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## **Ambiguous Publicities: Cultivating Doubt at the Intersection of Competing Genres of Risk Evaluation in Catalan Prisons**

### **Abstract**

Policymakers in Canada and across Europe have largely embraced the creation of post-disciplinary systems of punishment. In the autonomous region of Catalonia, Spain, this meant expanding connections between prisons and communities, expanding the publics a prison serves. At the same time, in part driven by austerity policies, incarceration in Spain and Catalonia has become more punitive and bureaucratic. Actuarial risk assessments introduced in Catalan prisons in 2009 are an example of this type of reform—designed to facilitate the release of low-risk inmates earlier and to control mobility. Drawing on ethnographic research conducted in Catalan prisons from 2012-2014, I show how both actuarial and clinical risk evaluation involved therapists' anticipation of future aggressive acts on the part of inmates. Analyzing risk assessment as a practice and as an ideological frame, I argue that the short-term focus of risk assessments reinforced existing forms of interpreting inmates' actions that therapists attempted to hold at bay. I argue that risk as an ideological frame in the context of austerity contributes to a form of publicity that can further isolate inmates rather than facilitating the construction of community inside and outside of a rehabilitative prison.

[punishment, rehabilitation, quantification, risk, publics, doubt]

### **Certainty is a Short Term Solution: the Significance of Doubt in Contexts of Hypervisibility**

This article addresses the significance of risk as both a practice and an ideological frame in a high security rehabilitative prison in the autonomous region of Catalonia, Spain. During the past decade, Spanish and European policymakers have promoted more open models of punishment, experimenting with new forms of education, therapy and recreation in carceral spaces (Chantraine 2009, García-Borés and Rivera 2016, Rivera 2017). However as these institutions enable greater movement for inmates, they also generate new kinds of documentation and control that can be equally repressive, or equally objectifying (Crewe 2016, 2009). Inmates are not private individuals: they do not have the same rights to privacy as other citizens, and they are not completely anonymous. Within a public imagination in the United States or Europe, inmates are numbers that stand in for something else. They are not public figures with names, but bodies that account for the biopolitical prowess of a nation. They represent threats contained, threats quantified, threats recuperated. In Catalonia, the ongoing reorganization of a program of rehabilitation around the concept of risk highlights its role

in making objects visible and public and instantly known—while practices of rehabilitation had been organized around long-term, collective forms of managing inmates' cases. Prison staff were presented with the conflicting desires of wanting to circulate more data about inmates—at the same time as the use of risk assessments intensified their efforts to refuse the objectification and anonymity it generated within a repressive institution.

Catalan prisons are marked by high levels of surveillance and supervision in public spaces within the prison, what I refer to here as hyper-visibility. At the same time, prison staff expected a high level of contact with and between inmates in workshops, patios, classrooms, cafeterias and residential areas. Rehabilitation thus operated within an economy of scarcity on an economic level, and also on a relational level in the prison itself. The need to cut costs and release low-risk inmates earlier motivated the introduction of risk-based practices. At the same time, the pressure of an enforced sociality within a closed and increasingly diverse inmate population meant that inmates were both saturated by the gaze, but not attention, of others, and often isolated at the same time. Therapists believed that inmates were constantly competing for their attention, and the attention of anyone coming from the outside, including myself as an anthropologist.

The central tension I explore in this paper that of risk as a form of publicity. Therapists in the rehabilitative prison I call CPX wanted to create community in a space permeated by suspicion, in which inmates were constantly on display for one another and to guard.<sup>1</sup> I argue here that risk as both a practice and an ideological framework amplifies temporalities and discourses about violence risk already present in rehabilitation work. This article shows how the focus of actuarial risk assessments on immediate dangers conflicts with the efforts of prison therapists to attune themselves to long-term cycles of incarceration and rehabilitation. The first section of this article describes a Catalan system of punishment and rehabilitation in contemporary Spain and Europe. The following sections describe the practice of evaluating risk in within this prison system, addressing the different conceptions of temporality and event that were a part of clinical and actuarial risk assessment practices. The final section of this article returns to the hyper-social and hyper-visible context of a rehabilitative prison to examine why assessments based on past incidents of aggression often fail to distinguish signal from noise in contexts of hyper-visibility.

The data I share here is drawn from ethnographic observation of the daily work of five teams of prison therapists, composed of five individuals each, in a prison unit for violent offenders. Given the nature of inmates' profiles and long sentences, this unit had the most professional staff, programs, and the highest levels of surveillance in the prison.<sup>2</sup> I

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<sup>1</sup> Penitentiary center (*centre penitenciari*).

<sup>2</sup> Inmates in this unit tended to have higher rates of drug and alcohol dependency, and for this reason the unit was also subject to higher levels of surveillance by prison administration.

conducted ethnographic fieldwork with these groups in 2012-2013, and additional research with prison professionals annually from 2014-2017.<sup>3</sup>

### **The Pleasure of Small Numbers**

Therapists at CPX often talked about the practice of rehabilitation through metaphors of gambling: not because of its uncertainty, but for its certainty. Prison therapists were certain that inmates would not overcome histories of violent behavior, and that they would spend their lives dependent on state institutions.<sup>4</sup> Gambling as a metaphor had less to do with the possibility of success than with therapists' need to continue the game. This meant managing inmates' and their own continual experiences of loss or failure, in this case the feeling that inmates would not change their behaviors.<sup>5</sup> Part of the skill in monitoring the 'progression' of an inmate's case was a professional's ability to search for changes, to hold at bay his or her expectations of undesired events, and instead to hope for the unexpected. Inmates' talk also illustrated a practical awareness of this economy of scarcity. Early on in my observation of a nine-month rehabilitation program for violent offenders, and in response to a therapist's question about violence, a young man suggested "maybe we're attracted to violence like we're attracted to any unlikely event." He turned towards me as he described motorists slowing to stare at a traffic accident: "it's like humor," he mused, "the less probability something has of occurring, the more interested in it we are."

