

LIVING WITH SERIOUS MENTAL ILLNESS, POLICE ENCOUNTERS, AND
RELATIONSHIPS OF POWER: A CRITICAL PHENOMENOLOGICAL STUDY

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DEDICATION

To my power-full sun, Miles, in honor of your joy, your love, and your life. We are an incredible team. I am so grateful I get to do this life with you.

To the sixteen people who shared their lived experiences with me – to those that have transitioned, to those living empowered, and to each of us in the spaces in between – may our work be part of our personal and collective movement towards liberation.

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Stephanie Q. Quiring

LIVING WITH SERIOUS MENTAL ILLNESS, POLICE ENCOUNTERS, AND
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The criminalization of mental illness has drawn and kept a disproportionate number of people living with mental illness in jails and prisons across the United States. The criminal legal system is ill-equipped or unequipped to provide meaningful mental health care. Police often serve as gatekeepers to the criminal legal system in the midst of encounters involving people living with serious mental illness. The literature that examines police decision-making amid these highly discretionary encounters has been primarily situated in post-positivist, quantitative methodologies focused on police perspectives. There is a dearth of research with the direct involvement of people living with serious mental illness that employs more advanced qualitative methodologies.

The purpose of this study was to understand the lived experience of police encounters from the perspective of people living with serious mental illness through multi-level analysis of the interpersonal and structural contexts which underpin these encounters. This critical phenomenological study used interpretative phenomenological analysis as process. A sample of 16 adults were recruited using purposive and snowball sampling and completed semi-structured interviews. The findings reported two descriptive areas for participants—aspects of serious mental illness and contemplations of power. The findings also included the interpretive analysis organized around six themes that emerged regarding the lived experience of police encounters: (a) significant context, to include serious mental illness, was made invisible, (b) the carceral response to serious mental illness and interpersonal issues, (c) law enforcement’s power to force submission,

(d) facets of escalation, (e) law enforcement encounters lacked essential care, and (f) law enforcement encounters served as a microcosm of the criminal legal system.

The implications of the study's findings on police encounters as they are currently framed in the largely post-positivist, quantitative body of research are discussed. In addition, the current wave of national police response models and reform are considered and connected to implications for social work practice. Finally, culminating in the findings' implications for a growing edge of critical phenomenology that incorporates intersectionality and disciplinary power and the central role of an abolition feminist praxis at the nexus of mental health, crisis response, and collective care.

Hea-Won Kim, Ph.D., Chair

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Chapter I. Introduction

There has been increased public consciousness and attention paid at the intersection of police violence, use of lethal force, and racism in the United States since 2015 and the social justice uprisings in 2020 (Ben-Moshe, 2020; Crenshaw et al., 2015). While public awareness has been on the upswing again, the families effected, the grassroots organizers, advocates, and communities most impacted have long been aware and engaged in this space (Crenshaw et al., 2015). Simultaneously and specifically, police response to people living with mental illness has received renewed public attention and policy response in recent years also (Gur, 2010; Wood et al., 2011; Wood et al., 2017). In May 2021, Indianapolis police responded to call about a “suicidal man with a gun” (McQuaid, 2021, para. 1). Monolito Ford reportedly sought mental health treatment at two sites earlier in the week only to be turned away for lack of medical insurance (McQuaid, 2021). He had secured an appointment for early the next week, but did not survive the weekend. As police approached, Mr. Ford, with gun in hand, did not follow officer commands. He was shot an undetermined number of times by the three officers. He was a father of four, and his family members said he was struggling with the death of his mother a year prior and the murders of seven family members this year (McQuaid, 2021).

De’Aire Gray was a father and loved spending time with his daughter (Mack, 2021). He enjoyed playing basketball and graduated from high school in 2010 (Mack, 2021). In 2015, he was diagnosed with schizophrenia. He faced criminal charges in 2019, but in 2020 he was determined incompetent to stand trial (Mack, 2021). Mr. Gray was ordered to the care of the Division of Mental Health and Addiction. By early 2021,

police responded to a call complaining that a man was living in his car and asked the police to come check it out. Court documents indicated that officers wanted to talk to Mr. Gray. He declined. He ran, and they pursued. An officer was going to tase him, but dropped his taser in the chase. The chase ended when Mr. Gray was shot twice (Mack, 2021). Initially, it seemed he was going to survive – he was taken into custody on suspicion of resisting law enforcement and allegedly pointing a loaded firearm. In the report there were no claims that he pointed a gun. No formal charges were filed. Mr. Gray died approximately ten days later while still in the hospital and after multiple surgeries to treat his wounds (Mack, 2021).

Police in Shelbyville, Kentucky responded to a welfare check request for Ashleigh Bertucci (Novelly, 2017). She was shot and killed by responding officers (Novelly, 2017). According to police, Jerry Richardson was known to have “erratic” behavior at times (Greenlee, 2017). People from his neighborhood also knew Mr. Richardson as a polite and kind man that rode his bike often and cut neighborhood children’s hair to earn some money (Greenlee, 2017). Mr. Richardson had a machete strapped to his wrist and was shot five times by police (Greenlee, 2017). He died.

In 2014 in Cleveland, Ohio, the family of Tanisha Anderson called for support in calming their daughter during a mental health crisis (Crenshaw et al., 2015). Ms. Anderson had a bipolar diagnosis and her mother, Cassandra Johnson, detailed that when on her medication, “you wouldn’t know anything was wrong with her” (Crenshaw et al., 2015, p. 16). Police response involved separating her from her family and attempted to put her in a police car. This response made her increasingly agitated and a struggle ensued. The police officer took her to the ground – the concrete sidewalk – and placed

his knee on her back and handcuffed her (Crenshaw et al., 2015). Her family's attempts to comfort her in these moment were denied by the officers. She was pronounced dead upon arrival at the hospital. Her death ruled a homicide by the Cuyahoga County medical examiner (Crenshaw et al., 2015). According to her mother, despite the media narratives, Ms. Anderson was non-violent – it was the nature of the police response and isolation from her family that made her panic.

Also in Ohio, William Porubsky was known by police to have drug and mental health issues. On the night he was killed, responding officers initially attempted to connect Mr. Porubsky to a safe place to sleep. Mr. Porubsky was shot and killed by a police officer (Kang, 2017). Ohio has Crisis Intervention Teams (CIT), a prominent model aimed at equipping police to more effectively respond to people in mental health crisis, in nearly every county (Geller, 2008). In addition, after the shooting death of Tamir Rice in Cleveland in 2014, Ohio increased mental illness training requirements for police (Kang, 2017). The Ohio Attorney General said at the time, “the whole purpose behind this [training effort] is to let officers see these individuals as people” (Kang, 2017, p. 1). For police, decision making amidst these encounters has been highly discretionary and was often informed by inaccurate perceptions of people living with mental illness (Gur, 2010; Morabito & Socia, 2015; Wood et al., 2011). Too often the outcome of an encounter between police and a person living with mental illness could have better served the safety and wellness of the person living with mental illness, the police, and the community. Despite policy and practice efforts, there is significant need for improvement (Geller, 2008).

To date, understanding these encounters from the perspective of people living with serious mental illness has gone mostly unexamined. This dissertation outlines the policy landscape that places the police as a primary intercept, or gatekeeper, for people living with serious mental illness, the police decision-making practice and research, and details a critical phenomenological research design, findings, and implications that address the questions—what is the lived experience of encounters with police for people living with serious mental illness? How do relationships of power shape the encounters with police for people living with serious mental illness? Inclusion of the perspectives of people living with serious mental illness are needed in order for encounters with police to be fully understood (Miner-Romanoff, 2012).

This study framed the primary research question for people living with serious mental illness. At the outset, the construct of serious mental illness for this study included the following diagnoses:

A serious mental illness diagnosis includes depression, major depressive disorder, bipolar disorder, anxiety disorder, panic disorder, obsessive compulsive disorder, posttraumatic stress disorder, conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, schizophrenia, delusional disorder, schizoaffective disorder, bipolar disorder with psychotic symptoms, depression with psychotic features, borderline personality disorder, and co-occurring disorders.

These parameters proved broader than the serious mental illness diagnoses study participants presented. The narrower and more serious diagnoses and additional details regarding functioning and impairment will be provided at the outset of Chapter III. With that in mind, much of the literature reviewed for this study does not consistently define or delineate between mental illness and serious mental illness. Furthermore, when either of those terms are used, either mental illness or serious mental illness, they were often not

consistently defined, clinically or otherwise, at the source. This conceptualization issue was not unique to the research literature reviewed here. Definitions for mental illness and serious mental illness varied across settings, e.g. in clinical trials, criminal legal proceedings, and epidemiological purposes (Fuller, n.d.). In Chapters I and II, the use of mental illness or serious mental illness will mirror the language used at the source (i.e., empirical study, news article, etc.). The author will be as specific as possible. As the dissertation shifts to Chapter III and the framing of this study, specifically, the researcher will use the term serious mental illness and provide the operational definition for this study.

Another framing note for this dissertation. The inability of the criminal legal system to provide meaningful, sustained mental health care will be discussed. Simultaneously, there are mental health care spaces that are not designed to respond to criminal behavior per se as part of the carceral state. However, this study does not directly examine crime committed by people living with serious mental illness. What this study does consider and examine are the more prevalent phenomena of the criminalization of mental illness and the lived experience of violence and trauma across the life span for people living with serious mental illness.

Police as Gatekeeper

Police have often been the first community resource called on to respond in the midst of a possible mental health crisis, yet were too often ill-equipped to effectively interact with people living with mental illness (Chappell & O'Brien, 2014; Crenshaw et al., 2015; Lamb et al., 2004; Wood et al., 2011). Beyond crisis, police have often interfaced with people living with mental illness that were underengaged or unengaged

with mental health care services (Wood et al., 2017). Practically, mental health calls have been some of the most complex and time consuming to handle (Lipson et al., 2010; Lurigio & Watson, 2010). Up to 10% of all police contacts involved a person living with mental illness (Demir et al., 2009; Watson et al., 2010; Wood et al., 2017). Officers were often responding to the same locations on calls regarding the same persons (Wood et al., 2011).

Despite the frequency with which police encounter people living with mental illness, the stigma of people living with mental illness as unpredictable, dangerous, and violent may have influenced police decision-making (Baker & Pillinger, 2019; Chappell & O'Brien, 2014; Crenshaw et al., 2015; Lipson et al., 2010). Perceptions of dangerousness based on the label of mental illness were as important, if not more so, than behavior in determining police response (Watson et al., 2004). Ruiz and Miller (2004) found dangerousness to be the most prevalent and problematic misconception held by police officers. They suggested officers' fear of injury and lack of empathy coupled with people living with mental illness difficulty to comply, at times, are primary causes of violent confrontations. In most jurisdictions, the commitment laws that police rely on to guide decision-making used language around dangerousness (Pettila & Swanson, 2010). However, the overwhelming majority of people living with serious mental illness have not engaged in violence towards others (Applebaum, 2013; Elbogen et al., 2016; McCampbell, 2001; Nielssen et al., 2011). Elbogen et al. (2016) highlights that studies have repeatedly shown that most people with a serious mental illness diagnosis were not involved in violent behaviors (citing Pulay et al., 2008; Steadman et al., 1998; Swanson et al., 1990). Instead, according to Applebaum (2000), when people with serious mental

illness were violent, the factors contributing and/or responsible for said violence were the same factors that contribute to violence among people without mental illness (DeAngelis, 2021). A more comprehensive consideration of factors pointed to interpersonal, environmental, and structural indicators (DeAngelis, 2021). What has received less attention and as a result has not been the narrative was that people living with serious mental illness are more likely to hurt themselves than others and were more likely to be the victims of violence (Carpiniello et al., 2007; Ebogen et al., 2016; Swartz et al., 2001; Sadeh et al., 2013). Over half of incarcerated persons with mental illness were arrested for nonviolent offenses like trespassing, disorderly conduct, minor property crimes, or drug possession (Lipson et al., 2010; Morabito & Socia, 2015; Slate, 2003). The FBI's Uniform Crime Report indicated that few, if any, injuries to police stemmed from encounters with people living with mental illness (Morabito & Socia, 2015). Yet, in the field an officer's misconception about dangerousness increased their concern for their own safety and may have resulted in the use of unnecessary and escalating force (Morabito & Socia, 2015). These complex interactions and their outcomes should be carefully examined.

Police and People Living with Mental Illness: Outcomes and Impact

Police are gatekeepers in that the authority and discretion inherent in their position most often guides how an encounter involving a person living with mental illness is resolved. There are four possible outcomes to consider: (1) arrest, (2) death; (3) diversion to care, and (4) no formal action taken (i.e., "gray zone"; Broussard et al., 2010; Lamb et al., 2004; Morabito, 2007; Teplin, 1984; Wood et al., 2017). The impact of arrest and death are considered here in Chapter I. Diversion to care, as a goal of the CIT

model, and “gray zone” policing are integrated in the review of the literature in Chapter II.

Arrest and the Criminalization of Mental Illness

Arrest is not the only outcome available to police. However, police have been more likely to arrest a person who appears mentally ill (Gur, 2010; Teplin, 1984; Wood et al., 2011). A carceral response to people living with serious mental illness has resulted in the criminalization of mental illness. This criminalization occurs when people, absent criminal intent, were arrested for minor crimes or ordinance violations, were arrested because alternative solutions and connections to care were unavailable, or were penalized in response to nonconforming behavior (Lamb et al., 2004; Lurigio, 2011). The consequence of criminalization of mental illness may have had varying degrees of severity, but it was punitive inside a prison or jail (Lurigio, 2011). Behaviors of people living with mental illness may be perceived as unnerving, off putting, or appear threatening, and police were then called to restore order (Lurigio, 2011). Once arrested, people living with mental illness repeatedly cycle through the criminal legal and mental health systems (Draine et al., 2002; Lurigio, 2011; Lurigio & Swartz, 2000; Massaro, 2004; Petrila et al., 2003).

There has been no other system that has absorbed more people living with mental illness in the last forty years than the criminal legal system. There continues to be an overrepresentation of people with serious mental illness in the criminal legal system (Bronson et al., 2020; Van Dorn et al., 2013). More than two million adults with serious mental illness were admitted to U.S. jails annually (Bronson et al., 2020; Petrila & Swanson, 2010; Steadman et al., 2009; Van Dorn et al., 2013). Jail functions to house

those held in the short term, presumably. Based on Department of Justice estimates, approximately 26% of people in jail and 14% of people in prison reported ‘past 30-day serious psychological distress,’ compared to 5% of the adult non-incarcerated population (Bronson & Berzofsky, 2017). For those initially jailed, that subsequently receive a prison sentence, it has been estimated that more than 1.25 million adults with mental illness were in prisons across the United States (Van Dorn et al., 2013). Furthermore, the number of adults with serious mental illness that were on probation or parole was disproportionately higher at a rate of two to four times that of the general population (Van Dorn et al., 2013). It has been estimated that the imprisonment of offenders with mental illness costs about nine billion dollars per year (Blevins & Soderstrom, 2015).

