institution and reinforced by questionable (para)medical practices such as behavior modification plans. Despite the indisputable wisdom of maintaining a secure distance, the internalization of the security discourse itself undoubtedly affects the nature of the therapeutic relationship between nurse and patient. This is particularly true in the case of psychiatric care as understood in nursing science, which assumes the establishment of therapeutic relationships based on confidence and the prisoner's/psychiatric patient's ability to express the existential and behavioral issues faced as a result of his or her condition and treatment. As indicated earlier, our research program is concerned with nursing practice as inscribed within conflicting social relations with the understanding that ideological factors exacerbate nurses' cognitive dissonance.

Most of the nurses interviewed over the years (in various research projects) reported significant tension created by the prescription of ineffective treatment plans (such as behavior modification plans for example) and attempts to conform to them. This tension was said to cause a variety of different kinds of suffering. According to some of our participants' testimonies, the impact of the *conformation* process to prison mores contributes, when pushed to its limits, to the deformation of a nurse's professional identity. In fact, certain participants expressed a feeling of being tarnished by the prison environment. Several nurses feared "moral contamination," that is, spoiling their professional identity as a result of the pressures of security requirements for personnel and patient control to which they must conform in a correctional setting. This is why we criticize, without reservation, the implementation of behavior modification plans in these environments (Holmes and Murray 2011), whatever our adversaries may think. Some participants admit to no longer knowing who they are socio-professionally, while others report the simultaneous development of two socio-professional identities. In July 2010, during data collection for a research project concerning ethical tensions in nursing practice in a correctional psychiatric setting, a number of participants seemed to have entirely integrated these two facets of their identity (nurse and agent of social

control) to the extent that they indicated feeling completely comfortable with the antagonistic aspects underlying these two mandates.

Based on the findings of much of our research, and at this point in the discussion, we assert that the *basic social process* that is "conformation to prison mores" is responsible for the various forms of suffering identified and denounced by nurses practicing in correctional psychiatric environments. We believe that the *conformation* process to prison mores is the primary reason nurses accept prison rule, an act whose consequences include manifestations of deference not only toward representatives of the prison system but also toward doctors/psychiatrists who, in the end, control their practice. For the nurses, this troubling situation diminishes the sense of professional autonomy, blurs the boundaries of the health care provider's role, creates moral contamination, and produces psychological distress.

When nurses, as objects of power who constitute a human material, are exposed to the ideological pressures of the correctional psychiatric environment, several aspects of their initial professional identity are molded by formal and informal penitential prescriptions. For some, the *conformation* process to prison mores, with the nurse as its object, also produces feelings of estrangement or dispossession related to their initial identity. The nursing staff's feeling of estrangement appears to be grounded in a constant comparison of the role of health care provider in a hospital *versus* the role played in a correctional psychiatric environment. We can therefore state with authority that the pressures present in the prison setting weaken nurses' initial points of reference and foundational representations of the individual (patient) and of care. We would also like to note, incidentally, that in all of our empirical research, the qualms and doubts expressed by participants regarding the adequacy of care provided attest to a modification of symbolic points of reference and a *distanciation* from certain fundamental representations of the nursing discipline. In light of these observations, how can the implementation of punitive (para)medical practices, such as behavior modification plans that only exacerbate this sense of estrangement, be explained?

Our inductive analysis is based on data highlighting the nature of prescriptions issued by correctional services representatives and certain doctors/psychiatrists. These prescriptions are related, in fact, to ideological vestiges and the prison system's rigid and patriarchal old guard, whose excesses we can only condemn. These prescriptions work counter to the provision of "ethical and respectful" psychiatric nursing care to patients, to the extent that the nursing care provided does not correspond to the concept of the patient as "person," a notion central to the philosophy of care, and exceeds the limits of practical consent to care with regard to incarcerated patients. Furthermore, prescriptions following from penal ideology are partially reiterated and reinforced through punitive approaches such as the "behavior modification plan" approach. The socio-professional and psychological consequences of nursing practice in forensic psychiatry raise issues on many levels: existential, social, professional, and interprofessional, as well as

political and ethical. It is important to note here that political and ethical issues directly involve the foundational concept of the patient as "person" in nursing.