I agreed with him on both counts: at the beginning of my fieldwork, before particular roles and routines were constructed for and around me, I was, very much a spectator to precisely this collision of beliefs: inmates' assertions that violence was exceptional—and therapists' belief that inmates' eventual aggressive acts were not unusual but certainties that were part of a cycle of long-term change. Within a prison system moving towards a more anonymous, bureaucratic mode of punishment and care, therapists attempted to hold this statistical knowledge at bay to make an object of anticipation inmates' emotional change, not continuity. Rather than questioning definitions of violence or the accuracy of its calculation, this article addresses the meanings of the quantification of risk in relation to the kinds of communities and publics Catalan prison therapists wanted to create both inside and outside of a prison.

In this article I am interested in the spaces in which what Nieburg (2010) and Guyer et

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<sup>3</sup> Names and details have been altered to protect participants' identities.

<sup>4</sup> I use the terms therapist and professional interchangeably in this article to refer to prison staff involved in therapeutic work with inmates, as opposed to prison guards.

<sup>5</sup> Despite a low recidivism rate overall, recidivism rates were higher for violent offenders and those who suffered from different forms of drug or alcohol dependency. Further, if re-arrested, inmates had the right to request to return to a specific prison. Thus while the perception that inmates' cases were often 'hopeless' was not reflected to the same extent in official statistics, therapists' perceptions were based on their experiences of a significant number of inmates who did return to this particular prison repeatedly over a long period of time. Finally, based on contact with inmates, professionals believed that official rates of recidivism were likely to be inaccurate, and that even this itself would not reflect actual rates of violent activity to which they felt most inmates would return upon release from prison.

al. (2010) call public numbers are first produced: where risks are counted, documented, and first become part of an official state language. Social scientists writing about incarceration and surveillance have increasingly argued that risk tools reify existing social categories, and enact the realities they purport to calculate (Brandariz-García 2016a, Ericson 2006, Hannah-Moffat 2013, Harcourt 2007, O'Malley 1999, Werth 2016, forthcoming). This scholarship emphasizes both the limits of actuarial power, as well as the lamination of multiple forms of control and ideologies of justice in contemporary penal institutions (García-Borés et. al 2016, Lynch 1998, Simon and Feeley 2003).

Espeland and Sauder (2007) note that all forms of measurement are reactive, that institutions and persons respond to the practice of being measured (Igo 2007). Anthropologists and sociologists studying numeracy and accounting refer to this property of measurement as reflexivity, analyzing how numbers circulate and acquire meaning, and how they are shaped by and constitute the objects and regimes of power of which they are a part (Espeland and Stevens 2008, Guyer et. al 2010, Hart 2010, Lakoff 2009, Merry 2016, Merry et. al 2015, Miller 1994, Power 2010, Schüll 2010 Strathern 2011). However numbers, and the practice of calculation itself are not frequently addressed in terms of either the qualities of the publics and communities they shape and through which they circulate—nor the practice of calculation as temporal, and they intersect with other forms of temporality within a prison.

How does risk as an ideological frame and a practice of quantification shape the kinds of desires that circulate within carceral bureaucracies? Lisa Stevenson (2012) examines how indigenous subjects of the Canadian state resisted practices of quantification through which bureaucratic desires circulated. Stevenson's work addresses Inuit youth whose deaths—suicides—are objects of prevention but also anticipated by Canadian civil servants working with those communities. Inuit deaths were expected to the extent that Stevenson writes that Inuit youth fought to refuse the fact that even their own deaths could not surprise them (2012: 601). I show how quantification and forms of clinical judgment converge on the goals of rehabilitation itself in Catalonia: of creating community within a prison, and publics outside of a prison.

When I refer to data about inmates becoming public, I refer to prison therapists' and a prison administration's desires for their circulation. This includes first therapists' processes' of documenting inmates' lives and behaviors within a prison itself, and the circulation of that information to therapeutic teams, judges, lawyers, and prison administration. Second, I address therapists' working perceptions of what inmates' experienced being subject to regimes of evaluation: being 'public,' on display within a prison, objectified, and increasingly anonymous.

### **Publicity and Community: Incarceration in Catalonia**

The push to use carceral institutions in Catalonia as a means of reconstructing a Catalan community has a powerful set of ideologies—of democratization and of cultural revitalization behind it. Catalonia assumed full and sovereign control of its prisons in

1984, after the end of the dictatorship of Francisco Franco in 1975.<sup>6</sup> Throughout the 1970s and 1980s activists, inmates' associations within prisons, inmates' families and Catalan politicians—pushed to free political prisoners and to create a rehabilitative criminal justice system (Lorenzo 2013).<sup>7</sup> Catalan policymakers turned to Canadian and British models, and to local academic experts to create an anti-authoritarian carceral environment, but also to modernize punishment (Garrido and Beneyto 1995, Pueyo and Illescas 2007, Generalitat 2010).<sup>8</sup> These changes accompanied reforms in law enforcement towards preventative policing and alternatives to incarceration on a national level. However because judges are appointed from across Spain to different positions throughout the state, judges' reluctance to use alternatives to incarceration has been felt across Spain (Brandariz-García 2016a: 129). While Spain experienced a significant decline in its prison population beginning in 2007, a gradual decline in an incarcerated population only began in Catalonia in 2012.

Although it is the Spanish penal code that governs all prisons in Spain, Catalonia has total administrative control over prisons itself, including over spending, security and programming. While there are certain security requirements for the facilities themselves required by Spanish law, Catalonia still designs of each institution. Each new prison constructed by Catalonia has been built under the influence of different social and architectural designs and by different firms under the supervision of the regional government. The region is also responsible for the training and contracting of staff within these facilities. The center responsible for training prison personnel also coordinates research within Catalan prisons. A Spanish prison system is also rehabilitative, however it offers a different selection of rehabilitative programs, and has a less elaborate system of leave—opportunities for inmates to participate in activities outside of a prison during their sentences.<sup>9</sup> Importantly, it is an individual prison administration itself, under the aegis of the Catalan Department of Justice that approves these initial group or individual trips outside of a prison. When an inmate has completed three quarters of a sentence, they can begin to leave the prison for a number of days each month. At this point, their leave is approved by a penal judge (*jutge de vigilància*), appointed by the Spanish state, and who, like all Spanish judges, rotate through positions across Spain for a fixed term.