Current Landscape of Jail and Prison Mental Healthcare

The Los Angeles County Jail, Cook County Jail in Chicago, and Riker’s Island Jail in New York City have been referred to as the three largest “psychiatric facilities” in the United States today (Lurigio & Watson, 2010). In the last decade or so, it has been estimated that there are two to three times more persons with serious mental illness in prisons than there were in psychiatric hospitals (Lurigio & Watson, 2010). The Bureau of Justice (2005) estimated that more than half of all prison and jail inmates had mental health problems (Ben-Moshe, 2020). Today, the American Psychiatric Association estimates that one in five (20%) offenders have a serious mental illness, with up to 5% being actively psychotic at any given moment (Ben-Moshe, 2020; Lurigio & Watson, 2010; Martinez, 2010).

While the criminal legal system housed hundreds of thousands of persons with mental illness, the system was not intended to nor equipped to treat, rehabilitate, and

manage this population (Bradley & Ward, 2009). Court decisions in *Estelle v. Gamble* (1976) and *Bowring v. Godwin* (1977) recognized a prisoner's right to medical treatment, which included psychiatric care; however, the nature of treatment varied significantly based on the facility (Blevins & Soderstrom, 2015). As a matter of policy, per the U.S. Department of Justice, all federal and most state prisons and local jails have provided mental health services (James & Glaze, 2006). These services included some combination of intake screening, counseling, and distributing psychotropic medications. However, research has identified dramatically underfunded mental health care in correctional facilities and psychiatric needs of incarcerated peoples consistently left unmet (Human Rights Watch, 2003; Lurigio, 2011; James & Glaze, 2006). For example, jails undertreated persons with mental illness when they provided nothing more than medication management and suicide watch (Ben-Moshe, 2020; Martinez, 2010). Kinsler and Saxman (2007) found this failure to adequately treat was in large part due to the insufficient number of full-time mental health staff in prisons and jails. Supply of services rarely met the demand for care (Council of State Governments, 2002).

For those that entered the criminal legal system as drug offenders, mental illness has gone undiagnosed at times, and as an extension untreated, even if there were elements of drug treatment built into the person's criminal case resolution (Lurigio & Swartz, 2000). Among individuals living with mental illness and incarcerated, a significant portion also reported co-occurring substance abuse or dependence as defined in the DSM-IV as follows: 76% in local jails, 74% in state prisons, and 64% in federal prisons (James & Glaze, 2006). The drug treatment, mental health treatment, and "rehabilitative" components of the criminal legal system provided fragmented care, compounded an

already difficult situation, and increased the risk for recidivism (Lurigio, 2011; Lurigio & Swartz, 2000).

Ultimately, 95% of incarcerated persons will be released back into their communities (American Correctional Association, 2014). The prison system's training and treatment landscape created a "no win" environment for people living with serious mental illness. People living with mental illness in jails and prisons entered the system with mental health concerns that were then exacerbated by time spent incarcerated, or the experience of incarceration effected a person's mental health and the onset of mental illness may have occurred while incarcerated (Ben-Moshe, 2020). The United States continues to employ some of the harshest prison conditions in the world (U.S. Human Rights Network Prison Working Group, 2008). One such practice is that of solitary confinement. These environments have been referred to as "supermax" or secured-housing units (the SHU). In the SHU, those incarcerated were locked away 23 hours a day—sometimes 24. The extreme sensory deprivation aggravated existing mental illness, but may have also given rise to SHU syndrome which has been characterized by visual and auditory hallucinations, insomnia, paranoia, increased risk of suicide, and post-traumatic stress disorder (American Friends Service Committee, 2014). Prisons and jails are highly regulated environments. When persons with mental illness have not received effective treatment, they may have found it difficult, if not impossible, to comply with rigid behavior expectations. As a result, persons with serious mental illness, e.g. psychotic disorder, mania, etc., may have been more prone to violating the terms of their incarceration. Such a violation often earned the offender further penalties which resulted

in a longer stay within the very system that was incapable of effectively providing treatment (Geiman, 2007; Martinez, 2010).

People Living with Mental Illness Killed by Police

The consequence of arrest was discussed above, and now another outcome must be addressed. During an acute mental health crisis – arrest is not the only possible outcome. Persons with mental illness were at least four times more likely to be killed by the police than a person without mental illness (Lipson et al., 2010). A comprehensive national database does not exist to track civilians killed by police (Nix et al., 2017). Data reporting at the federal level has not been compulsory. Those agencies that have reported to the federal government make up approximately 1% of all law enforcement agencies across the United States. As a “stopgap” in this reporting, at least two journalism-based organizations have more recently stepped up (*The Guardian* and *The Washington Post*). Since 2015 *The Washington Post* has been tracking every fatal shooting by an on-duty police officer in the United States (Washington Post, 2021). After Michael Brown, an unarmed Black man, was killed in 2014 by police in Ferguson, Missouri, an investigation found that “the FBI undercounted fatal police shootings by more than half” (Washington Post, 2021, p. 1). This underreporting occurred because of the reasons highlighted above. This Washington Post project, Fatal Force, has relied on news accounts, police reports, and social media postings. The Washington Post tracked at least 12 points of information for each killing (Washington Post, 2021). The Fatal Force project only included those deaths where a police officer, while on duty, shot and killed a civilian. Cases were determined to involve mental illness because the person expressed suicidal intentions or because police or family members confirmed a history of mental illness (Washington

Post, 2021). Over the course of five years of data analysis, the overall demographics of victims have remained consistent (Washington Post, 2021). Since January 1, 2015, approximately 6,662 people have been shot and killed by police (Washington Post, 2021). Approximately three people per day have died after contact with police (Baker & Pillinger, 2019). Approximately one in four of those killed by police annually displayed signs of mental illness (Nix et al., 2017; Washington Post, 2021). Since 2015, at least 1,502 people with mental illness have been shot and killed by police.

In March 2020, Daniel Prude was behaving erratically and ran from his brother's home without a shirt into the snow-covered streets of Rochester, New York (Watkins & Maslin Nir, 2021). At least two calls to 911 were placed, one from Daniel's brother, Joe, because he was worried about his safety. Police responded and confronted Mr. Prude. He was restrained and a hood placed over his head (Watkins & Maslin Nir, 2021). While pinned to the ground by several officers, Mr. Prude lost consciousness and had to be resuscitated. He was transported to a hospital, placed on life support, but died a week later. This police encounter garnered national attention after the release of body-camera footage. Mr. Prude yelled out; however, at least one officer remained where he was – pressing his head into the ground (law enforcement restraint procedure known as segmenting) for more than a minute (Watkins & Maslin Nir, 2021).

In Fairfax County, Virginia, law enforcement in the Fairfax County Jail had already restrained Natasha McKenna with handcuffs, leg shackles, and a hood when she was tased four times (Crenshaw et al., 2015). She was in mental health crisis. The officers' claimed she was being uncooperative hence the restraints and subsequently being tased. Within minutes she stopped breathing. Ms. McKenna died at the hospital

several days later (Crenshaw et al., 2015). When her mother visited her in the hospital, her body, weighing no more than 130 pounds, was covered in bruises, both eyes black, and a finger was missing (Crenshaw et al., 2015).

Kayla Moore, a Black transgender woman, was killed by Berkeley police in 2013 (Crenshaw et al., 2015). Police came to her home after her roommate called for help because Ms. Moore was experiencing a mental health crisis. The request was for her to be taken to a medical facility for care. However, officers “attempted to arrest her on a warrant for a man 20 years her senior, who had the same name Moore was given at birth” (Crenshaw et al., 2015, p. 17). Multiple officers physically restrained her on the spot, and she was suffocated to death. As she lay there lifeless, officers delayed monitoring her vital signs, used transgender slurs, and did not administer adequate life-saving treatment (Veklerov, 2014).

On January 5, 2014, police officers in Boiling Springs Lakes, North Carolina shot and killed 18-year-old Keith Vidal (Pearson et al., 2014). Keith’s parents called the police to assist them as he was having an episode due to his schizophrenia. In Memphis, Christian Freeman, a 19 year old man recently diagnosed with paranoid schizophrenia was shot on June 11, 2012 (McKenzie, 2012). Milton Hall was shot by Saginaw Police after they were called because he allegedly stole a cup of coffee (Townes, 2014). Also, Brian Newt Beard, a 51 year old Los Angeles native, was shot and killed by the police after a car chase (Zimmerman, 2013). However, at the time of the shooting Mr. Beard had his hands in the air with his back to the police. He had schizophrenia. On December 12, 2015, in Indianapolis, Charles Goodlow, 25, was shot and killed by the police (Alesia,

2015). He was wielding a knife. His family reported he suffered from mental illness (Adams, 2015).

In a 2010 standoff with police, Iraq War veteran Kenneth Ellis III suffering from post-traumatic stress disorder held a gun to his own head (Ortiz, 2014). It was actually the police officers' guns that killed him. On March 16, 2014, Albuquerque Police shot and killed James Boyd in the Sandia foothills. Mr. Boyd was homeless and suffered from mental illness. The shooting was captured on video and shows Mr. Boyd down and unarmed when police shot him. He died later at a local hospital (Ortiz, 2014). These tragedies demonstrate the catastrophic outcomes during police encounters for too many people living with mental illness. The law enforcement response to people living with mental illness is an issue of national concern and loved ones, organizers, policymakers, community leaders, and the public are demanding improved outcomes and lives spared (Crenshaw et al., 2015; Reuland et al., 2009).

Purpose of This Study

The purpose of this critical phenomenological study was to understand the experience of police interaction from the perspective of persons living with serious mental illness and the interrelated social, discursive, and political forces that underpin the experience. "It is time to take a 21st-century look at the broader context of police interactions with persons affected by mental illnesses and their implications for advancing practice in this area" (Wood et al., 2017, p. 83). Relatively little is known about the elements, to include interpersonal and structural, that shape these encounters (Morabito, 2007). What has been examined in the research literature is almost exclusively framed through policing and law enforcements' perspective. That work is

considered in Chapter II. However, this study aimed to develop deeper understanding of the lived experience of police encounters, to include relationships of power, and intended to meaningfully inform this highly-discretionary interaction between people living with serious mental illness and police. The lived experience of people living with serious mental illness should be centered in the midst of advising and improving practice, research, and policy that may have an impact on the safety and wellness of people living with serious mental illness, police, and the community. When stakeholders are made aware of and connected to lived experiences, narratives may shift, and the potential exists to create a new, more humane experience—one that is more person-centered and collaborative (Starnino & Canda, 2014). The research questions were:

- What is the lived experience of encounters with police for people living with serious mental illness?
- How do relationships of power shape the encounters with police for people living with serious mental illness?
 - In what ways is a person living with serious mental illness aware of the relationships of power in encounter(s) with police?
 - How does their perception of the power relationship shape their lived experience of encounters with police?

Chapter II. Literature Review

The following review of the literature examines (1) deinstitutionalization and the federal mental health care policy landscape, (2) the War on Drugs, militarization of police, and a sample of police practices that when taken in tandem with the federal policy landscape have positioned encounters between police and people living with serious mental illness on the frontlines/as a critical intercept, (3) the authority granted police to make decisions, and (4) the most prevalent crisis intervention models, and subsequent research, that have informed police decision-making when an encounter may have involved a person living with serious mental illness. This chapter concludes with a conceptual framework to address gaps in the literature and provides a theoretical and methodological mechanism to generate new knowledge regarding encounters between police and people living with serious mental illness.

Deinstitutionalization and the Federal Mental Health Care Policy Landscape

Several major policy shifts in mental health care, policing, and crime policy have run parallel for more than fifty years with significant impact for people living with serious mental illness and police (Lurigio, 2011). This first section examines the shifts from state-run hospitals to community-based care, how that care has been financed, and mental health jurisprudence. From there the review will shift to crime and policing policy and practices that have resulted in disproportionately high numbers of people living with mental illness being drawn into the criminal legal system. This comprehensive, but not exhaustive, landscape results in police officers often being the first point of contact for people living with mental illness when in crisis.

The Delivery and Funding of Mental Health Care

Conversations and considerations around what would become understood as deinstitutionalization, moving people out of psychiatric institutions to community-based care, began in the 1950s (Ben-Moshe, 2020; Torrey et al., 2010). This was a critical time because as Ben-Moshe (2020) highlighted “when the data on mental hospitalization are combined with the data on imprisonment for the period of 1928-2000, the highest rate of aggregated institutionalization occurred in 1955, when almost 640 per 100,000 adults over age fifteen were institutionalized in asylums, mental hospitals, and state and federal prisons” (p. 43). It should also be noted, although a comprehensive analysis of the evolution of psychotropic drugs is beyond the scope of this study, psychotropic drugs, specifically Thorazine, were also introduced in the mid-1950s (Ben-Moshe, 2020). Drug companies were lobbying state legislators to increase psychiatric hospital budgets to pay for psychotropic drugs (Ben-Moshe, 2020). The argument, initially, was that a drug like Thorazine made institutionalized care easier (i.e., it was not offered as a deinstitutionalization mechanism). However, as the landscape of care began to shift to community-based, so too did the arguments in support of the use of drugs like Thorazine absent sufficient research according to standards then and now (Ben-Moshe, 2020; Joint Commission on Mental Illness and Health, 1961). It also worked for people not institutionalized.

Around the same time (1955), the Joint Commission on Mental Illness and Health was formed and began their evaluation of the American mental health system (Ben-Moshe, 2020; Joint Commission on Mental Illness and Health, 1961). The culmination of their work was published in *Action for Mental Health: Final Report of the Joint*

Commission on Mental Illness and Health (1961) which concluded that community-based treatments were essential and recommended a continuum of care between hospitals and in the community. The recommendations also included boosting educational programs, improving social services, and the already existing facilities that delivered care (Ben-Moshe, 2020).

By the 1960s and 1970s public consciousness shifted and the attention paid to closing psychiatric hospitals gave a name to the deinstitutionalization that started in the 1950s (Ben-Moshe, 2020). In this same time period, several key pieces of federal legislation had two primary effects on the delivery and funding of mental health care: (1) mental health care delivery was meant to occur primarily in the community on an outpatient basis, and (2) funding shifted from the state to primarily the federal-level and social programming (Frank & Glied, 2006). First, the Community Mental Health Centers Act (CMHCA) of 1963 was the first direct effort by the federal government towards mental health care in the 20th century (Sharfstein, 2000). The CMHCA sought to build an infrastructure of community-based care, but it failed to materialize to the degree originally forecast and/or necessary to meet the mental health care needs of people (Ben-Moshe, 2020). Additional elements of this stunted expansion are discussed below. There was a growing public sentiment that people were being held too long and sometimes without reason in psychiatric hospitals (Goldman & Morrissey, 1985). Clinical evidence of social and functional deterioration following long-term institutional care reinforced the notion that these institutions contributed to chronic mental disorder (Goldman & Morrissey, 1985). These institutions were described as “isolated, dehumanizing ‘warehouses’ where unfortunate deviants were sequestered, neglected, or abused”

(Goldman & Morrissey, 1985, p. 728). There was an increased public consciousness around the depravity and lack of care in too many mental institutions.

Initially, the funds were provided to communities to build outpatient centers and get them operational (Karger & Stoesz, 2017). The community-based effort attempted to treat persons with mental illness through a broad network of social resources. Between the mid-1970s and mid-1980s, approximately 700 community mental health centers were established (Goldman & Morrissey, 1985). However, the federal funds were limited to the early years of operation with the hope that additional investors would step up to continue financing (Frank & Glied, 2006). Nearly 20 years later, the estimated number of community mental health centers had grown to only 750 (National Council for Community Behavioral Health, 2002). In the early 1980s, President Regan and Congress passed the Omnibus Reconciliation Act of 1981 (OBRA). This legislation shifted federal funding further away from the original intention of the CMHCA. OBRA used a block grant system to direct monies to the states (Frank & Glied, 2006; Karger & Stoesz, 2017). The intention was to give the states flexibility in how they applied and improved mental health care delivery to the most vulnerable of populations. However, the “flexibility” was quickly overrun by reporting guidelines, spending requirements (etc.), and OBRA functioned more as a cut in funding to the already floundering community mental health approach (Frank & Glied, 2006).