Given our results collected from multiple sources, we assert that nursing staff are objects of power, insofar as ideological forces wield power over them and require them to conform to rules herein identified as "correctional." We consider them correctional because political technologies such as behavior modification plans, as reported in this chapter, are informed by a logic of punishment and reward that exists far outside the functions a nurse would normally assume. Indeed, we establish, on the basis of testimonies collected, that nurses are molded in a way that allows them to work toward meeting the penal institution's specific objectives while internalizing the formal correctional and medical prescriptions in effect within this closed space. Our analysis allows us to affirm that nurses are objects of correctional and medical power; however, we also observe that nursing staff take up these powers in their interactions with patients. What can be concluded from this apparently paradoxical result, if not that nurses, as agents of care and social control, are also carriers of the power they exert over the clientele under their care? If nursing staff are objects of power, then the same is true for the researchers who are often unable to publish research findings without having to face multiple forms of threats and violence, including attempts to censor their work.

Conclusion: *Détournement*

If an institution's current practices merit transformation, they must first be exposed before developing a plan to change them. If its members hide behind false and deceptive accusations against researchers in order to save an institution's reputation, what might they be capable of, on a daily basis, to justify the use of anachronistic therapeutic methods? The diffuse and repressive political technologies that the psychiatric apparatus uses, are more often than not, obscure techniques suddenly converted into therapeutic rules. Institutionalized and elevated to "therapeutic" status, these practices and prescriptions are most often placed above current law and professional codes of ethics. We consider our reflections on current practices (specifically, behavior modification plans) entirely legitimate and emphatically reassert the validity of our analyses based on empirical data gathered over years of research. We believe that a kind of osmosis may be taking place between socio-professional groups of corrections officers and nursing staff and that, more than ever before, a growing number of researchers determined to expose the inner workings of an infernal machine are being subjected to violent attacks.

Our findings demonstrate an ethical and ideological disconnect between care and corrections, as these affect the socio-professional identity of nursing staff and the quality of care they are able to provide. But the forms of institutional violence that operate in this professional setting are not restricted to human relationships "on the inside," whether these are therapeutic, professional, or institutional. As we have discussed, in this case an analogous violence extends to the censorship

of our research. Since our research seeks to represent the ethical and professional concerns of nursing staff, the violence effectively disciplines and censors the nurses that our research seeks to represent. And finally, the violence in question is exercised towards the public, and what citizens have a right to know about what goes on inside institutions paid for by public funds. Who will control the representation of our public institutions and the care that they provide? While our research focuses on the microcosm of violence within the prison's walls, this quickly plays out in the macrocosm of the public sphere, as the integrity of journal articles are contested and as the penal-psychiatric apparatus manages its public face through public spectacle.

The spectacle is, as Debord claims, pernicious. Debord's understanding of the spectacle is undoubtedly Marxist: the spectacle prevents us from engaging in the critique of ideology, producing ideological forms as yet another commodity to be consumed, and masking the material conditions—the violence—of their production. "The spectacle is not a collection of images," he writes; "rather, it is a social relationship between people that is mediated by images" ([1967] 1995: 12). It is a question, then, of managing social relationships or human capital, whether this is understood as the labor of nursing staff, the bodies of inmates, or the body politic. So what, then, is the necessary work of critical researchers, investigative journalists, coroners' inquests, and the like? In Debord's terms, it is *détournement*. The word *détournement* remains untranslated in *Society of the Spectacle*. Among other things, in French the word can mean a change of course or direction, a deviation or detour, a renunciation, an abduction, the seduction of a minor, or even the embezzlement of funds. It means a twisting or a turning away; it is "the fluid language of anti-ideology," a language that "mobilizes an action capable of disturbing or overthrowing an existing order" ([1967] 1995: 146). In brief, it is an insurrectionary force that relies not on the autonomy of individual agents acting in isolation, but on a movement, in the style of a discourse. Debord writes:

Détournement is the antithesis of quotation [*le contraire de la citation*], of a theoretical authority invariably tainted if only because it has become quotable, because it is now a fragment torn away from its context, from its own movement, and ultimately from the overall frame of reference of its period [*son époque*] and from the precise option that it constituted within that framework [*à l'option précise qu'elle était à l'intérieur de cette référence, exactement reconnue ou erronée*].

The *détournement* is essentially critical in style, turning against ideologies that have become "commonsense," "true," and infinitely quotable—against the stuff of everyday chatter, and against the violence of "theoretical authority," such as the spectacle of care, justice, and the rule of law that that we found deployed in *The Globe and Mail* photo essay, or that nursing staff experience within the penal-psychiatric apparatus, or that critical researchers experience when their work is censored, silenced, and discredited. *Détournement* involves the critical work of

analysis, much as we try to do when we analyze interviews with nursing staff. *Détournement* is the effort to re-contextualize, re-historicize, and to understand the implicit and underlying social, professional, political, institutional vectors of power—to expose how power functions to produce discourses of "truth" and "commonsense," and how violence operates in these settings.

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