The types of programs and leave inmates enjoy during their sentences are thus one means by which the region asserts a juridical difference vis a vis the Spanish state.

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<sup>6</sup> A full transfer of powers to the Catalan government in this area was completed in 1986.

<sup>7</sup> While a prison population by end of the Franco dictatorship was comparable to other European countries, persons often imprisoned for debt (*presos socials* or social prisoners) and political prisoners remained a significant part of that population.

<sup>8</sup> The Catalan government frequently received delegations of visitors from the Levant, the Mediterranean and other parts of Europe interested in a Catalan carceral system. A rehabilitative prison system currently being constructed in the Dominican Republic also uses Catalonia as a model.

<sup>9</sup> In contrast to Spain, within the past two decade Catalonia also invested in the construction of many open prison units that furthered this objective (separate facilities but associated with a main prison).

Catalonia's push to reorganize a prison system around the concept of risk was motivated both by Catalan and Spanish austerity measures (Brandariz-García 2016a), but also belongs within a broader political project through which the region has sought to align itself more closely with European legal standards and practices. Since the end of the dictatorship, Catalonia as a region has often been the first to adopt and to comply with European Union recommendations within Spain. Efforts to make its institutions more democratic have included collecting more data about incarcerated populations in order to make more objective decisions about inmates' parole. The Catalan Department of Justice laid the foundations for the introduction of actuarial risk assessments in two directives written in 1995 and 1996, commissioning research that would identify violence risk factors in its prisons. While this research was completed in the late 1990s, the immediate context for the introduction of the assessments was the need to cut the cost of incarceration by releasing low-risk inmates earlier—and a social panic caused by a series of high-profile cases in which inmates had committed crimes while on leave (Brandariz-García 2016a: 212). A context of austerity and scarcity thus provided the context for the full implementation of policies that had been planned for more than a decade. The use of the assessments comply with a Spanish Penal Code, but are an assertion of greater centralized regional control over inmates' movements—in a context in which Catalonia was pushing for greater autonomy from Spain.

Prison staff imagined the data that they collected as part of a genre of information about inmates that could be shared with staff in other private and public institutions outside of the prison, what one therapist called the 'care professions.' Most prison staff believed that a large percentage of inmates would always be wards of the state.<sup>10</sup> To that extent, in the words of one therapist, the job of prison staff was to create better users (*usuaris*) of Catalan government services—and also by extension, to create the appropriate kind of person and data that the caretakers of state wards would consume or utilize. This is the public to which I refer in this paper—inmates, former inmates, prison staff, and staff of Catalan government institutions outside of a prison who have former inmates as clients. The use of the term 'user' or client here is significant. I am not suggesting that inmates are completely public individuals. However given that Catalan therapists saw their work as producing reformed persons who would begin to circulate among an ever-wider network of state and non-state institutions, the notion of creating a public through this practice of documentation and transformation was what marked a bureaucratic desire for inmates' futures within this rehabilitative prison.

At its most general, the term public refers to the users of mass media (Warner 2002, Spitulnik 1998). Michael Warner defines a public as a space of discourse organized by only discourse itself (Warner 2002). It exists only as the end for which books are published, shows broadcast, web sites posted, speeches delivered. It exists "by virtue of being addressed." To this extent, the public imagined by prison therapists in Catalonia is not the public of a newspaper. In its unrestricted sense, the anonymized data prison

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<sup>10</sup> There is no generalized system of probation in Spain or Catalonia.

staff collected about Catalan inmates would be available to any user, online, in the same way that census data would (Catalonia, and particularly Spain currently publish very limited statistics about prison populations). In its restricted form, prison staff wanted data about inmates' biographies and histories to be made available to other Catalan government institutions through which prison staff believed inmates would circulate for the remainder of their lives: training programs, old age homes, halfway houses, and so on.<sup>11</sup> These state institutions would be a part of Power (2010) would call a realm of 'second order measurement,' and which, in focusing on the persons who are a part of that realm, which I refer to here as a public.

Central to a Catalan vision of humanitarian reform was maintaining contact between inmates' and their families throughout an inmate's sentence. Once inmates completed a quarter of a sentence, they began to leave the prison on day trips to visit family and outside institutions individually and in small groups, approved by prison administration and accompanied by a psychologist or other professional.<sup>12</sup> Inmates were able to go on leave but under conditions that brought the gaze of the prison directly into a person's home. These visits capture the complicated morality of a Spanish welfare state and Catalan government that shaped prison work: inmates, in this ideology, during the bulk of a sentence inmates should have opportunities to participate in public spaces, but only in a supervised form, as an extension of its agents. As one prison therapist queried, "can you imagine sitting at the dinner table with your parents you haven't seen in five years, and your psychologist?"<sup>13</sup> For psychologists these visits were opportunities to gather information about an inmate's personal life as much as they were a chance to build trust with that person. Inmates and professionals discussed these visits in positive terms, but both groups recognized the submission to carceral power they entailed. The more porous the border between the prison and an outside world, the greater were the opportunities for the institution to collect data about inmates' lives outside of a prison. Through these trips, and in intensive group therapy that began roughly three quarters of the way through an inmate's sentence, Catalan therapists became what several professionals referred to as 'historians of the crime'.

Intensive therapeutic work began only during the last quarter of that person's sentence. During the last quarter of an inmate's sentence, that person had permission to leave the prison for a set number of days each month. Roughly a year prior to that point, inmates would begin group and individual therapy, and regular documentation of inmates' lives ensued. Detailed psychological reports for inmates, between five and ten pages, were then produced every time a decision was made about the inmate's parole. Before this

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<sup>11</sup> Currently, information about inmates only circulates in a limited form between lawyers, judges, prison administration, and when requested, inmates' family members. Inmates have the option of signing a waiver that permits therapists to share information with outside institutions

<sup>12</sup> The term professional refers to therapeutic staff, as opposed to prison guards.