Second, around the same time as the CMHCA (1963), the financing of mental health care changed. The shifting momentum, or lack thereof, to community-based care was significantly impacted by changes to the funding stream. Monies that initially went to CMHC’s bypassed the state and went directly to communities (Ben-Moshe, 2020).

Hospitals were funded by the state and remained funded by the state, and systems were left disjointed. Financial responsibility had largely been at the hand of the states via the state hospitals, but with President Johnson’s successful effort to pass Medicare and Medicaid legislation, in the last 50 years financing has shifted to the federal government (Ben-Moshe, 2020; Frank & Glied, 2006; U.S. Department of Health and Human Services, 2016). As a modification to the Social Security Act, the then President viewed Medicaid as an effort to reduce poverty. Medicaid established public health insurance for some people living in poverty and/or living with disabilities in the United States. With Medicaid benefits “in hand,” presumably persons with mental illness could choose the mental health care provider of their liking in their community for the first time (Frank & Glied, 2006). Elements of Medicaid were central in shifting the delivery and financing of mental health care services. First, the federal government would match the state’s expenditure and the state’s expenditure was not to exceed 50% (i.e., if a state was responsible for 20% then the federal government had to cover the other 80%). This was different than the cost being largely absorbed by the states through use of state psychiatric hospitals (Frank & Glied, 2006; Karger & Stoesz, 2017). Another shift occurred as a result of the Institution of Mental Disease (IMD) exclusion under Medicaid (Frank & Glied, 2006). An IMD was defined as a hospital, nursing facility, or other institution that had at least 16 beds and the primary focus was to provide diagnosis, treatment, or care to people living with mental illness (Rosenbaum et al., 2002). In short, the federal government would not pay for mental health care delivered in state mental hospitals or private psychiatric hospitals. Financing such care was the responsibility of the states as it was their facilities that were being used. However, this created another

reason for states to respond by diverting people from state institutions to places like community mental health centers and nursing homes, so Medicaid could cover the cost (Frank & Glied, 2006; Karger & Stoesz, 2017). These financing shifts reduced the number of people living with mental illness in psychiatric hospitals. In 1955, there were 559,000 persons in state mental hospitals while the total national population was 165 million (Ben-Moshe, 2020). By the end of 2000, there were less than 100,000 people in state mental hospitals while the total population of the United States grew to 275 million (Ben-Moshe, 2020; Martinez, 2010). While delivery and financing of mental health care was shifting under federal policy, there was also an increase in litigation and ultimately courts' decisions regarding right to treatment and standard of care while institutionalized. That is where this literature review shifts next.

Judicial Decisions: State Hospitals' Treatment and Patients' Civil Liberties

Saks (2000) suggested that mental health law in the last 50 years has come from two primary threads: doctrinal constitutional scholarship focusing on rights and therapeutic jurisprudence scholarship focusing on the therapeutic implications of different laws. Doctrinal constitutional scholarship guided early mental health rights cases where arguments centered on a patient's rights to refuse treatment under the 14th Amendment right to privacy or an 8th Amendment cruel and unusual punishment claim (Saks, 2000). Court decisions recognizing increased civil liberty protections are outlined in several of the cases sampled below (e.g., *Lessard v. Schmidt*, 1972). The second thread of mental health law scholarship focused on therapeutic jurisprudence – how law and subsequent court decisions balanced an individual's autonomy with the benefits

derived from effective therapy (Saks, 2000). Therapeutic jurisprudence continues to contribute to discussions of mental health law reform (e.g., *Olmstead v. L.C.*, 1999).

The following cases are offered as a sample of judicial decisions that have shaped the tone of civil liberty and therapeutic jurisprudence related to people living with mental illness. This analysis and the cases that follow do not extend directly into criminal matters. For example, the Supreme Court has discussed the right to refuse medication in criminal matters in *Riggins v. Nevada* (1992) and *Washington v. Harper* (1990). Persons with mental illness' standing in criminal proceedings are important, but beyond the scope of this study because (1) this analysis is offered as part of the policy and legal landscape that contributed to deinstitutionalization and (2) once the structural analysis is concluded, this study focuses on police encounters (i.e., what happens before a person is brought into the criminal legal system). This part of the analysis focuses on decisions that shape current understanding of civil liberties and therapeutic jurisprudence extended to persons with mental illness.

Wyatt v. Stickney (1972)

This class action was filed on behalf of patients involuntarily committed for mental health treatment in Alabama mental institutions (*Wyatt v. Stickney*, 1972). This was one of the first legal challenges to confinement in psychiatric institutions (Ben-Moshe, 2020). The court held patients have a constitutional right to receive treatment that gives them a “realistic opportunity to be cured or to improve his or her mental condition” (*Wyatt v. Stickney*, 1972, p. 1308). The U.S. District Court of Alabama went on to outline, quite specifically, key considerations state hospitals must provide for patients with mental illness: (1) a humane psychological and physical environment, (2)

qualified staff in numbers sufficient to administer adequate treatment, and (3) individualized treatment plans (*Wyatt v. Stickney*, 1972). The court found the decision of the state hospital administrators to deprive a person of their liberty by holding them without their consent in the name of healing and then to fail to provide adequate treatment violates the most fundamental purposes of due process (*Wyatt v. Stickney*, 1972). These standards of treatment became national standards of practice (Ben-Moshe, 2020). As these standards spread, they were then used as a deinstitutionalization strategy by attorneys and advocates. The prohibitive cost of rehabilitation and treatment and the shifting financial mechanisms (discussed above) functioned to close many institutions (Ben-Moshe, 2020).

Lessard v. Schmidt (1972)

In *Lessard (1972)*, the U.S. District Court in Wisconsin held that aspects of the state's civil commitment statutes denied due process under the 14th Amendment. Persons who were or would be subject to state civil commitment proceedings were entitled due process protections like a notice of rights, probable cause hearing, a commitment hearing, and written notice of said hearing (*Lessard v. Schmidt*, 1972). The *Lessard (1972)* decisions changed Wisconsin's involuntary commitment statute (Torrey, 2008). Other states followed suit (Torrey, 2008). Specifically, to have someone committed there must be proof "that there is an extreme likelihood that if the person is not confined he will do immediate harm to himself or other...and dangerousness is based upon a finding of a recent overt act, attempt or threat to substantial harm to oneself or another" (Torrey, 2008, p. 76).

O'Connor v. Donaldson (1975)

A person living with mental illness who had been involuntarily committed to a state facility in Florida and filed suit alleging the hospital's superintendent and others had intentionally and maliciously deprived him of his constitutional right to liberty. During this time, superintendents and judges held the kind of power to make decisions to commit people to institutions that did not suffer from mental illness. In this case, in 1957 and Mr. Donaldson was committed based on the petition of his father and a brief hearing. The committing judge indicated he would be sent to the hospital for a few weeks; instead he was there almost fifteen years. The Supreme Court ruled that nondangerous individuals who were found to have a mental illness could not be held without their consent or treatment. The U.S. Court of Appeals for the 5th Circuit deemed the treatment inadequate and the patient was released (Torrey, 2008). The landscape was shifting. Judicial decisions like these were making it harder for the states to adequately staff and maintain treatment, so patients were being discharged at higher rates (Torrey, 2008). Once discharged, the newly revised and more stringent involuntary commitment statutes made it more difficult to bring persons with mental illness back into a state hospital (Torrey, 2008).

Pennhurst State School v. Halderman (1981)

However, in 1981 the Supreme Court narrowed the scope of the 14th amendment guarantee. The Pennsylvania Appellate Court initially ruled that the unsafe, unsanitary, and inhumane conditions at the Pennhurst State School and Hospital violated both the Due Process Clause and the Equal Protection Clause of the 14th Amendment. But Justice Rehnquist, writing for the majority, held that there was no obligation for the states to

provide the high costs of “appropriate treatment” and a “least restrictive environment” to its intellectually or developmentally disabled citizens. More specifically, the Developmental Disabilities Assistance and Bill of Rights Act did not imply that states must enforce 14th Amendment guarantees (*Pennhurst State School v. Halderman*, 1981). In this case the institutional logic itself was put on trial (Ben-Moshe, 2020). The court found that confining and isolating people with intellectual and developmental disabilities in institutions was unconstitutional segregation. Instead, the state had to provide community living arrangements for those at Pennhurst and by extension functionally closed its doors (Ben-Moshe, 2020).

Youngberg v. Romeo (1982)

The U.S. Supreme Court examined the applicable constitutional standards for the case of a patient with mental illness who claimed the right to be free from undue bodily restraint, the right to personal security, and the right to adequate treatment (*Youngberg v. Romeo*, 1982). The Court held a 14th Amendment liberty interest in freedom of movement, in personal security, and in habilitation did exist (*Youngberg v. Romeo*, 1982). To determine if those rights were violated depended on “whether the decision by the professional is such a substantial departure from accepted professional judgment, practice, or standards as to demonstrate that the person responsible actually did not base the decision on such a judgment” (*Youngberg v. Romeo*, 1982, p. 307).

Rennie v. Klein (1983)

A person involuntarily committed to a New Jersey mental facility filed suit against the facility for violating his constitutional rights—specifically his right to refuse antipsychotic medication (*Rennie v. Klein*, 1983). The U.S. Court of Appeals for the 3rd

Circuit held the involuntarily committed person living with mental illness has a constitutional right to refuse the administration of antipsychotic medication (*Rennie v. Klein*, 1983). If the appropriately qualified staff is going to administer the medication against the will of the patient, then their decision must be based on accepted professional judgment and predetermined procedures must be in place that satisfies the patient's due process right under the 14th Amendment (*Rennie v. Klein*, 1983).

Rogers v. Okin (1984)

Much like *Rennie* (1983), the U.S. Court of Appeals for the 1st Circuit held that involuntarily committed patients with mental illness have a right to refuse antipsychotic medication based on their substantive and procedural rights under the 14th Amendment (*Rogers v. Okin*, 1984). Once again, if staff were going to administer medication against the will of the patient the Court held the Massachusetts' requirements of a judicial decision maker, adversary proceedings, and detailed regulations governing use of chemical restraints provided more than adequate procedural due process protections for the patients' liberty interests (*Rogers v. Okin*, 1984).

Olmstead v. L.C. (1999)

Two women, L.C. and E.W., were voluntarily admitted to a Georgia hospital for schizophrenia and personality disorder, respectively (*Olmstead v. L.C.*, 1999). Once in the psychiatric unit, their treatment professionals determined both women could be sufficiently cared for in a community-based program (*Olmstead v. L.C.*, 1999). However, the women remained institutionalized (*Olmstead v. L.C.*, 1999). L.C. and E.W. brought suit based on Title II of the Americans with Disabilities Act of 1990. Ultimately, the case rose to the U.S. Supreme Court and Justice Ginsburg, writing for the majority, held that

L.C. and E.W. were qualified for community-based treatment; however, the state could take into account the available resources in determining how immediately patients were moved into the community (*Olmstead v. L.C.*, 1999). Put another way—the state facility was expected to end unnecessary institutionalization at a reasonable pace, but that pace has been over a decade in the making.

The major themes to emerge from this case analysis were the creation of operational standards for state facilities (therapeutic jurisprudence) and the body of law recognizing the civil liberties and subsequent protections afforded persons with mental illness (doctrinal constitutional; Saks, 2000). These court decisions created much higher legal standards to satisfy and secure care on behalf of a person living with mental illness. Where state hospitals continued to deliver care, the court-generated, operational standards for service delivery were found to be financially cumbersome, if not prohibitive (Karger & Stoesz, 2017; Sullivan & Carpenter, 2010). Often compliance with these operational standards would have required significant financial investment into state facilities that had otherwise been slated to close. As state hospitals emptied and financing to pay for mental health care services shifted, so long as people did not return on an inpatient basis (but for the manifestation of life-threatening behavior), then there was no state obligation to provide the financially cumbersome treatment required of hospitals by the courts (Karger & Stoesz, 2017). These policy shifts effected the practice of state institutions' delivery of care.

A note before the chapter shifts to discussing several key areas of crime policy and policing practice across this same time frame (approximately mid-1950s to the late 1990s). Since deinstitutionalization began and was occurring in large swaths, there has

been some space in the literature where this process was framed as leaving many people living with mental illness, and especially people living with serious mental illness, also homeless, and they were then functionally “absorbed” by the criminal legal system (Goldman & Morrissey, 1985; Slate, 2003). However, there has been more nuance to the structural landscape. Ben-Moshe (2020) delineated that deinstitutionalization did not leave people in the streets en masse – racism and neoliberalism did via shifting federal and state budget priorities, cost cutting and privatization across all social service sectors. This played a part in the closure of psychiatric institutions and what emerged as the functional failure to invest structurally in areas of economic supports, affordable housing, health care, education (etc.) to strengthen communities and the supports available to people living with serious mental illness (Ben-Moshe, 2020; Richie & Martensen, 2020). Simultaneously, there were continued budget increases in the investment and expansion of the carceral state vis a vis the criminal legal system staffing, prison and jail building, and mechanisms and reach of policing (Alexander, 2020; Richie & Martensen, 2020; Vitale, 2019). To this extent deinstitutionalization was not transinstitutionalization – people functionally moving from one institution to another – because it was not comprehensively the same people that left psychiatric institutions that were then pulled directly into the criminal legal system (Ben-Moshe, 2020). Instead, the role of institutionalization/incarceration as social control that continued to be important and the examination of the ways it adapted based on the social/political/economic landscape of the last 40 years is critical (Ben-Moshe, 2020; Vitale, 2019). The people wrapped up in the net of what is often understood as modern mass incarceration are new people, new

generations, and also live with serious mental illness within the carceral state (Alexander, 2020; Ben-Moshe, 2020).

The War on Drugs, Militarization of Police, and Broken Windows Policing

In the late 1960s, The Kerner Commission took the position that the answers to dealing with violence were known (Vitale, 2019). As a result, the Johnson administration expanded federal funding into the hundreds of millions of dollars on police training and equipment with few strings attached (Vitale, 2019). This laid groundwork for the Nixon administration to launch the War on Drugs (Moore & Elkavich, 2008). The rhetoric of the War on Crime and the War on Drugs began in the late 1960s (Alexander, 2020; Vitale, 2019). The expressed intention was to combat the alleged, ever-increasing drug problem; however, it has also been well-established that the narrative was developed to harness the political and economic support of white, specifically southern, votes during the Civil Rights Movement thru the racialized lens of “law and order” (Alexander, 2020; Vitale, 2019). While this War on Drugs began with the Nixon administration, it, to include its policies, programs, and rhetoric, has been embraced to varying degrees by every administration – whether Republican or Democrat – since. For example, after the decisive loss of Dukakis, Democrats embraced a “tough on crime” narrative that was part of Clinton’s win and eventual 1994 crime bill that added tens of thousands of police and expanded the crime and drug wars via sentencing guidelines, crime classifications (etc.; Alexander, 2020; Vitale, 2019). Tougher laws, hyper-focus on arrest, increased discretion for both police and prosecutorial decision making, and less judicial discretion were built into this policy (Alexander, 2012; Dumont et al., 2012). Overall, the prison population quadrupled between 1980 and 2000 (Lurigio, 2011). The United States has

had the highest prison and jail populations and incarceration rate in the world (Lurigio, 2011; Walmsley, 2009). Meanwhile, the war has done little to decrease the use of drugs (Moore & Elkavich, 2008).

State and local police initially resisted the War on Drugs because it drew attention and resources away from more serious crime (Alexander, 2012; Dumont et al., 2012). However, significant financial and resource grants from the federal government persuaded police agencies to engage more fully. For example, under the Reagan administration, cash grants were extended to police agencies willing to make drug-law enforcement a top priority (Alexander, 2012; Balko, 2014). The Edward Byrne Memorial State and Local Law Enforcement Assistance Program was the federal program disbursing millions of dollars to local law enforcement agencies. Narcotics task forces, training, technical support, and military equipment were being disbursed across the country (Alexander, 2012; Balko, 2014; Vitale, 2019).

The 1990s brought the proliferation of military gear, the federalization of policing, and the expansion of SWAT teams (Balko, 2014). Between 1997 and 1999, the Pentagon handed over in excess of a million pieces of military equipment to local police. The type of items included airplanes, helicopters, M-16 rifles, grenade launchers, bulletproof helmets, and night-vision goggles. This weapons transfer program, the 1033 program, amounted to \$4 billion dollars in equipment by the late 1990s (Vitale, 2019). Few legal rules meaningfully constrained the police in the War on Drugs (Alexander, 2012; Vitale, 2019). This high degree of discretion has been a key feature of this federal policy. The development and expansion of SWAT teams have centered on militarized tactics. The use of SWAT teams in communities expanded significantly to include

serving warrants, buy and busts, and patrolling in communities deemed high crime (Vitale, 2019). Both Balko (2014) and Vitale (2019) pointed to the erosion of constitutional protections for people under both the 3rd and 4th amendments of the United States Constitution. These shifts, to include the development of a “warrior” mindset in modern police training, over the last 30+ years have been coined the militarization of policing (Baker & Pillinger, 2019; Balko, 2014; Watson et al., 2021).

As the impacts of policing within the War on Drugs developed, there were other shifts in patrol policing that gained ground. In the early 1980s an article by Kelling and Wilson (1982) appeared in *The Atlantic* speaking to a “new” wave of police practice. In it they made the argument that aggressively “cracking down” on minor disorder offenses would have the effect of keeping serious crime at bay (Friedersdorf, 2020). This became known as “broken windows” policing because the analogy they used was “if a window in a building is broken and is left unrepaired, all the rest of the windows will soon be broken” (Kelling & Wilson, 1982, p. 2). By extension then, a “broken window” was not just the literal physical environment, it was also and importantly the “disorderly person” (Kelling & Wilson, 1982, p. 29). According to Kelling and Wilson (1982), “another source of fear—the fear of being bothered by disorderly people. Not violent people, nor, necessarily, criminals, but disreputable or obstreperous or unpredictable people: panhandlers, drunks, addicts, rowdy teenagers, prostitutes, loiters, the mentally disturbed” (p. 30). They argued that each “disordered” person left unchecked was a “broken window” and an indicator that violent crime was going to besiege that community (Kelling & Wilson, 1982). This framework required police on patrol to focus

on public order and maintenance of social control (Friedersdorf, 2020; Kelling & Wilson, 1982; Richie & Martensen, 2020; Vitale, 2019).

This practice of aggressively enforcing low-level laws and community standards spread across major American cities and beyond (Friedersdorf, 2020; Harcourt & Ludwig, 2006; Vitale, 2019). It functioned to further criminalize the lived experience of some around structural social issues like homelessness, substance use, poverty, and mental illness through arrest and criminal legal system involvement (Friedersdorf, 2020; Richie & Martensen, 2020; Vitale, 2019). This practice was applied in marginalized communities and functioned to further expand racial and class disparities (Friedersdorf, 2020; Richie & Martensen, 2020; Vitale, 2019). Today, after nearly four decades of practice, “broken windows” policing is reviled by some and defended by others in law enforcement (Friedersdorf, 2020). The research in the area has failed to establish that broken windows policing contributed to the decrease in crime during the 1990s (Harcourt & Ludwig, 2006). Harcourt and Ludwig (2006) found no support for the “broken windows theory” hypothesis. In practice, this aspect of policing functioned to criminalized previously legal behaviors, enhanced social control functions of police, and expanded the carceral state (Friedersdorf, 2020; Richie & Martensen, 2020; Vitale, 2019).

These policies and practices, rigorous drug enforcement, increased militarization, and “broken windows” policing, are a sample of strategies that generated excruciating hardship on people, families, and communities of color and for those living in poverty (Alexander, 2020). More than 31 million people have been arrested for drug offenses since the War on Drugs began (Alexander, 2020). In 2000 alone, more than 1.5 million

people were arrested for drug offenses, the vast majority of which were low-level drug possession (Lurigio, 2011). Many of the arrests were the result of “hotspot” policing (Alexander, 2020). “Hotspots” were those neighborhoods that were pinpointed for drug activity, often poor communities of color (Alexander, 2020). In these same neighborhoods with an increased police presence, people living with mental illness, who were also drug-using, were susceptible to searches and likely to be arrested for possession (Alexander, 2020; Dumont et al., 2012; Lurigio, 2011). The prevalence of co-occurring disorders—mental illness and substance abuse disorder(s)—in the general population is significant. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) reports that over 8.9 million people have co-occurring disorders. The racial and economic disparities in mental health care, punitive crime policies, and targeted police practices like “broken windows” and “hotspots” have wrapped more and more people living with serious mental illness into the criminal legal system (Lurigio, 2011; Richie & Martensen, 2019).

Police Authority: Paternal Care, Dangerousness, and Decisions in the “Gray Zone”

The earlier discourse about court decisions focused on two threads of mental health law: doctrinal (i.e., constitutional), and therapeutic jurisprudence. Saks (2000) identified a third thread that emerged in the space where decisions about treatment and autonomy conflicted. This thread, theoretical scholarship, sought to address issues of paternalism present in therapeutic jurisprudence and focus on the philosophical issues underpinning mental health law (Saks, 2000). Such a focus examined underlying issues raised by mental health, like the nature of mental illness, responsibility, personhood, and relationships to one another (Saks, 2000). This tension between individual autonomy and

intervention on behalf of a person deemed unable to care for self is ongoing and multi-faceted. This tension can be found in some encounters between police and people living with mental illness. The state-extended authority to intervene was granted to police in the context of encounters with people living with mental illness through both *parens patriae* and police power.

In the United States, it has been estimated police are involved in the connection to care for almost one-third of people living with mental illnesses (Watson et al., 2021). Police response in mental health crisis situations where one may be a danger to self or others garners much of the attention in policy matters (Wood et al., 2017). Often police encounters involving people living with mental illness did not involve major crimes or violence instead they were more often minor, non-violent infractions, presence and/or behavior in public spaces that another takes issue with (etc.; Bittner, 1967; Teplin, 1984; Wood et al., 2017; Vitale, 2019). There were also those encounters where the legal criteria for emergency detention were not met, but mental health needs existed because of a lack of engagement or maintenance of services by the person living with mental illness (Evans, 2013; Wood et al., 2017). When police response to people living with mental illness could be resolved without formal resolution involving either arrest or diversion to care, this informal resolution was called “gray zone” policing (Wood et al., 2017).

In Crisis and Involuntary Commitment

Historically, the arrest, involuntary commitment, and detention for psychiatric care of people living with mental illness have been based on one of two state powers: *parens patriae* and police power (Cornwell, 1998; Roth, 1979; Simon & Rosenbaum, 2015). The *parens patriae* doctrine was brought over from the English common law

(Ratliff, 2000). It was the crown's authority to protect and act on behalf of minors and incompetents. Under this doctrine, the state extended care for those unable to care for themselves, such as some people living with mental illness (Roth, 1979). The police power stems from the authority "to protect the community from the dangerous tendencies of those who are mentally ill" (Cornwell, 1998, p. 377). In either case the sovereign had the capacity to exercise authority over the people of the land (Simon & Rosenbaum, 2015). This authority has been operationalized by permitting the involuntary commitment of persons with mental illness when a person is gravely disabled or dangerous (Emergency Detention, 1992; Immediate Detention, 2013). After the *Lessard* decision (1972), states slowly incorporated these concepts and relevant legal standards and procedures into their statutes. This language around dangerousness was codified into the law, and shapes the public's perception of people living with mental illness (Cornwell, 1998). These codifications were the last major wave of civil commitment law reform just before the ramifications of the War on Drugs and the other policing practices, discussed earlier, began to ramp up – the result of which was too often a carceral response to a mental health issue.

There has been a coercive power inherent in the state's authority (Petrila & Swanson, 2010). The reach of this power was often framed in terms of public safety which relied on language about the perceived dangerousness and alleged threat of violence posed by persons with mental illness (Cornwell, 1998; Petrila & Swanson, 2010; Sullivan & Carpenter, 2010). Some scholars and advocates opposed these bases for civil commitment because coercion was counter-therapeutic and arguably meant to be reserved for only the most severe circumstance (Simon & Rosenbaum, 2015). The people making

the initial determinations and exercising state-granted power were the police. Potentially constructing meaning around these relationships of power and the role it may play in understanding encounters between people living with mental illness and police is discussed in greater detail in the conceptual framework.

In the “Gray Zone”

Research into what shapes and impacts highly-discretionary police decision-making in the midst of “gray zone” encounters with people living with mental illness has been considered in seminal work done by Bittner in the late 1960s. Bittner (1967) conducted field work in a large West Coast city and found the exercise of police power to arrest a person living with mental illness was often used as a last resort when viable alternatives were not available. Police officers used their legal powers to address the needs of the person living with mental illness *as they saw them*. Herein lies the dilemma. When there was not a more fully informed model of police interaction in place, the officer used the avenues available to address the needs of community members. Unfortunately, this has too often been charging a person in apparent mental health crisis with a disorder offense. This was the use of a legal pretense to serve what may have intended to be a humane objective (Bittner, 1967). Police also readily acknowledged that interaction with people living with mental illness was a part of their work, but not part of their training and skill set. In addition, the structure of advancement as a police officer – a professional – did not ascribe value to the development of the acumen and approach that would best serve people living with mental illness (Bittner, 1967). For officers, the time involved in connecting people to care in what was an often tedious and cumbersome healthcare environment was a source of frustration and futility. The rule of practice was

to bring cases “to some sort of closure within reasonable limits of time and effort” (Bittner, 1967, p. 281). The ability to do so – close cases efficiently – was a sign of stellar police work (second only too important arrests). Bittner (1975) went on to write a seminal text that framed key elements of the policing as follows: (1) simplistic and immediate solutions to complex problems prevail; (2) to do so policing depended upon the possibility of coercion; and (3) and that coercion was disproportionality focused on marginalized populations (Baker & Pillinger, 2019).

In a more contemporary context, officers’ decision to arrest has been examined since Bittner (Engel & Silver, 2001; Morabito, 2007; Teplin, 1984; Teplin & Pruett, 1992). By the 1980s, Teplin (1984) took a closer look at the criminalization of mental illness by studying arrest in a large northern city. Trained observers examined and coded 1,382 police-citizen encounters involving over 2,000 citizens (Teplin, 1984). The results indicated that police tended to resolve cases informally. However, police underidentified people living with mental illness among the people they arrested, and people living with mental illness were approximately twice as likely to be arrested as compared to people without mental illness (Teplin, 1984). As a follow-up, Teplin and Pruett (1992) sought to understand how officers were making the decision to arrest. The findings indicated the decision to arrest was based on the officers’ perception that arrest was the only means available to gain control in a variety of circumstances (Teplin & Pruett, 1992).

Engel and Silver (2001) took issue with two limitations in Teplin’s research (1984, 1992). They argued the statistical analysis Teplin’s research used was not appropriate to answer if police disproportionality use arrest to resolve encounters with people living with mental illness and more variables that may have informed police

discretion should have been considered in the analysis (Engel & Silver, 2001). The study used regression analysis to analyze data from the Project on Policing Neighborhoods (1996-1997) and Police Services Study (1977). Contradictory to what Teplin (1984, 1992) found, Engel and Silver (2001) found that police were not more likely to arrest people living with mental illness when compared to other suspects. They noted two key differences that likely generated the results. First, Engel and Silver (2001) included a wide range of dichotomous variables for sex, race, age, homelessness, alcohol/drug use, disrespect, noncompliant behavior, relationships between suspect and victim, and several others. During police encounters with people living with mental illness, the frequency of arrest and its relationship to mental illness, one aspect of the criminalization of mental illness, and the factors that drive decision-making was not a well-settled issue. The “complexity of the interaction” was not adequately understood, and research results have varied. Second, Teplin (1984, 1992) used a clinical definition of mental illness which was not in line with officers’ perceptions, so a definition of “mental disorder” as police understood was used (Engel & Silver, 2001). Engel and Silver (2001) offered that the officers’ perceptions of mental illness were more in line with those of the general public than that of a clinical framework. Given the authority vested in law enforcement and the frequency with which interaction with people living with mental illness occur, an understanding of mental illness beyond that of the general public should be required. The unintended arrest of a person living with mental illness, perhaps because an officer may not accurately identify an encounter with a person living with mental illness, was still an arrest. Carving out that distinction in the definition does not serve to sufficiently refute the criminalization of people living with mental illness. Also, given the role of police as

gatekeeper, understanding beyond that of the general public was necessary. Engel and Silver (2001) concluded with practice and policy implications that supported additional police training, cross-system collaboration, and a research agenda that connects police officers' knowledge with decision-making. This literature review shifts to that area of the literature by examining the most prominent intervention, the Crisis Intervention Team model, intended to reduce arrest, increase knowledge and safety, and divert to care (Morabito, 2007; Wood et al., 2017).

Crisis Intervention Team (CIT): A Model for Police Decision-Making

Evidence-based policing uses research to guide practice and evaluate practitioners. It uses the best evidence to shape the best practice (Sherman, 1998). The Crisis Intervention Team (CIT) model was created to inform officers' discretion and guide decision-making (Oliva et al., 2010). The Crisis Intervention Team (CIT) model was used to increase police officers' understanding of persons with mental illness, increase the effectiveness of their interaction, and to develop a more involved network of community resources at the officer's disposal (Demir et al., 2009; Martinez, 2010). The primary goals of CIT are to reduce arrests of persons with mental illness, divert people living with mental illness away from the criminal legal system and towards mental health services, and increase the safety of officers and the public (Watson, 2010). The CIT model and its accompanying body of research has not been definitively identified as evidence-based policing (Compton et al., 2008; Geller, 2008; Sherman, 1998; Watson et al., 2017). Training has shown some improvement in police knowledge, but the effects on arrest, safety, and diversion to care remain less clear.