<sup>13</sup> Leave refers to short trips—usually a day at a time—inmates had permission to take, either individually or in small groups, accompanied by a therapist and subject to the approval of prison administration, during that person's sentence.

point, detailed reports with behavioral or psychological data about inmates were only created periodically. In the absence of conflicts, health conditions, or other events that required documentation, inmates met psychologists and team members for initial evaluations, and then contact between the two groups was contingent upon inmates' voluntary participation in educational or recreational activities in the prison itself. This meant when an inmate with a long sentence began intensive therapy, the crime for which the person had been committed had often occurred more than a decade earlier. "The crime is a secret," a psychologist reflected, twisting the thin plastic of a coffee cup as we spoke in a staff cafeteria, "you have to excavate it." Therapists saw the prison as a 'space of truth' in which inmates would be 'extracted' from the event of a crime.<sup>14</sup> This process of extraction is a form of treatment and evaluation that the Catalan government envisioned replacing with shorter therapeutic units based on each inmate's risk profile.

Prison therapists emphasized the degree to which surveillance itself in a rehabilitative prison worked to anticipate violence on the part of inmates. Arbitrary searches, sanctions or questioning from guards, conflicts in workshops and in shared spaces were not infrequent. The goal of creating good relationships and a carceral community in a high-security environment was contingent upon repeated efforts to negotiate hostile relationships in order to create convivial shared spaces. To this extent, therapists expected inmates to occasionally break rules and expected conflicts between inmates and others in that space. Given this environment, in which hostility and tension was pervasive, therapists worked against these certainties to maintain an attitude of doubt about inmates' possibility of ending aggressive behaviors.<sup>15</sup> There were two primary ways in which therapists imagined and projected inmates' futures within a prison: through detailed written reports about inmates, and through actuarial risk assessments, introduced in Catalan prisons in 2009-2010.

### **Competing Practices for Identifying Risk**

This section describes the labor that was part of clinical and actuarial risk assessment practices, and the ways it worked upon therapists themselves. Risk tools themselves did not cause drastic changes within a prison. What I show here is how they amplify a control aspect of professionals' work focused on aggression, which therapists actively

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<sup>14</sup> Therapists contrasted the vision of the prison as a 'space of truth' with the performances of lawyers, media coverage, and trials themselves from which inmates might adopt one aspect of an image of themselves or a reality they preferred, rather than the acknowledgment of the total context of the crime for which they were sentenced that therapists wanted to address.

<sup>15</sup> Actuarial risk assessments are detailed psychological assessments administered to all inmates upon arrival to the prison, and for inmates who receive a medium or high level of risk every six months. Adapted for Catalonia, and based on the Canadian HCR-20, the assessment is divided into sections that address an individual's personal, medical, institutional, and social histories. Prison therapeutic teams, composed of a psychologist, educator, social worker, and criminologist, collect data from inmates that pertain to their area of expertise. This information is entered into an electronic form, and an algorithm assigns inmates to one of three levels of risk of injuring themselves or others. These assessments are then available to judges, lawyers, and prison administration, and used to make decisions about inmates' parole.



needed to manage and limit. Therapists also needed to become attuned to other dimensions of inmates' experience in a context in which they had scarce time to spend either with individual inmates or therapeutic groups. To this extent, I show that actuarial risk assessments run parallel to, rather than facilitating, a Catalan rehabilitative goal of generating community inside or outside of a prison.

Actuarial and clinical forms for determining inmates' risk of violence were strikingly different but also interconnected in practice. In theory, a therapist could complete in a single sitting with an inmate, question by question, an actuarial risk assessment.<sup>16</sup> In the intake unit, violence risk assessments were often completed in this form. However given a high caseload and scarce time, in specific prison units themselves the assessments were more usually completed or renewed based on a therapist's general knowledge about the inmate. This meant that the function of the assessments was closely connected to existing practices of evaluating inmates, but was a less flexible form of data. When inmates were denied leave by prison administration or a penal judge, it was a risk assessment that was often a serious factor in making that decision, and therapists had to explain this to inmates in interviews. Thus even if the assessments were not completed in one sitting with inmates, inmates risk levels—risk of violence—was reported to inmates, and heightened therapists' experiences of a loss of agency in a decision-making process.

The biggest difference between clinical evaluations of risk and actuarial risk assessments was the way in which they constructed the temporality of a process of rehabilitation. Given limited staff and resources, the therapeutic investigation of the crime began at the very end of an inmate's sentence. While psychologists did use the term 'excavate' (*escarbar, excavar*), to describe work with inmates, in practice, 'excavation' meant that group therapy was structured around avoidance of talk about the crime itself. The crime was an unchangeable event from which the inmate had to be extracted. Extraction meant group and individual therapeutic work with inmates focused on patterns of behavior and feeling surrounding the event of the crime, leaving the crime itself as the unspoken, epiphenomenal and exceptional token of a type of act not to be repeated. In the envisioned, fully risk-based therapeutic system, the crime ceases to be an object collaboratively constructed by inmates and professionals through long-term therapeutic work—and is defined immediately by the region itself through risk categories at the beginning of a sentence. In both cases, the crime as a singular event is erased. In a narrative, clinical practice it is replaced with a focus on inmates' emotions and long-term transformation, while in the risk-based model envisioned, a focus becomes inmates' immediate well-being.

The use of actuarial risk assessments themselves was mandated the Catalan Department of Justice itself, based on research conducted in the late 1990s (1/1995,

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<sup>16</sup> Each type of professional on a treatment team (psychologist, educator, social worker, criminologist) was responsible for completing the section of an assessment that corresponded to their expertise. For inmates who received medium or high risk scores the assessments were to be renewed every six months.

22/1996).<sup>17</sup> The introduction of actuarial risk assessments themselves in prisons across Catalonia in 2009 was the culmination of this project. The broad objectives for the use of the assessment was to reduce recidivism, institutional conflict, self-harm, and limit inmates' infractions within and outside of a prison. In addition, the summarized data the assessments collected would assist in decision-making processes. Scholars have situated these changes within a broader Spanish movement towards managerialism within Spain and globally, and motivated by a context of austerity—and also by a climate of fear surrounding inmates who had committed crimes during trips outside of Catalan prisons (2016a: 212).