CIT was born out of tragedy. In 1987 in Memphis, Tennessee, the police shot and killed a man, Joseph Robinson, known to struggle with schizophrenia (Lurigio & Watson, 2010). In the wake of this high profile shooting, the Memphis Police Department collaborated with the local chapter of the National Alliance on Mental Illness (NAMI), the University of Memphis, and the University of Tennessee, School of Social Work to develop the first CIT program (Lurigio & Watson, 2010). Today the University of Memphis CIT Center estimates that 2,700 agencies in the United States and worldwide are implementing CIT (Wood et al., 2017). A more conservative estimate puts the number of CIT programs in the United States at just over 400 programs in 35 states (Compton et al., 2008; NAMI, 2008). CIT implementation is done at the community level. However, there have been several efforts for statewide implementation: Connecticut, Georgia, Iowa, New Mexico, North Carolina, Ohio, Oregon, Tennessee, Texas, and Washington (Compton et al., 2008). It is arguably the most widespread attempt to shape and inform the interaction between police and people living with mental illness (Compton et al., 2008; Watson et al., 2017). The CIT model was featured as a “best practice” in 1999 at the White House Conference on Mental Health (Fisher & Grudzinskas, 2010; Wood et al., 2017).

CIT in Practice

The core elements of the CIT model are community collaboration, 40 hours of training for police, and police use of de-escalation techniques (Dupont et al., 2007). The CIT model is only as strong as the collaboration developed within any given community between police officers and emergency room doctors, psychiatrists, security personnel, social workers, and community mental health center staff (Compton et al., 2014a). The

organizations and professionals involved will vary given the community-level resources. These same community partners provide education, training, and treatment to both police and people living with mental illness (Dupont et al., 2007). In addition, dispatch policies, patrol procedures that maximize officer's discretion, and policies that allow for wide range of inpatient/outpatient referral sources—immediate mental healthcare must be available—are critical to successful implementation of CIT. A vital component of the CIT model is a 24-hour, no refusal drop off center (Lord et al., 2011). Ideally, procedures are in place that result in minimal turnaround (i.e., police officers having an efficient option at the hospital versus the jail; Dupont et al., 2007).

The members of the community collaboration then organize training for officers (Demir et al., 2009). The specialized training helps police be better equipped to recognize mental illness, tailor their response to crisis accordingly through de-escalation methods, and know the community providers and partnerships that have been set up to work with the CIT and persons with mental illness (Watson et al., 2010). Generally speaking, the 40-hour curriculum is broken down as follows (Watson et al., 2010, p. 306):

- history and overview (1 hour);
- signs and symptoms (4 hours);
- risk assessment/intervention (4 hours);
- developmental disabilities (2 hours);
- child and adolescent disorders (2 hours);
- substance abuse/co-occurring (2 hours);
- psychotropic medications (1 hour);
- geriatric disorders (1 hour);
- hearing voices exercise (1 hour);
- legal issues-petitions (2 hours);
- department procedures (2 hours);
- consumer and family panel (3 hours);
- community resource panel (1 hour);
- CIT role play (8 hours);

- and the last three hours are devoted to the graduating luncheon.

In addition, according to NAMI, there is not a single curriculum for CIT, so communities may borrow curriculum from previously implemented programs and adapt it to their local needs and available services. The Memphis model for CIT suggested a departmental goal to have 15-25% of police personnel trained (Baker & Pillinger, 2019). This included officers, call takers, and dispatch.

As a result of CIT training, police should be better equipped, presumably, to use of de-escalation techniques to move a crisis environment from a state of high tension to a state of reduced tension (Oliva et al., 2010). A police officer's focus is to peacefully and safely shift a situation so the environment is manageable (Oliva et al., 2010). Baker and Pillinger (2019) offer that the underlying principles and structure of CIT may be suited to address Bittner's three tenets outlined above. With that in mind, this chapter turns to the body of research that has examined CIT.

CIT Research

As jurisdictions struggled to respond to the large numbers of persons with mental illness in the criminal legal system, the CIT model continued to spread across jurisdictions ahead of the research (Watson, 2010). Consider the birth of this model was in the wake of a tragedy. A charged political landscape and abbreviated timeframe gave rise to the CIT model, so examination of the model has been in a largely post-implementation environment (Fisher & Grudzinskas, 2010). While there have been some instances of success, the current body of research does not elevate CIT to an evidence-based practice at this time (Lord et al., 2011; Petersen & Densley, 2018; Schilling, 2010;

Watson, 2010; Watson et al., 2017). The majority of CIT research has examined the effects of training on police. Those findings, trends, and limitations are discussed now.

Officer-level Attitudinal and Cognitive Outcomes

CIT training has been shown to improve officers' knowledge, attitudes, self-efficacy, and desire for social distance. Bahora and colleagues (2008) examined the self-efficacy and social distance in CIT and non-CIT officers and found CIT officers had more personal and familial experiences with mental illness compared to their non-CIT counterparts. In addition, CIT training increased officers' self-efficacy and decreased social distance when interacting with people living with mental illness with depression, schizophrenia, cocaine dependence, and alcohol dependence (Bahora et al., 2008). More recently, Compton et al. (2014a) found CIT training increased officers' knowledge about mental illness, as well as increased their self-efficacy to respond calls involving persons with mental illness, and their ability to effectively resolve the encounter. Ellis (2014), using similar measurement tools, found comparable results in a Florida jurisdiction.

Demir et al. (2009) examined the ways in which beliefs about the causes of schizophrenia changed after police officers received CIT training. The findings indicated CIT training changed the CIT officers' understanding of causation and aligned it closer to those within the mental health profession (i.e., attribute the causes of schizophrenia to modern biological concepts; Demir et al., 2009). Also, Ritter et al. (2010) found three major predictors of whether officers would feel better prepared to handle calls post-training; (1) if prior to training, they believed mental illness was a serious problem for the department, (2) if after training, they believed the department was effective in meeting a person's mental health needs, and (3) if an officer recognized mental illness was not the

result of simply how someone was raised. A more accurate understanding of mental illness was assumed to correct the myths and reduce prejudices the officers may have possessed concerning mental illness. However, neither of these studies measured if the evolution of officer knowledge affected their interaction with persons with mental illness in the line of duty.

Confidence in Response

Early on in CIT research, Borum et al. (1998) measured officers' perceptions about handling calls involving persons with mental illness. The survey covered officers' perceptions of how big a problem people living with mental illness in crisis were for their department, how well prepared the officers felt to manage handling people living with mental illness in crisis, and how effective their respective departmental specialized responses were (Borum et al., 1998). The CIT program in Memphis was compared to two other police response programs in Birmingham and Knoxville, a mobile mental health crisis team and a team of in-house social workers, respectively (Borum et al., 1998). The Memphis CIT-trained officers felt they were well prepared to handle calls involving persons with mental illness (Borum et al., 1998). The CIT-trained officers also had the highest ratings over the other two types of specialized responses in regards to how effective the trained officers thought their programs were at meeting the needs of people living with mental illness in crisis, keeping people living with mental illness out of jail, minimizing the amount of time officers spend on these types of calls, and maintaining community safety (Borum et al., 1998).

Effects on Police Officers' Perceived Use of Force and De-escalation Skills

Findings on use of force are mixed. Compton et al. (2009) surveyed CIT and non-CIT officers using a series of vignettes to measure officers' preferences and perceived effectiveness of use of force with persons with schizophrenia. Researchers found CIT officers selected actions involving less physical force and identified nonphysical actions as more effective than non-CIT officers. CIT officers also consistently perceived physical force as less effective than non-CIT officers (Compton et al., 2009). A limitation of this research regarding use of force was the use of vignettes versus in real time; however, the challenges with gathering this data in practice were also noted. However, Morabito et al. (2010) found that CIT-trained officers were more likely to respond with force to increasingly resistant demeanor although it took longer for the officer to use force.

Call Resolution: Identification of Mental Health Calls, Transport to Care, and Arrest Rate

The following research indicates connecting people living with mental illness to services for CIT officers increases, but a reduction of arrest rates is less clear (Wood et al., 2017). Teller et al. (2006) failed to find a reduction in the arrests of persons with mental illness after CIT implementation. They gathered dispatch data from the two years before the implementation of the CIT model and dispatch data for the four years after the implementation of the CIT model for a single jurisdiction. There was an increase in the number of calls identified as possibly involving a person living with mental illness, and an increase in the number of persons transported by CIT officers to emergency

psychiatric facilities, but no significant effect on the rate of arrest was found (Teller et al., 2006).

Watson et al. (2010) recruited police officers from four districts in Chicago. They measured the effects of CIT and non-CIT officers' age, race, familiarity with mental illness, and perceptions surrounding mental illness on the outcome of calls. The results indicated that CIT officers, when compared to their non-CIT counterparts, did direct more persons with mental illness to mental health care services (Watson et al., 2010). More specifically, this effect was found within CIT officers when the officer already had a positive view of mental health resource availability in the community and previous exposure to mental illness (Watson et al., 2010). In a related study, CIT saturation, the percentage of persons CIT-certified in the district, and access to treatment resources affected the resolution of calls involving persons with mental illness (Watson et al., 2011). Again, CIT-trained officers did direct persons to services more often than non-CIT officers, but primarily in the high resource districts. In addition, in the high resource districts, informal resolution of calls was lower among CIT officers than non-CIT officers (Watson et al., 2011). These results lined up with the logic of the process (i.e., if officers who were trained to refer persons with mental illness to care and they had care options available, they will do so). In the districts where there were low resources, if there was also higher saturation (i.e., a stronger CIT culture in the district), then more calls were resolved by connecting persons with mental illness to care (Watson et al., 2011). In both studies, however, there was no immediate effect on the number of arrests (Watson et al., 2010, 2011). Compton et al. (2014b) examined the disposition of calls by comparing CIT and non-CIT officers across six departments and 1063 encounters. Similar to previous

studies, CIT trained officers were more likely to divert people to mental health care (Compton et al., 2014b). Different than previous analyses, a noted decrease in the likelihood of arrest was found for CIT officers (Compton et al., 2014b).

Gaps in CIT Research

CIT was introduced as an alternative model to inform encounters between police and people living with mental illness. As such, several gaps are highlighted. First, in most studies police have been the study participants. There is a dearth of direct involvement of people living with serious mental illness in this area. This researcher identified three empirical articles that involved the inclusion and direct examination of people living with mental illness interfacing with the police (Jones & Thomas, 2019; Livingston et al., 2014; Wittmann et al., 2021). These studies were not completed in the United States, so there are significant historical, social, cultural, contextual elements that differ from the study at hand. However, a brief summary is offered here. In Australia, Jones and Thomas (2019) recruited 26 people with a reported mental illness diagnosis to complete an online survey that included six scales to assess their self-esteem, overall perceptions of police, and what impacted their behavior. The assessment also connected to procedural justice theory as a framework for understanding encounters between police and people experiencing mental illness. Jones and Thomas (2019) found that past experiences with police influenced the participants' attitudes towards police and future encounters with them. For example, if perceived procedural justice was high, participants reported being treated fairly and their reported cooperation during the encounter was higher. The alternative was also true, when perceived procedural justice was low, participants reported being more likely to argue with police and be unsatisfied

with how it was handled (Jones & Thomas, 2019). From Germany, Wittmann et al. (2021) conducted thirteen semi-structured interviews with people who self-reported past or present severe mental illness (e.g. schizophrenia, bipolar disorder, schizoaffective disorder or personality disorder). The questions focused on the why participants had contact with police, their subjective perception of police during the encounter, how safe they felt during the encounter, and recommendations they may have had to improve communication, quality, training, and ability of police to identify mental illness during encounters (Wittmann et al., 2021). The results indicated that encounters were primarily positive and non-threatening and identified the importance of empathetic and respectful communication strategies for police. Finally, from Canada, Livingston et al. (2014) conducted a community-based participatory research study. Grounded in a procedural justice framework, semi-structured interviews were completed with 60 people with mental illness that interacted with police (Livingston et al., 2014). Approximately 72% of the participants were generally satisfied with the handling of their most recent police interaction. When previous contacts, more broadly, were examined, approximately 51% of participants rated police encounters positive overall and 32% indicated previous encounters as negative life experiences (Livingston et al., 2014).

While these studies point towards an increasingly more inclusive body of research, there is much still to be considered. The involvement of people with lived experience and marginalized identities as research participants is key for a more complete understanding of police encounters (Miner-Romanoff, 2012; Young, 2005). Second, common outcomes measured are police officer's change in perception, attitudes, and behaviors as a result of CIT training and call resolution. Assessing the experience of

police interaction from the perspective of people living with mental illness is groundwork that has not adequately been addressed. In addition, improvement in long-term mental health care and criminal legal system outcomes, consideration of the goals of people living with mental illness, quality of life measures, and increased connection to other community members (i.e., police officers, development of relationships, etc.) are potential outcomes that have gone unexamined (Compton et al., 2014a; Gibson, 2009; Gur, 2010). Nor has the research examined the sociostructural causes of criminal legal system involvement (Morabito, 2007).

Finally, the emphasis on quantitative research methodology, at the near exclusion of qualitative methodology, has limited the in-depth understanding available to shape these encounters. There is room, in fact, need, for a broader range of empirical research methodology, research participants, and assessment of key collaboration members. Nearly all the research to date camps in a post-positivist, quasi-experimental space. Williams (2006) suggests there is a place for a post-positivist framework, but such efforts should be supplemented with other forms of inquiry and ways of knowing. Qualitative methodologies can provide understanding of the social world as a basis for social change (Miner-Romanoff, 2012). Given the complex nature of the interaction between police officers and persons with mental illness, the processes involved in providing mental health care, and even understanding mental illness to begin with, the use of more advanced qualitative methodologies would allow for greater depth of understanding of police interaction with persons with mental illness. To that end, Wood et al. (2017) recently examined the nature of police encounters with people living with mental illness and the way they are resolved by police using “ethnographic convention.” The study

observed 51 police officers over the course of 31 “gray zone” ride-alongs in Chicago (Wood et al., 2017). Resolution of these encounters revealed three core features: (1) temporary solutions for chronic vulnerability were crafted, (2) local knowledge, knowledge generated in the “doing” of policing, guided decision-making, and (3) negotiating a peaceful resolution amongst members of the community involved was the focus of police interaction with people living with mental illness (Wood et al., 2017). Police seemed resigned to temporary solutions for their “regulars” because there were not long-term solutions for care available to them (Wood et al., 2017). The need for field-based research that informs police decision-making and in furtherance of better outcomes for people living with mental illness remains (Wood et al., 2017). The next section moves forward to begin to address these gaps by offering a conceptual framework for this proposed dissertation study that connects a critical theoretical lens and an advanced qualitative phenomenological methodology to contribute to the understanding of police encounters from the perspective of people living with serious mental illness. This study’s focus and inclusion of people living with serious mental illness provided clearly defined parameters for serious mental illness amidst a body of research and practice across professions (e.g. clinical, legal, epidemiological) that has often used varying definitions of ‘mental illness’ or ‘serious mental illness’ and/or failed to define either explicitly. This study functioned to center people with serious mental illness too often marginalized at the intersection of systems such as the criminal legal system, mental health care, etc.