Actuarial violence risk assessments introduced in 2009-2010 were also conceptualized as the first steps of a much broader restructuring of a Catalan rehabilitative prison system (Nguyen et al. 2011, Pueyo and Illescas 2007).<sup>18</sup> The region envisioned using data from risk assessments to tailor a treatment program to individual inmates' specific mental health needs. Instead of a long-term therapeutic program with many units, an inmate might be assigned only the number of specific units that corresponded to his particular needs. Rather than beginning this program at the end of an inmate's sentence, these units could be completed at any point during that period. While this program was still in very early stages, initial documents and outlines explaining the proposed, shorter, intensive kinds of programs that could be offered were circulating among prison staff in 2012 and 2013.

In many ways, this narrative rehabilitative model is one in which inmates were compelled to speak about themselves: however the temporality and organization of a process of rehabilitation granted a degree of agency to inmates and therapists as to how this happened, and it was this communicative ecology that shaped how therapists built relationships with inmates.

### **Cultivating Doubt, Creating Community**

What I argue here is that precisely because this communicative economy was suffused with therapists' doubt about inmates' stories about themselves, it could not be used exclusively as a tool of control—nor a form of control wielded by therapists themselves. This is not to argue that it was not a form of interaction in which information could not be deployed strategically by inmates or psychologists. However the very uncertainty of the information gathered created the conditions for ongoing interaction and an experience of temporal progression for therapists. This section describes how doubt became a part of a therapeutic process, and how it shaped the temporality of therapists' work with inmates.

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<sup>17</sup> Brandariz-García notes that one of the strongest arguments against the inclusion of particular risk factors within Catalonia's actuarial risk assessment, RisCanvi, is that this research was conducted over two decades ago (2016a: 212).

<sup>18</sup> Rehabilitation programs in Catalonia were influenced by, and did include units on risk prevention borrowed from British penitentiary models, however Catalan psychologists and staff themselves usually created the content of these programs in practice (Andrews and Bonta 1995).

Given that professionals' ultimate objective was to understand the attitudes, motivations and feelings surrounding a crime that had occurred often more than a decade in the past, this particular object of investigation became a topic that was frequently avoided in group therapy. In group therapy, there were three topics, all directly connected to the secret of the crime, which became unspeakable in that space. The first was the event of the crime itself. Outside of ritualized individual confessions that occurred in one early therapeutic unit, therapists and inmates usually avoided talking about inmates' specific crimes. Therapists were concerned that participants in a therapeutic group might easily offend one another when discussing a sensitive topic. These offenses could then be the basis of later conflict.<sup>19</sup> Even in individual exchanges between psychologists and inmates, without a long-term therapeutic relationship, therapists often were suspect of inmates' stories about a crime themselves, and felt that inmates were hiding the truth their own histories. Therapists saw the process of gaining trust and learning about an inmate's past life as a long-term process. Precisely by setting up the crime itself as a long-term object of investigation, that object became a currency of value within a communicative economy of the prison.

The effect of this discursive economy between inmates and therapists was that inmates became adept at telling stories, narrating details, and offering information to the therapists searching for the conditions surrounding the crime itself. This process intensified a particular type of objectification: rather than in inmates' speech, professionals looked for signs and feelings of an underlying emotional conditions— instead of recognizing inmates as subjects of knowledge about their own experiences. At the same time, however, this economy of knowledge did place inmates in control of what to reveal, conceal, and narrate about their own pasts.

The second object that could not be discussed in group therapy sessions were the 'too real' realities of conflicts with guards: "once you start complaining about the prison," a psychologist explained, "you never know where you'll end up." While therapists acknowledged that aggressions between inmates and guards were significant problems, therapists believed these issues were outside of their power to address. They were equally wary of the repressed anger that inmates held towards guards, and to a lesser or at times greater extent, towards themselves. The final topic that was mostly avoided, and for the same reasons as the first two, was talk about inmates' families. Again therapists saw this information as personal and sensitive— comments about inmates made by other participants could have longer-term and negative effects in the prison itself.

In practice, therapists attempted to measure the qualities of an entity that was a public secret with hidden roots: documents stated the crime, and guards and inmates might know crimes a person had committed. However after eight years, that event had

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<sup>19</sup> These fears were not unfounded: inmates did share stories in group therapy sessions of conflicts with other inmates that began through informal comments interpreted by the recipient as an insult.

become shrouded in mystery and the details of the case that interested therapists forgotten beyond the sketches offered by a police report or trial. ‘Excavating the crime’—and these metaphors of extraction and invasion were present in psychologists’ discourse—meant focusing on inmates’ relationships and mental states at the time the crime was committed. At the same time, after eight years, inmates’ ability to tell stories about themselves had also been shaped by a prison and other inmates. The story ultimately ‘extracted’ from an inmate was also a collectively shaped narrative.

In this context, in which information was uncertain and all speakers were untrustworthy, doubt as a professional practice was not an effort to establish a regime of truth—but to establish the possibility of the relevance of inmates’ emotions and narratives to that person’s long-term change. Inmates joked in therapeutic classes that they were dealing in fiction, therapists told me that inmates simply ‘threw out’ stories for them to interpret—yet it was this collective performance that offered participants a measure of control over the information they chose to offer to persons around them. Therapists shared anecdotes and newspaper articles, and when inmates did share personal stories, therapists were careful to note to me afterwards that the ‘story’ could have happened to anyone. The incident, a psychologist explained, might or might not have happened, but the emotions and thoughts that caused the inmate to share that narrative were significant. “In the beginning I used to think it was the content that mattered,” a therapist, Manuel, reflected one afternoon, “now I think it’s more like I am with my nieces and nephews, it’s not what you say but the form that matters.” For Manuel, form meant not only styles of interaction but performances of modeling types of gendered behavior that he wanted inmates to adopt. It was a deferral of judgments, and doubt about inmates’ narratives and possible futures, that facilitated the construction of a convivial space within the prison.

This narrative system, built around long-term transformational goals and culturally Catholic ideals of community is still a coercive one—it rewards inmates who collaborate or participate in it. Prison benefits and earlier parole are more likely to be granted to people who have participated in these programs (see also Crewe 2016, García-Borés et. al. 2016). Crewe (2016) notes that the anxiety and uncertainty generated for inmates who must participate in these programs to obtain good reports can be excruciating. Finally, in institutions with extremely high inmate to psychologist ratios (1/400), as in Catalonia, the effects of this practice are necessarily discriminatory—not all inmates can have the opportunity to participate in these programs (García-Bóres et. al: 193). Nevertheless what I want to emphasize here is that inmates had control over what to invent, reveal, or share about themselves in a long-term process of exchange of strategy with the prison itself—and it was this agency, combined with the professional doubt of therapists themselves, that served to counteract the heavy pressure of control and surveillance in the hyper-social and hypervisible environment of a rehabilitative prison.

### **Calculating Futures, Circulating Fears**

The practice of completing actuarial risk assessments differed from a clinical form of managing risk and 'investigating violence' in three important ways. First, they assumed that the incidents and traits that made an individual at risk of violence to him/herself were knowable upon intake—in a system in which the last quarter of an inmate's lengthy sentence was spent identifying these traits. Second, it made public and knowable to therapeutic teams and administration immediately what those specific problems might be. Third, assuming that those qualities are knowable in the first place—the criminogenic attitudes psychologists claimed were becoming an object of attention in Spanish criminology—actuarial risk assessments furthered the creation of what one psychologist called 'juicy' categories that became new objects of attention and control.

If agency for inmates and therapists was partly a function of this collaborative process of narrating stories about inmates past in group therapy sessions and reports, a fully risk-based therapeutic system would offer fewer opportunities for exercising this form of agency because it would further reduce the amount of contact that inmates had with therapeutic teams. In the proposed system, by eliminating the value of the cryptic crime itself, inmates' pasts are no longer the object of coercion or scrutiny. Paradoxically, when the crime is the unspoken center of a regime of investigation, both inmates and professionals have a degree of control over what is transacted and shared and how precisely it is set up as an object to be reconstructed collectively. In contrast, the system that envisions, from the beginning, inmates as atomized beings capable of being decomposed into discrete units of risky behaviors, and determines what traits and attributes a person possesses in the first place realizes the dream Annelise Riles argues is one of the three ends of bureaucratic fantasy: the total 'abdication of authority' of both inmates and professionals to define the terms upon which their engagement of the practice of reform will take shape (Riles 2013: 397). This should not suggest that in practice inmates and therapists' would not develop different forms of engagement, but this engagement would have to be conceptualized as a long-term, not short-term, relationship.

The proposed risk-based system of reform competed with a clinical rehabilitative practice: the attributes of the person of the inmate would become more public in the sense that they would be immediately known. At the same time, a basis for the programs and calculations prescribed for the inmate upon admission would make that person's deep past far less relevant to future change. In contrast, the public and forced qualities of engagement that the cryptic economy of the crime pushed into existence would ostensibly be eliminated in group or individual therapy sessions. They would be replaced by a focus on what Manuel called 'form,' short units targeting specific behaviors that some professionals already believed were more important than the content of therapy sessions with inmates.

Finally, risk assessments, and a risk-based system disrupted the scientific and moral practice through which therapists held at bay their own doubts or negative beliefs about

an inmate's future. For many therapists this was an understanding of inmates as suffering persons whose life histories would make it difficult for them to end cycles of violence. Therapists had different metaphors and idioms for talking about a practice of doubting, questioning, reading against the grain and going against one's intuition—to avoid anticipating negative outcomes for inmates. Insofar as risk-assessments focused on dozens of negative personality traits and acts of which an inmate had been responsible, they intensified therapists' processes of working against one's clinical judgment in order to preserve doubt about inmates' futures.

### **Therapists' Negotiation of Competing Genres of Predicting Risk**

There are two primary institutional effects of the convergence of clinical and actuarial methods for evaluating risk that I analyze. Actuarial risk assessments had the effect of 1) limiting time and contexts for sharing information about inmates and 2) intensifying practices of scientific doubt, of putting aside professional knowledge in order to preserve expectations for inmates' behavioral change.

The first example of the convergence of actuarial and clinical methods for evaluating risk I discuss comes in the case of a young inmate I call Quim. I had the opportunity to observe several interviews between prison therapists and Quim when he was first admitted. Several days later, I documented three informal interviews between Quim and the team of therapists to which he had been assigned. The details of this case and the interviews conducted with him considerably alarmed four of the five professionals who initially spoke with him. Quim had been sentenced for severely injuring a young man during a fight at a local bar. Although this was the first time he had been incarcerated, Quim had a set of conflicts with co-workers, and a series of encounters with police for involvement in fights with multiple individuals. In the initial interviews the team conducted with Quim, he offered slightly different stories to each professional. He denied using drugs to one professional, and admitted to using them to others, and gave different dates for a certain event, and was very reticent with certain therapists. Quim was nervous during these interviews—his hands trembled, his body was tense, and he told one professional that he felt anxious. This first group of therapists were disturbed by Quim's presentation, believed he was dangerous, and given Quim's recent history of aggressive behavior, a risk assessment confirmed this initial evaluation.

Three days later, the therapists in the unit to which Quim had been assigned had a very different set of conversations with him. A therapist, Joan, began to ask Quim about his childhood: Joan asked him if he had many friends at school, if he had problems with classmates or his teachers. Quim denied repeatedly that he had ever had problems with colleagues, but threw his hands up: "What is friendship anyways?" he asked. Instead of asking Quim why he had been dismissed from certain positions, as the first set of therapists had done, Joan asked him to narrate a fight in which he had participated, and to tell him how he felt during the beginning of his working life. Joan assured the inmate that he would be able to finish an educational program in the prison—a possibility that had been a point of contention in his initial interviews.

Returning to the office after a conversation with Quim, a therapist, Joan, explained to me that the inmate's behavior and personal history suggested that he had been bullied, abused, and had low self-esteem. "He's the guy everyone would have pushed around in school," Joan reflected, "and this is probably the kind of problem he had later on [at work] as well." For Joan and the other therapist with whom he worked, it was significant that Quim's father was an alcoholic and abusive. In the second team's evaluations, Quim was timid, anxious, and fearful, but not aggressive. He was an odd guy, Joan and his team agreed, but they did not see Quim as a risk to himself or others. Nevertheless, in order to create a different narrative about Quim's person as non-risky, this group of therapists had to elicit stories from Quim and create a narrative that linked his deep past to his potential future. They framed Quim's recent past as a part of a longer cycle of behavior, and developed a very different image of him.