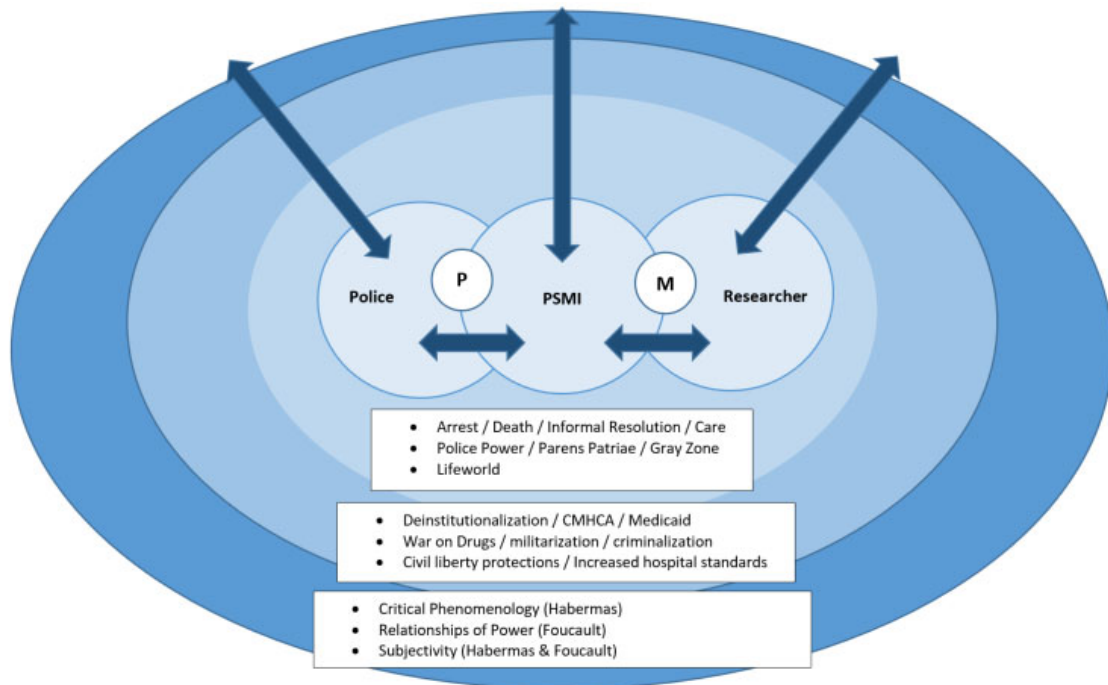
A Conceptual Framework

The remainder of this chapter considers the theoretical underpinnings of the study, the conceptualization of power and subjectivity, and critical phenomenological research

that has examined phenomena proximate to encounters between people living with serious mental illness and police. This theoretical orientation drives the critical phenomenological study design detailed in Chapter III. The illustration of the conceptual framework in Figure 1 incorporates key elements of the literature review, relevant theory, and this study's research design. Assumptions and key definitions are also included at the start of Chapter III.

The conceptual framework, as illustrated below in Figure 1, begins with the person living with serious mental illness at the center. On either side of the person living with serious mental illness, there is a circle that represents police and a circle that represents the researcher. These interpersonal relationships shape the phenomenon (P) to be examined and the methodology (M). The phenomenon to be examined was the lived experience of police encounters from the perspective of people living with serious mental illness. This study's methodology was framed via critical phenomenology and used interpretative phenomenological analysis as the analytic process. The methodological design is provided and detailed in Chapter III. The social, economic, cultural, and political landscape that has been discussed above shaped, in part, the lived experience of the phenomenon (P) for the person living with serious mental illness and influenced the perceptions, and understandings of both the police and the researcher are represented in the circles embedded within one another that also surround the people. Based on the framing of this study, some of the key concepts present at each level are listed. The outermost circle represents the theoretical landscape that frames this study. Finally, multi-directional arrows are used to illustrate the subjectivity, the interrelated meaning making, of the elements within the conceptual framework.

Figure 1. Study's Conceptual Framework



For example, as the person living with serious mental illness understood and made meaning about an encounter with police, their perceptions were informed and shaped by their understanding of self, their understanding of police, their perceptions of what the police think of them, their understanding of mental health and/or serious mental illness (etc.). Their perceptions and understandings in those moments were also informed by and simultaneously inform the social/economic/political/historical context in which they exist. The similar interconnected meaning making process was happening within the police officer amid the encounter and at a later time for the researcher as the experience was shared during the interview.

A Theoretical Framework: Critical Phenomenology

Phenomenology is the examination of the lived experience—the study of phenomena (Desjarlais, 1997; Guenther, 2013). Critical phenomenology is the branch of

phenomenology that situates understanding the lived experience in the socio/economic/political/cultural context in which it exists (Desjarlais, 1997; Guenther, 2013). Critical phenomenology, as method, is phenomenology rooted in first person accounts of experience to understand how embodied subjects have been informed of their personhood through social subjectivity (Guenther, 2013). This dissertation engaged the work of Habermas and Foucault, as it related to power and subjectivity, in the historical and cultural context previously reviewed. To understand the phenomena, people living with serious mental illness' lived experience of police encounters, with a critical lens was to examine how the "thing itself" was shaped by, and in turn shaped, cultural and political forces (Desjarlais, 1997, p. 24; Miner-Romanoff, 2012).

Habermas, Critical Phenomenology, and Power

Husserl is considered the "father" of phenomenology (McConnell-Henry et al., 2009). During the beginning, Husserl's focus was "to the things themselves," or the study of the lived experience and the concept of "life world"—the taken for granted, everyday life we lead (McConnell-Henry et al., 2009, p. 8; Smith et al., 2012, pp. 12 & 15). Put another way, the "thing" was "the experiential content of consciousness, and he was alluding to the various obstacles that could get in the way of its pursuit" (Smith et al., 2012, p. 12). Husserl's approach was still largely post-positivist. Husserl ascribed to the Cartesian concept of duality – that mind and body were separate and mutually exclusive (McConnell-Henry et al., 2009). A researcher's ideas, biases, and understanding were put aside through the practice of bracketing (Davidsen, 2013, p. 321). The researcher remained conscious of these biases and maintained distance. The outcome of this phenomenological tradition was description of the lived experience.

In a next wave of phenomenological tradition, Heidegger emerged with the integration of hermeneutics and a focus on interpretation. Heidegger rejected the idea of bracketing, instead proceeded with the researcher as part of the process (McConnell-Henry et al., 2009, p. 9). In addition, Heidegger's phenomenology moved away from Cartesian duality and toward *dasein* or "being in the world." This idea that the meaning of being was subject to the context of the being (Smith et al., 2012). Put another way, a person, their selfhood, could only be understood in the context of others and the world. The pursuit was to discover this meaning within the structures of being. For Heidegger, this interpretive undertaking was what was possible (i.e., research could not be done absent from the judgment or influence of the researcher) (McConnell-Henry et al., 2009, p. 11). Therefore, scientific inquiry required the researcher to have some prior knowledge, generate relevant questions, and then progress between questioning, reexamining the text. This was the hermeneutic circle (Moran, 2000).

Gadamer and Habermas emerged after Heidegger (Davidsen, 2013). Both intended their work as critiques to "the overly objectified and decontextualized nature of positivism ... and explicitly recognized the productive role of the subject in creating and acquiring knowledge and understanding" (Shaw & DeForge, 2014, p. 1571). Gadamer carried out this work in the Heideggerian hermeneutic tradition (McConnell-Henry et al., 2009). However, Habermas explored the lived experience through a critical lens (McConnell-Henry et al., 2009). Habermas' work was grounded in Marxian theory (Shaw & DeForge, 2014). He led a second generation of critical theorists (Corradetti, n.d.). This critical science, and those issues examined by it, involved power, freedom, and self-reflection (Fulton, 1997).

The Frankfurt School, based largely on Marxist thought, was the home of modern critical theory (Box, 2005; Fulton, 1997). Central to this theoretical tradition was that social phenomena needed to be understood in the historical and structural context in which it was found (Box, 2005; Fulton, 1997). Proponents of this tradition argued critical social theory was a vital part of scientific inquiry because the aim was to identify and understand social functions and limitations that make free, equal, and empowered participation in society unrealized for some. Habermas' theory of communicative action, in brief, was that "one can be critical of norms and politics that are contrary to the notions of democracy in freedom, in fact, one must be able to be critical at the foundational-level, so one can move towards emancipation" (Shaw & DeForge, 2014, p. 1570).

Communicative action intends to secure understanding and consensus and happens in the lifeworld (Finlayson, 2005). Habermas considered lifeworld the informal spaces of social life—family, culture, friendship, mass media (etc.; Finlayson, 2005). It was in the lifeworld where shared meanings were developed in the day-to-day encounters and experiences. Subjectivity occurs through socialization in this lifeworld (Allen, 2009). Examination of these shared meanings and generations of consensus around new meanings could be the medium by which improvement in knowledge happens (Finlayson, 2005).

Clearer perception of the social conditions that maintain oppressive circumstances may result in clearer self-perception and generate momentum toward greater freedom (Freire, 2013; Fulton, 1997; Habermas, 1971). Reflection and action work together towards progress. Therefore, Habermas' intent, through critical phenomenology, was for research findings to elucidate understanding and emancipation. This emancipation of self

requires those living the experience to describe the experience—to situate the researcher’s reflexivity and learning within the participants’ perspectives. Within this language common speech provided greater understanding of both the person’s lived experience and the forces that shape the experience (Fulton, 1997; Habermas, 2971; Shaw & DeForge, 2014).

Foucault, Power, and Mental Illness

Foucault’s reflection on power began in a Marxian framework (Bracken & Thomas, 2010). In *History of Madness*, for example, Foucault argued that power functions in opposition to the truth (Foucault, 2006). Powerful groups generate value-systems that drive inaccurate representations of people, their shared history, and the world (Bracken & Thomas, 2010). These systems repress truth and the development of knowledge. Over time, Foucault’s understanding of power became more nuanced. This shift brought power “down” from the exercise of force by a few over many to a more dispersed exercise of power—disciplinary power (Bracken & Thomas, 2010; Lynch, 2011). According to this view, power was exacted by castigating the bodies, behaviors, and selves of the many through multiple modes of discourse and practice. The political economy of a modern society looked to its technological, consumer-based culture to address the difficulties and challenges of life as problems to be solved rationally. Foucault pointed to this cultural change, the expectation of the modern self to manage personal decision-making and responsibility, as an illustration of disciplinary power (Bracken & Thomas, 2010; Hoffman, 2011).

Foucault identified “The Great Confinement” as the cyclical practice of modern governments of incarcerating and emancipating people living with mental illness

beginning as early as 16th and 17th centuries (Simon & Rosenbaum, 2015). This practice was not a matter of medical practice, but of social exclusion (Bracken & Thomas, 2010). The dominant understanding of mental illness was shaped by the power structure discussed above which was connected to external economic, cultural, and political conditions of the time. Modern psychiatry, a particular focus of Foucault's critique, responded by developing a singular biomedical approach, using the conceptual tools of physical medicine to frame understanding and practice (Bracken & Thomas, 2010; Feder, 2011). Whereby, problems with behavior, mental health (etc.) are technical problems that can be examined, classified, and addressed through intervention by trained experts in a rational fashion. For Foucault, this dispersed power and technical culture of mental health have generated a range of experiences—inevitably not all positive. The understanding of mental illness, health (etc.) are generated by a complex, interwoven power/knowledge dynamic situated at a place in history and culture (Feder, 2011). Foucault extended that same context to his own works (Feder, 2011). Bracken and Thomas (2010) stated, "Foucault's work highlights the complexity of power ... critical thought in this area does not seek to oppose power with the banner of truth ... rather challeng[e] the legitimacy of any group that claims to speak with exclusive authority about the truth of madness and distress" (p. 226). Those that take up this charge and continue the work and ideas of Foucault seek to generate mental health discourse that was inclusive of users and survivors of mental health care. In so doing, the intention was not to replace one psychiatric authority with another, but instead to weaken the idea of authority and create conditions in which excluded voices are no longer so.

Reconciling Foucault and Habermas

The theory of both Habermas and Foucault guide this research and frame the conceptual understanding of power and subjectivity; therefore, tension between the two and arguably the compliment of one to the other must be noted. There is a potentially productive tension between rationality and power (Allen, 2009). First, both philosophers agree on the importance of Kant and the importance of rationality as an object of study (Flyvbjerg, 1998). For Habermas, rationality could be generated through consensus and was foundational (communicative action; Allen, 2009). Foucault, on the other hand, looked to rationality as developed within relationships of power in a situated context. The value in this tension can be illustrated by examining subjectivity. Both Habermas and Foucault were interested in subjectivity, how people shape and are shaped into beings that have the capacity to think, deliberate, and act (Allen, 2009). Habermas focused on subjectivity as part of communicative lifeworld. Whereas, Foucault saw disciplinary power as driving subjectivity. The focus of either, communication in the lifeworld or power, was, in the most practical sense, intertwined with the other in daily life. These relationships of power (micro) constitute larger social patterns (macro; Lynch, 2011). Integration of both views of subjectivity begets a more politically inclusive environment understood by examining relationships of power with the recognition that the subjective process was rooted in the given historical, economic, social context of the time (Allen, 2009; Taylor, 2011). These theoretical considerations, from both Foucault and Habermas, provide necessary elements and considerations when this study's conceptual framework was constructed. The critical phenomenological lens was well suited for this study and the research questions developed with the grounding ideas discussed above in

mind. Connections to this theoretical landscape will be revisited in Chapter V in consideration of this study's findings and the researcher's praxis moving forward. More immediately, the introduction of critical phenomenological research is next.

Critical Phenomenological Research: Bridging a Gap

“Qualitative methods take a critical stance toward knowledge. They recognize the influence of history and culture and appreciate how such knowledge is constructed intersubjectively” (Davidsen, 2013, p. 319). Critical phenomenology sits on a bridge between phenomena and political economy, a bridge between micro and macro, to connect interrelated experiences often handled separately (Desjarlais, 1997). A review of the critical phenomenological research at the intersection of people living with serious mental illness, police, and power could not be found. However, the following are several critical phenomenological studies that incorporated the lived experience of at least one of those phenomena.

Desjarlais (1997) studied the perceived stigma of homelessness and the social policies that came from said stigma. At that point in time, most of the research on people experiencing both mental illness and homelessness was created from a post-positivist lens. The psychiatrists and health service researchers were largely reliant on survey-based protocols. Thick description of this lived experience and how people make meaning of their lives was absent in the literature. Desjarlais (1997) sought to move away from the language of pathology often found in formal dialogues on homelessness. This work in critical phenomenology helped better understand theoretical linkages between culture, illness, marginality, and personhood.

Willen (2007) explored the lived experience of “illegal” migration using a three-dimensional model with a critical phenomenological approach: juridical status, sociopolitical condition, and as a mode of being-in-the-world (p. 8). Building this model drew upon ethnographic field research conducted within communities of undocumented migrants in Israel. The research intended to understand the phenomenon of “illegal” migration for people and to sensitize social scientists, policymakers, politicians, and the public at large to the “complicated, often anxiety-ridden and frightening realities of illegality” (p. 10). The critical phenomenological approach reframed the chosen phenomena in a way that meaningfully connected the experience of diverse and often marginalized peoples to prevalent political arrangements (Desjarlais, 1997).

Psychiatric nursing offers several examples of phenomenological research. Pieranunzi (1997) examined “the meaning of power and powerlessness as it occurs in the lived experience of practicing psychiatric nurses” (p. 155). The semi-structured interviews of ten psychiatric registered nurses revealed the themes of connectedness in relationships, being tested by fire, and power as having voice. These nurses cared for people living with mental illness and sought to understand their own perceptions of power, or lack thereof, and the effects on their care of patients were important (Pieranunzi, 1997). These professionals were in a unique position to exchange power and improve the quality of their lives. Another interpretative phenomenological study examined the meaning of being restrained on a psychiatric unit and what emerged was a deeper understanding of living with serious mental illness (Johnson, 1998). Johnson (1998) found the participants struggled with the question of “why me?” For participants, every day was difficult—being restrained, interacting with the nursing staff, and life

choices. These results informed psychiatric nursing practice. For example, for nurses the experience of patient restraint during a busy and demanding shift was not limited to accurate reporting after the event, but also needed to include being in relationship with the whole person and the practice of deep empathy in the midst of the restraint experience (Johnson, 1998). This understanding provided a way into the patients' world and bridged the gap between practitioner and client (Johnson, 1998).

Critical phenomenological research is well-suited for in the intersectional arena of law, justice, crime, and mental illness. To date, qualitative studies have remained underutilized in this area (Miner-Romanoff, 2012; Sullivan, 2007). The phenomena are complex, multi-faceted, and well-served by the inclusion of non-positivist approaches to fill in gaps in understanding of the social world and towards social change (Miller & Glassner, 2004, Miner-Romanoff, 2012). Critical phenomenological research strengthens depth of understanding through multi-level analyses of how the examined phenomena was produced to more accurate descriptions of how it was experienced (Willen, 2007). The intended result could be an honoring of the lived experience of participants and informing and guiding practitioners, policymakers, and the broader public through the centering of the experiences and impact of their lives. Next, this dissertation shifts to detailing the methodology of this critical phenomenological study in Chapter III.

Chapter III. Methods

Research Questions

The purpose of this study was to understand the lived experience of police interaction from the perspective of persons' with serious mental illness and the interrelated social, discursive, and political forces that underpin the experience. This researcher did not identify many empirical articles reviewed for this analysis that involved the direct examination of people living with serious mental illness interfacing with the police as an agent of the criminal legal system. Assessing the lived experience of police interaction from the perspective of people living with serious mental illness was groundwork that warranted additional investment. Their involvement as research participants was key for a more complete understanding of these encounters (Miner-Romanoff, 2012; Young, 2005).

Deeper understanding of this lived experience, including that of relationships of power, intended to meaningfully inform this highly-discretionary interaction between people living with serious mental illness and police. The overarching research questions that guided the current study were:

- What is the lived experience of encounters with police for people living with serious mental illness?
- How do relationships of power shape the encounters with police for people living with serious mental illness?
 - In what ways is a person living with mental illness aware of the relationships of power in encounter(s) with police?

- How does their perception of the power relationship shape their lived experience of encounters with police?

Chapter III describes this study's research methodology and includes discussion around the following areas: (1) key concepts and definitions, (2) the research design and rationale, (3) study components, (4) methods of data collection, (5) data analysis, (6) assessing for validity and trustworthiness, and (7) ethical considerations. The chapter culminates with a brief summary.

Key Concepts and Definitions

Critical phenomenological research recognized the researcher as part of the research process (Miner-Romanoff, 2012). There was not a bias-free environment in which to conduct research (Fay, 1975). Given the researcher's role, providing working definitions for key concepts supports transparency and, by extension, trustworthiness of the study. Additional discussion about intentional processing of the researcher's preunderstandings, specifically as part of an interpretative phenomenological analysis (IPA) study, is provided later in this chapter.

Decarceration

Broadly, Davis (2003) frames decarceration as "a constellation of alternative strategies and institutions, with the ultimate aim of removing the prison from the social and ideological landscapes of our society" (p. 107). More narrowly, decarceration can also mean the effort(s) to shift the tide of mass incarceration thru policy and practice, so the number of people in prisons and jails is reduced. For this study, decarceration is assumed to be more humane than incarceration. Also noted, this study does not consider

how to do mental health care better once a person is in the criminal legal system whether it is courts, jails, or prisons. That dialogue is beyond the scope of this study.

Carceral / Carceral State

Foucault (1975) used the term *carceral archipelago* to describe the modern penal system in the 1970s. Foucault (1975) was framing the mechanisms, technologies, knowledge systems, and networks related to a carceral (related to jail or prison) continuum at that time. So the carceral archipelago, or also referred to as the carceral state, refers to both physical and ideological spaces (Ben-Moshe, 2020; Foucault, 1975). The carceral state includes, but is not limited to, those spaces that cage people to include prisons, jails, and some psychiatric hospitals and residential facilities. It is also the logic, discourses, and practices that undergird punitive social control, the expansion of the prison industrial complex, mass incarceration, etc. (Ben-Moshe, 2020; Davis, 2003; Foucault, 1975).

Mental Illness

The following definition(s) offered does not suggest the epidemiology of mental health is fixed and without issue (Ben-Moshe, 2020; Goldman & Grob, 2006; Horwitz & Grob, 2011). These definitions were initially offered for the reader and as part of the inclusion criteria for this study; however, the methodology selected (IPA) included dialogue where study participants made meaning of what mental illness was to them. Block 1 of the interview schedule, detailed later on in this chapter, aimed to better understand the context and perceptions of serious mental illness diagnoses for participants.

The U.S. Surgeon General (1999), in what has become a seminal report, defined mental illness as “the term that refers collectively to all diagnosable mental disorders...[m]ental disorders are health conditions that are characterized by alteration in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning” (p. 5). The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) defines mental disorder as

a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (APA, 2013, p. 20)

In 2019, nearly one in five adults in the U.S. lived with a mental illness (National Institute of Mental Health, n.d.; SAMHSA, 2020). The prevalence rates were based on those mental illnesses diagnosable at the time or within the prior year where DSM-IV duration criteria were met (NIMH, n.d.). Mental illnesses include a broad range of conditions and severity. Serious mental illness is a more narrow and severe subset of mental illness (National Institute of Mental Health, n.d.).

Serious Mental Illness

Serious mental illnesses (SMIs) are defined as “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” (SAMHSA, 2020, p. 2). The interference or limitation of one or more major life activities such as maintaining interpersonal relationships, activities of daily living, self-care, employment, etc. (SAMHSA, 2013). In 2019, there were an estimated 13.1 million adults (18 and older) in the United States with

serious mental illness which was approximately 5.2% of all U.S. adults (SAMHSA, 2020).

A cross-section of leading agencies that function at the intersection of the criminal legal system and mental health care were assessed to confirm the diagnoses that fall under the parameter of ‘serious mental illnesses’ for the purpose of this study.

SAMHSA/NREPP and the Treatment Advocacy Center include the following as serious mental illness categories:

- Affective disorders: depression (major depressive disorder), bipolar disorder
- Anxiety disorders: panic disorder, obsessive compulsive disorder, posttraumatic stress disorder
- Disruptive behavior disorders: conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder
- Eating disorders: bulimia nervosa, anorexia nervosa
- Psychotic disorders: schizophrenia, delusional disorder, schizoaffective disorder, bipolar disorder with psychotic symptoms, depression with psychotic features
- Borderline Personality Disorder included as part of ‘more flexible’ definition used in legal setting(s)

The Stepping Up Initiative is a specific project aimed at the diversion of people with mental illness from jails into treatment. This organization included the above diagnoses and adds co-occurring disorder to include people that are experiencing more than one disorder, more specifically a mental health issues co-occurring with substance use disorder (Stepping Up Initiative, 2018). The current study incorporated those serious mental illness categories of diagnosis, less eating disorders, and included the following language for the Institutional Review Board:

A serious mental illness diagnosis includes depression, major depressive disorder, bipolar disorder, anxiety disorder, panic disorder, obsessive compulsive disorder, posttraumatic stress disorder, conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, schizophrenia, delusional disorder, schizoaffective disorder, bipolar

disorder with psychotic symptoms, depression with psychotic features, borderline personality disorder, and co-occurring disorders.

Some scholars have used a narrower definition of serious mental illness, e.g., history of hospitalization, significant impairment, etc. However, in this area of study, this delineation and definition between mental illness and serious mental illness has been amorphous in the literature reviewed. As a result, this definition intended to strike a balance. This study used serious mental illness diagnosis as one of the inclusion criteria to identify potential participants. Participants recruited for this study had at least one serious mental illness diagnosis (see Table 3). In addition, all participants identified significant interference and/or limitations of major life activities. Chapter IV will discuss this in greater detail; however, it is noted here the prevalence of substance use, homelessness, institutionalization and hospitalization, poverty, intermittent employment, trauma and violence across their lifespan, etc. were part of the broader lived experience for many participants. The serious mental illness diagnoses initially used to frame the inclusion criteria and guide the IRB process proved to be broader than the narrower and more severe lived experiences of serious mental illness by study participants.

Jail

Jails function at the local level, typically a county or city jurisdiction (Dumont et al., 2012). People in jail are those either awaiting trial, sentencing, transfer to prison or community corrections, and those sentenced to less than one year. Jails experience a high turnover of people annually (Dumont et al., 2012).

Prison

Prisons function at the state and federal level. People are sentenced to either level based on the crimes they have been convicted of committing. The sentences are longer than one year (Dumont et al., 2012).

Gray Zone Policing

When police response to people living with mental illness can be resolved without formal resolution involving either arrest or diversion to care, this informal resolution is called ‘gray zone’ policing (Wood et al., 2017).

Police Encounter

The definition of encounter in the current study is an interaction with police, or comparable member of the criminal legal system such as a correctional officer, where mental health issues *may have been* a factor.

Power

Foucault framed power as “an interactive network of shifting and changing relations among and between individuals, groups, institutions, and structures; it consists of social, political, economic, and ... [inter]personal relationships” (Taylor, 2011, p. 3). Power takes place between two subjects, and this relationship is unbalanced moment to moment in that one subject acts upon the other, the other is acted upon or allows self to be acted upon, and vice versa (Taylor, 2011). How this is understood after analysis may shift.

Subjectivity

Subjectivity is a sociohistorical construction where the subject, a person, thinks about, acts upon, and is acted upon in the world (Taylor, 2011). A person’s subjectivity

is, in part, understood by examining relationships of power. Subjectivity is formed both externally and internally—how a person is understood and that person understands themselves. Experimenting with being, other than what one currently is, is a vital part of moving within power relations in a way that is free and promotes greater freedom (Taylor, 2011).

Research Design and Rationale

The emphasis on quantitative research methodology in this arena, at the near exclusion of qualitative methodology, has limited the in-depth understanding available to shape this faction of police encounters. There was room, in fact, need, for a broader range of empirical research methodology, research participants, and assessment of key collaboration members. Nearly all the research to date camps in a post-positivist, quasi-experimental space. Williams (2006) suggested there was a place for a post-positivist framework, but such efforts should be supplemented with other forms of inquiry and ways of knowing. Qualitative methodologies can provide understanding of the social world as a basis for social change (Miner-Romanoff, 2012). Qualitative research has a long history in both the social sciences, generally, and social work, specifically (Hood, 2016). Given the complex nature of the interaction between police officers and persons with serious mental illness the use of more advanced qualitative methodologies allowed for greater depth of understanding of police interaction with persons living with serious mental illness.

Critical Phenomenology as Method and Lens

Phenomenology, both theoretically and methodologically, is the examination of the lived experience—the study of phenomena (Desjarlais, 1997; Guenther, 2013; Weiss

et al., 2019). Phenomenology centers on a person's perception of their lived experience and the feelings involved in that lived experience. "Within an experience, a person makes meaning of that experience, has perceptions about that experience, and interprets that experience" (Peoples, 2021, p. 4). Critical phenomenology is the branch of phenomenology that situates understanding the lived experience in the socio/economic/political/cultural context in which it exists (Desjarlais, 1997; Guenther, 2013). Critical phenomenological research strengthens understanding through multi-level analyses of the interpersonal and structural influences of the phenomena being examined to generate more accurate, insightful descriptions of how it is experienced (Willen, 2007). Critical phenomenology was discussed in Chapter II as it is the theoretical orientation that guides this study. In addition, the following discussion of critical phenomenology, as method, details the lens with which the analysis will be shaped.

Phenomenology seeks to make known / reveal essential aspects of lived experiences – at times those left in the shadows (Guenther, 2019). Critical phenomenology necessarily builds on classical phenomenology where it has remained unreasonably silent and absent rigor when attention and analysis need be applied to account for the role of historical and social structures in shaping lived experience (Guenther, 2019). With a critical phenomenological lens, the rich descriptions of lived experiences of people marginalized in modern history may build towards accountability more immediately and the possibility of new, liberatory structures.

One of Husserl's tenets was that experience is not understood in isolation (Weiss, Murphy, and Salamon, 2019). Instead, our experiences were shaped in relation to others

(interpersonal) and shaped in the context of particular places, times, and cultural settings. For Husserl, that context or background – that may or may not be perceived – was the ground structure (Weiss et al., 2019). That ground structure sat in multiple ‘horizons of significance’ (Weiss et al., 2019, p. xiv). The horizons of significance may have included time, space, social, historical, cultural, political, and institutional structures. Those structures took on multiple forms. For example, structures may have constituted more tangible entities like the American criminal legal system or the mental health care system. They may have also included structures like patriarchy, white supremacy, and heteronormativity which may have, for some, presented as more abstract; however, in either set of examples, these structures “permeate, organize, and reproduce the natural attitude ... as ways of seeing, and even ways of making the world that go unnoticed without a sustained practice of critical reflection” (Guenther, 2019, p. 12). These horizons of significance influenced a person’s lived experience – both consciously and unconsciously. They did play a “constitutive role in shaping the meaning and manner of our experience” (Guenther, 2019, p. 12).

According to Merleau-Ponty, those horizons of significance that made up a person’s ground structure were understood and formed for a person as a result of habits. Habits, i.e., patterns of perception over time, could have shaped and dulled us to presumptions or parameters of our horizons of significance that functioned to marginalize some perspectives and privilege others. Our habits, left unexamined, maintained the unconsciousness of some horizons of significance and rendered power/privilege of some as normative while simultaneously served to oppress those unnamed. As a result, critical phenomenology as reflexive inquiry, held the possibility of identifying and illuminating

'habits' that functioned to oppress. Critical phenomenology "mobilize[d] phenomenological description in the service of a reflexive inquiry into how power relations structure experience as well as our ability to analyze that experience" (Weiss et al., 2019, p. xiv).

A foundational premise of phenomenology was intentionality (Davis, 2019). Davis (2019) defined intentionality as our understanding being always engaged within the world. The researcher and the participant were standing in the world they were also understanding. As such, phenomenological consciousness was being-in-the world (Davis, 2019). Put another way, being-in-the-world [was] a starting point for critical phenomenology because it acknowledge[d] how the world shapes consciousness while extending agency of consciousness to shape the world also (Guenther, 2019).

"Phenomenology is keen to disclose the essential structures of phenomena situation in a matrix of relations sometimes referred to as a ground for a figure, an intentional horizon, or as the lifeworld" (Davis, 2019, p. 6). So there was an overlapping that takes place – between the reflexive examination of the lived experience and simultaneously being situated in the natural world where that lived experience took place. This overlapping lent itself to a critical phenomenology as the examination of lived experience happens in the spaces where identities were both personal and public, where multiple (structural) horizons of significance converge – an intersectionality exists and emerges (Davis, 2019). Collins (2015) posits that an intersectional examination of self and structure connected to the ways power moved thru our bodies and our lives in a way where those entities examined simultaneously "are held separate yet interconnected" – constructing the phenomena examined (p. 4). Critical phenomenology intended to be a practice of

generating new understanding and illuminating understanding that has been relegated to being invisible despite shaping meaning-making (Guenther, 2019).