In this case, therapists did not conceptualize either a risk assessment or either group of clinical evaluations as necessarily inaccurate. Based on a recent history and series of events, and confirmed by an actuarial assessment, Quim appeared to a first group of therapists to be dangerous. However it is this focus on events, which were also the focus of risk assessments themselves—that over-determined the opinion the first group of therapists formed of Quim. Joan and the second team of therapists needed to disregard certain details of Quim's history, to focus on a deeper history and positive actions and relationships—that indicated to them that he might be nervous, but was not dangerous. Quim, in a rehabilitation system based only on forms of risk assessment, would have been an object of scrutiny and concern for therapists. An initial group of therapist felt a need to monitor him, and this heightened anxiety around his case might have resulted in any number of outcomes on his part. If organized purely through risk assessments, this system would have classified him only in terms of his past conflicts with co-workers, law enforcement, and in public spaces.

In Quim's case, the second group of therapists who interviewed him preserved the event as a singular token of a type, while both the type of physical aggression and the behaviors surrounding it were normalized in their talk. Even though Quim responded negatively to Joan's questions and chose to present different parts of his life story in an exchange with Joan, what Quim chose to share shaped Joan's assessment of him. In contrast, risk assessments make these aggressive patterns that had marked Quim's recent past more visible. Risk assessments normalized events, while providing no space to track emotional or relational patterns that interested therapists. Risk assessments make this information immediately public—to team members and prison administration, and a potential object of action. Through doubting both clinical knowledge and the univocal authority of judicial documents, professionals were able to project a different set of possibilities for Quim.

In effect, therapists understood all forms of evaluation as a part of a therapeutic process, and as bringing a certain reality into being. It was not a loss of control over the

outcome of an assessment—but the loss of a pretext from which to share information and concerns about a case, and to generate a shared experience of time and work with inmates within the institution as a whole that most characterized the institutional response to the introduction of violence risk assessments. Risk assessments produced numbers, but not shared knowledge of practices or tactics. The flip side of creating narratives or sharing information within a prison is the practice of forgetting, the ability to decide which facts to disregard in a given case. Every context in which professionals skimmed scanned, gossiped and transacted information about cases, relevant information was remembered and other events judged to be irrelevant to a decision about an inmate's case. Sharing judgments about inmates were a means through which therapists held at bay their own assumptions about individual cases. Given high caseloads and the amount of work that risk assessments entailed, their introduction had the effect of limiting the sharing of information about cases. Finally, in highlighting violent events across an inmate's lifespan, risk assessments intensified a professional practice of doubt—needing to search for other attributes of inmates' persons in order to anticipate their ability to overcome past patterns of behavior.

### **Risk and Publicity: Listening in contexts of hyper visibility**

In the previous section, I showed that aside from in an intake unit, actuarial risk assessments were not completed in a single sitting. Given scarce time, therapists completed or renewed the assessments after the fact based on information gathered during an interview between an inmate and therapist. This links clinical and actuarial assessment more closely together in practice, giving risk greater weight as an ideological frame.

The previous section discussed the practice and pragmatics of actuarial and clinical evaluation of inmates' risk. In this section, I want to offer one more example here that focuses on the significance of risk as metapragmatic, as an ideological frame. I argue that risk as an ideological frame duplicates a practice of managing a risk of violence that already existed within a prison, and that was only heightened within a context of austerity. I argue that risk functions to promote a kind of publicity that therapists sought to diminish in order to better identify elements of social interaction that indicated inmates were a danger to themselves or others. In its focus on aggression as concrete events, the assessments selected for those elements which were already the loudest and most visible within this communicative ecology.

Again, my intention is not to overstate the impact of a conception of risk or practice of actuarial risk evaluation within Catalan prisons. Therapists did have strategies for resisting a discourse of danger and risk. However even this kind of talk points to the disjuncture between the goals of the institution and a risk framework itself. Therapists asserted that a risk of violence was either not present at all within the prison, and also that it was pervasive: it was a certainty, a permanent dimension of everyday life and work. It was also this constant attention to a risk of violence that therapists themselves needed to tune down in order to better distribute their limited time and attention to facts



on the ground that did signal serious distress on the part of inmates.

Risk as a focus on aggressive events echoes this existing economy: it highlights the elements that already operated as the most exposed within it— rather than serving to select individuals who were dissonant or unable to cope with its structures. What happens to elements that are not events? Where do silence, isolation, or institutional abuse fall within this schema? How did therapists identify and document patterns that have much longer cycles and durations?

Risk as a discourse amplified an economy of attention most marked by the fact that attention is at once scarce and oversaturated. There were few outside contacts for inmates, and inmates sought contact with volunteers, therapists and other individuals coming from a broader community. Nevertheless in the classrooms, patios and cafeterias of an overcrowded institution, therapists were inundated with inmates' demands, and inmates were inundated with one another's demands for attention and care. This creates an environment that is both hyper-social and public, and capable of generating extreme isolation.

Towards the middle of a nine-month group therapy program for violent offenders, an older inmate who I will call José, became increasingly withdrawn. Both the therapist and I had noticed this man becoming increasingly sad and frustrated in several consecutive sessions over the course of a week. The therapist told me that he and José had arranged a time to talk. However before the two had a chance to meet, José was involved in an incident with another inmate. José's despair, it turned out, was precipitated by a relationship outside of the prison, and that had been a great source of stress to him. While his sadness was perceptible to both myself and the therapist, the therapist had not inquired about in depth nor gauged the significance of the intensity or quality of this experience for José. The problem here is one of differentiating between a baseline emotional state and what represents significant distress, and understanding these fluctuations within broader emotional patterns. These degrees of distinction that are beyond the scope of a current actuarial violence risk assessment; as baseline states for individuals are not currently recorded as a part of an assessment.

José was an older man, usually quiet and reserved. He did not have a history of conflict with other inmates or guards, and was nearing the end of a long sentence. In the context of both an actuarial assessment, as well as clinical judgment, José's withdrawal would not have signaled a danger of violence. By priming therapists to attune to physical and verbal signs of aggression that are already very salient within a rehabilitative unit for violent offenders, less visible signs of distress that can also trigger self-harm or conflict are downplayed as objects of concern. There were also no channels available to José to express the urgency of this distress that were not public—it would have meant telling a guard in front of other inmates or telling the therapist himself in front of others.

What interests me here is how the forms of publicity that risk generates—the kinds of circulation of data it enables—operate in a context already both hyper-social—and which affords inmates and therapists very little privacy within the institution. To this extent, what I argue here is that risk as an ideological frame exacerbates an existing logic in which inmates with known histories of conflict are even more visible to prison administration—and those who are most isolated (but not necessarily in conflict with others) are even less visible. This latter category also includes non-Spanish inmates who because of linguistic barriers or discrimination did not always receive the same benefits or kinds of attention as Spanish inmates, sometimes with serious consequences.<sup>20</sup>

Again I use the term publicity because I believe it shares important qualities with forms of mediated communication that may be both sporadically high contact but also very low trust—like arguing with the acquaintance an acquaintance on Facebook—and where the intense monitoring of activity within a relatively dense network means that the network itself has an extensive memory. As easily as an action may be forgotten, actions in one context may be taken up and invite retaliation much later. Precisely because of the forced publicity and enforced sociality of a rehabilitative prison, there may be a greater need for therapists to attune to and communicate with one another about less overt expressions of distress that could precipitate forms of harm, which a focus on already known events of aggression does not address. The tension here is that risk relies on publicity – its own circulation – but may inhibit other forms of circulation of information based on forms of trust or privacy that its presence has the potential to degrade or inhibit over time.

Scholars have documented the effect of a European and global recession in necessitating measures aimed at reducing prison populations, and that shaped the introduction of managerialism in Spanish prisons (Brandariz-García 2016a). Practices or procedures motivated by austerity policies can impact local institutions' ability to respond to adverse circumstances and exacerbate the presence of other kinds of risks in everyday life (see also Wright 2016). By focusing heavily on the prevention of physical conflict in the short-term, the use of risk assessments on an institutional level redistributed the work of an already understaffed institution away from efforts to manage other types of relationships with inmates. It limited contexts for sharing other types of information about cases, and, did not contemplate the forms of isolation and relational conflict with guards that motivated a significant percentage of incidents of self-harm and violence that occurred during the period 2012-2014.<sup>21</sup>

Actuarial violence risk assessments produced a set of metadata and a summary of inmates' actions that was useful precisely for this function on an institutional level.

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<sup>20</sup> Several therapists reported that young Moroccan men, who were particularly isolated because they could not speak Spanish, were the most likely to self-harm.

<sup>21</sup> These are not publicly available statistics, however almost all incidents of conflict which became public knowledge among therapists, during the period I in which I conducted fieldwork had these characteristics.

Nevertheless, the labor of producing the assessments, and the significance accorded to overt signs of aggression within the assessments themselves, again did not offer that facilitated the sharing of information about the dimensions of an inmate's emotional change over time that professionals saw as most relevant to their future conduct.

## **Conclusion**

Numbers enact realities, but also shape existing forms of publicity and visibility in particular contexts. I argued that in a rehabilitative prison system in Catalonia, the quantification of risk was integrated uneasily into a prison culture marked by close contact between inmates, and between therapeutic staff and inmates. It clashed with the visions of a public that professionals desired to create within a prison—in which inmates and professionals held their own judgments about themselves and about others in check in order to generate a convivial community within that space. Confronting their own negative expectations, professionals looked to inmates' deep pasts and relationships to maintain doubt about those persons' futures. The use of actuarial risk assessments thus intensified a practice of scientific doubt professionals used to hold at bay negative expectations of outcomes for violent offenders. Further, in identifying particular forms of risk over others, and in occupying professionals' time, actuarial risk assessments professionals often had the effect of limiting rather than facilitating therapeutic teams' discussion of individual cases.

In other words, in practice, therapists understood evaluation as partly constitutive of inmates' progress, and as a part of a therapeutic process. The counter-intuitive logic behind this practice of risk management is the crime was to be discursively constructed by inmates and therapists as a kind of non-event: exceptional only to the extent that it would not re-occur. The crime was epiphenomenal, the result of other feelings, habits and relationships. Risk assessments, in contrast, work entirely through categories of perpetrator, victim, event and trait—normalizing, and insofar as the project those events into the future—the crime therapists sought to preserve an epiphenomenal but singular event.

Risk is autopoietic (Garland 2003, Teubner 1993), projecting a reality to which an institution responds. If this is the case, then the temporalities of evaluation and therapeutic intervention need to be aligned with institutional objectives and practices of surveillance. If we think of the ideal of a risk-based system as a living archive, in this case, information on inmates' relationships and strengths would have to be saved at the beginning of an inmate's sentences that would then be relevant to the long-term transformations that the system wanted to create. In the current risk-assessment system, this information is not systematically recorded in the early stages of a person's sentence, nor is it recorded in detail in clinical practice.

Restructuring a Catalan system of rehabilitation around short-term therapies oriented to inmates' specific risks has the potential to minimize a coercive economy of

information—but also has the potential to limit, but not eliminate, therapists and inmates’ agency in deciding the terms upon which their engagement would take place. Finally, I argued that risk regimes represented an anonymization of care in a space in which therapists struggled to both individualize treatment and maintain inmates’ and their own senses of privacy and agency, contributing to therapists’ experiences of professional and moral analysis. Therapists wanted information to circulate to outside institutions, while recognizing that simply enabling the maintenance of contact between inmates and their families was a challenge. As prisons seek to expand forms of contact between inmates and communities, without rethinking the temporality of rehabilitation and forms of surveillance, risk instruments are unlikely to provide flexibility in constructing community inside or outside of a prison—and are more likely to introduce new objects of suspicion and control.

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