Historically, phenomenology and critical phenomenology as it has emerged, has emphasized the philosophical aspects with less definitive information on the methodological process (Smith et al., 2012). As a result, this study uses a critical phenomenological lens when examining the participants' interviews and employed interpretative phenomenological analysis (IPA) as the approach in the 'doing' of this study. IPA integrated well with a critical phenomenological lens because the theoretical underpinnings were congruent. IPA drew on the philosophical aspects of phenomenology and presented clear methodological guidelines that shaped the analysis process of this study. The following section discusses the theoretical underpinnings of IPA. Connection to and/or integration of the critical phenomenological lens will be highlighted throughout.

Theoretical Underpinnings of Interpretive Phenomenological Analysis

Coherence between paradigm and methods is a key indicator of quality in qualitative research (Guba & Lincoln, 1994). In this case, interpretative phenomenological analysis (IPA) was the research approach. IPA was first developed in the 1990s for use in the area of the health and illness (Beggerstaff & Thompson, 2008; Davidsen, 2013; Eatough & Smith, 2017; Shaw, 2001; Willig, 2008). IPA has been underutilized in the study of crime; however, this was shifting as IPA emerged in the areas of mental health, criminal justice, and social work (Miner-Romanoff, 2012). IPA was a well-described method built to be adapted to a given phenomenon (Davidsen, 2013; Smith et al., 2009).

A leading developer of IPA, Smith (1996), argued that psychology research needed a methodology that could capture ‘experiential and qualitative’ understanding and connect to ‘mainstream psychology’ (Smith et al., 2012, p. 4). IPA was often used by those people concerned with the human predicament and as such required a focusing on people engaged with the world (Smith et al., 2012). IPA’s aim was to study subjective experience with a degree of depth that demonstrates how people, in given contexts, made meaning of certain phenomena (Peoples, 2021). Examination of the participants’ lifeworld and meaning-making in their individual and cultural context involved a dynamic process with the researcher’s own conceptions and interpretative activity (Davidsen, 2013; Hood, 2016; Miner-Romanoff, 2012). The following is a brief explanation of the theoretical underpinnings of IPA and how they function in methodological practice. IPA is (1) *phenomenological* in that it was concerned with exploring experience in its own terms, (2) *interpretive* so it was informed by *hermeneutics*, and (3) *idiographic* because it was committed to the detail of a single case (Smith et al., 2012). These three theoretical areas will be discussed broadly and also detail how IPA integrates these theoretical underpinnings in practice.

IPA is Phenomenological in that the Focus is Exploring Experience

IPA was phenomenological in that the focus was exploring experience on its own terms – as Husserl said ‘go back to the thing themselves’ (Smith et al., 2012, p. 12). IPA pulled from Husserl’s reflexive shift for understanding – the examination was not of the object, but of our perception of the object. It was in this reflexive, attentive, and systematic examination of the specific object chosen plus the subjective experiences that generate consciousness. The content of that consciousness was the phenomena. From

Heidegger, IPA situated understanding of ‘being in the world’ in perpetual relationship with the ‘other.’ Merleau-Ponty added how ‘other’ was understood developed from one’s own embodied (body subjects) perspective (Smith et al., 2012, p. 18). To illustrate, consider how a researcher responded to the embodied displays of the participant and the participant’s retelling of an experience they lived through. For IPA priority was given to somatic sensation – the physiological. While the researcher could not fully capture the participant’s lived experience of being a body-in-the-world – there must have been a commitment to connecting to it. This is not simply a cerebral endeavor, so there are somatic elements also. With this commitment to understanding self and connecting to other, there was a shift away from descriptive analysis and instead a focus on the interpretive. “Understanding other people’s relationship to the world are necessarily interpretative and will focus upon their attempts to make meanings out of their activities and to the things happening to them” (Smith et al., 2012, p. 21). IPA was focused on studying an experience that was significant to the person. That said, the research can never be the experience – instead IPA was doing research that is ‘experience close’ (Smith et al., 2012).

Different schools of phenomenology have different emphases as discussed briefly above and towards the end of Chapter II. Smith et al. (2012) recognized that those varying emphases could be taken as in competition – or even conflict – with one another, or as complementary. IPA focused on a complementary understanding that gathered the collective contributions as foundational to a “mature, multi-faceted and holistic phenomenology” (Smith et al., 2012, p. 34). IPA was influenced by the core emphases identified above and centers the “human lived experience, and posits that experience can

be understood via an examination of the meanings people impress upon it ... [people] do things in the world, they reflect on what they do, and those actions have meaningful, existential consequences” (Smith et al., 2012, p. 34). Ultimately, IPA was phenomenological and had hermeneutic elements integrated (discussed below). The intention was to get as close to the lived experience of the participant (phenomenology), while recognizing this was inevitably interpretative (hermeneutic) for both the participant and the researcher (Smith et al., 2012).

Hermeneutics informs the ‘How’ of Interpretation in IPA

The IPA researcher was engaged in the double hermeneutics process because they were (1) making sense of the participant making sense of their experience and (2) simultaneously integrating meaning making skills systematically and with heightened consciousness (Smith et al., 2012). Put another way, the interpretive process was double hermeneutic because the researcher was making sense of the participant who was making sense of the lived experience. As such, the researcher and participant were both alike in their human being’ness – drawing on their sense and understanding to make sense of the world. However, the researcher was unlike the participant because they only have access to the participant’s lived experience thru the participant’s retelling and processed that retelling thru the researcher’s lens (Smith et al., 2012). In this case, the participant’s meaning making was first order. The researcher’s sense making was second order. The researcher had access to the participant’s experience and aimed to add value because of connections that emerged within their account and through involvement of other participants’ accounts.

Ricoeur (1970) framed two broad interpretative positions as a ‘hermeneutics of empathy’ and a ‘hermeneutics of suspicion.’ The ‘hermeneutics of empathy’ focused on understanding. Whereas, the ‘hermeneutics of suspicion’ was engaged in critique (Langdrige, 2008). Smith et al. (2012) positioned the double hermeneutic within IPA in a ‘center-ground’ position. This guided IPA to incorporate both a hermeneutics of empathy, i.e., reconstructed the original experience on its own terms from the participant’s perspective, and a hermeneutics of questioning, i.e., where the researcher figuratively positioned themselves beside the participant and looked at what they were saying from different angles, asked questions, contemplated connections, etc. (Smith et al., 2012, p. 36). This space for critique, for examination of horizons of significance, dynamics of power and oppression, etc. as part of the lived experience was an integrated part of the interpretation within IPA and thru a critical phenomenological lens.

The understanding that emerged *must* always be grounded in the participant (the text) and the researcher (interpretation). In IPA, because the texts have often been created in current times in the context of a research study (e.g., transcript of an interview), the examination of those texts –the process of analysis – developed around learning about both the participant and the subject matter of that account (Smith, Flowers, Larkin, 2012). In this current study, there were some questions that were incorporated as part of the interview schedule to provide critical context – understanding of the participant’s lens – and the context of the lived experience of police interaction.

Examining the participant’s context and the researcher’s context was necessary. This double hermeneutic pointed to a complex relationship between interpreter and interpreted because the researcher was always looking at the phenomena in the context of

‘self’ or thru the lens of ‘self’ (Gadamer, 1990; Smith et al., 2012, p. 26). This context of then an examination of what Gadamer (1990) called fore-conceptions or fore-projections – the prior experiences, assumptions, preconceptions, biases that shaped the context of the researcher’s lens for understanding self (Gadamer, 1960; Smith et al., 2012). The researcher’s positionality also influenced their fore-conceptions. In this case, the researcher has spent approximately 20 years interfacing with the criminal legal system at various stages and in a range roles. The researcher is a licensed attorney and has represented people who are incarcerated already and provided legal defense for those accused of a crime. As a result, the researcher has spent some time inside jails and prisons and a substantial amount of time in courts. The researcher has also advocated for the abolition of the death penalty and worked with community organizations in support of the development of crisis intervention teams. Personally, the researcher supported a loved one while he was incarcerated for approximately five years. The researcher examined their own preconceptions at the outset of the study and then committed to continuing to identify, consider, deconstruct, and evolve the fullness of their preconceptions as interpretation was ongoing. What emerged was the nonlinear cycle of examining the phenomena which influences emerging interpretation which could then influence new awareness of researcher’s preconceptions which then, in turn, influenced the interpretation of participant’s lived experience (Smith et al., 2012). It is in this process that clarity and depth of understanding emerged.

The interpretative process was not a neutral endeavor. Instead, interpretation required heightened awareness and openness on the part of the researcher, so the new information (the text) could reveal and emerge from old, but evolving fore-conceptions

(Smith et al., 2012). The text must ‘speak’ in its own voice. This non-linear interpretative process required intentional effort to be aware of and examine one’s own biases. In the current study, the researcher addressed and examined preconceptions in several ways. First, a reflective journal was kept throughout the process of study development, interviewing, learning, analysis, and writing. The journal included personal and professional experiences with the topics to include consideration of the professional role as attorney, prior knowledge of the literature, continued learning and connection to evolving national and global movements related to police violence, etc. (Starnino, 2011). Ongoing reflection, on the part of the researcher, about one’s own preconceptions was necessary to remain open to understanding the experience from the lens of the participant. For example, a preunderstanding the researcher identified at the outset was an assumption that there would be resistance to or questioning of a police officer’s authority. For many participants (discussed further in Chapter IV Findings) there was not. Because the researcher was open to understanding the participant’s perspective and identified a point where the researcher’s own preunderstanding was in conflict, during analysis the researcher was able to examine the text and more deeply understand how the interaction with police unfolded for the participants from their perspective. These processes and procedures also lend themselves to the validity and trustworthiness of an IPA study and are discussed in greater detail below.

IPA is Idiographic

IPA is committed to the detailed examination of a single case. The deep dive into a single participant’s experience according to self makes IPA, as a methodology, idiographic (Smith et al., 2012). This ‘commitment to the particular’ operated on two

levels. First, the depth of analysis required thorough and systematic analysis of each particular case. Idiography was also demonstrated in the depth of analysis of a single case in its own right *before* consideration across cases. Second, understanding focused on how a particular phenomenon has been understood from the perspective of particular people in a particular context (Smith et al., 2012). This required a small, purposively selected sample. IPA studies offer “detailed, nuanced analyses of particular instances of lived experience” (Smith et al., 2012, p. 37). IPA adds value, in part, because of the complexity of the experiences studied. In so doing, it was critical to recognize the distinctive voice and themes of a given case and identify shared themes and differences across cases as the number of participants grew (Smith et al., 2012).

Again, idiography was a commitment to a single case in its own right – in practice, IPA analysis required a systematic and depth of attention on a single participant’s lived experience before even considering moving on to the next case or comparing cases (Smith et al., 2012). This was how a deep and improved understanding of phenomena takes shape.

Acquaintance with particulars is the beginning of all knowledge – scientific or otherwise ... starting too soon with analysis and classification, we run the risk of tearing mental life into fragments and beginning with false cleavages that misrepresent the salient organizations and natural integrations in personal life. (Galton, 1883, in Allport, 1951, p. 56, in Smith et al., 2012, p. 31)

Diving deep into a single case, and/or ultimately a small group of cases, with great attention to detail and nuance generated a more fully realized foundational understanding of the chosen phenomena. Smith and colleagues (2012) argue this foundational understanding needed to occur before there was a shift to methods or analyses where generalizability was a goal. This point was not offered not to disparage a methodology

where generalizability was arguably possible; instead, this point highlights that absent a depth of understanding, the likelihood generalizations were being made based on a flawed, or at the very least less complete, understanding was likely (Smith et al., 2012).

The idiographic nature of IPA and the depth of analysis creates the opportunity to develop new insight, point to meaningful revisions to existing theory, or reveal unexpected things. Diving deeper may have more fully revealed the interconnected web of things and relationships that constitute our being in the world (Smith et al., 2012). In so doing, Warnock (1987) offers that delving deeper into the particular moved us closer to the universal.

Study Components

The seminal text by Smith et al. (2012) on IPA serves as the guide for the methodology outlined in this study. This methodology builds on the theoretical underpinnings of IPA outlined above. This study was approved by the governing Institutional Review Board under an expedited study protocol.

Study participants, Sampling, and Recruitment

Data were collected from 16 adults (aged 18 and over) who have received at least one serious mental illness diagnosis in the following categories: bipolar disorder, schizophrenia, schizoaffective disorder, major depressive disorder, PTSD, and borderline personality disorder. The participants' identities are confidential; however, basic demographics were collected: age, gender, race, ethnicity, and serious mental illness diagnosis. Additional demographic breakdown is provided in Chapter IV Findings. Participants were recruited thru purposive and snowball sampling. Purposive sampling, meaning participants are selected because they can offer insight into a particular

experience, is theoretically consistent with IPA's orientation (Bloomberg & Volpe, 2012; Smith et al., 2012). The potential research participants were invited based on a pre-existing relationship with the researcher thru previous advocacy work or were referred to the researcher thru a re-entry organization in a major Midwestern city that works extensively with people that have the lived experience of serious mental illness and police interaction. Purposive sampling was key in IPA because of the idiographic nature of the analysis which requires 'information rich' cases. Once engaged in the research study, the participants were invited to identify and refer other potential participants to the study, i.e., snowball sampling (Bloomberg & Volpe, 2012; Smith et al., 2012). Potential participants were screened according to the inclusion criteria detailed below.

Inclusion Criteria

Criterion-based sampling was effective in IPA because all participants will have experienced the same phenomena (Bloomberg & Volpe, 2012). The inclusion criteria for this study were: (1) must be 18 or older, (2) have had an encounter with the police, (3) and self-report a serious mental illness diagnosis. Serious mental illness was previously defined and here police encounters were defined as an interaction with police where mental health issues may have been a factor. Police encounters were left more broadly defined to leave open the possibility to capture a range of experiences with police. No one currently incarcerated was included in this study. IPA research most often involves a 'fairly homogeneous sample' (Smith et al., 2012, p. 49). What constitutes homogenous was driven by the research study. In this case, purposive homogenous sampling was focused by narrowing the inclusion parameters to include only people with a serious mental illness diagnosis. The more open parameters regarding police interaction were

maintained given the dearth of previous research in this area and with the intention of cultivating deeper understanding.

Ultimately, three participants were recruited thru the researcher's previous advocacy work, four participants were invited thru the community-based organization, and the remaining nine connected to the study thru snowball sampling. At initial contact, the study information sheet (see Appendix A) was shared. It explained the study, basic eligibility criteria, and incentives. Interested participants were asked to contact the researcher directly by phone. During the telephone contact, the researcher reviewed the purpose of the study, eligibility criteria, study procedures, and incentives again. The researcher also made clear to the person that refusal to participate was an option. If the eligibility criteria were met and the prospective participant wanted to continue, then a face-to-face meeting was scheduled at a time and location best suited for the participant.

Sample Size

Sixteen participants (n=16) serves as a robust sample for IPA (Johnson, 1998; Pieranunzi, 1997; Smith et al., 2012). Per Smith, Flower, and Larkin (2012) there was no 'right' answer for sample size. IPA's focus on quality over quantity lends itself to considerations of the richness of individual experiences captured (Smith et al., 2012). Smith et al. (2012) provide a range from three to ten interviews depending on the nature of the study. At the proposal stage of this study, the researcher and dissertation committee members developed a working range between 15 and 20 participants with an eye towards saturation. It became clear as the threshold of 15 was met, that this was a suitable sample size for achieving depth of understanding for the given phenomena.

Data Collection

IPA is best-suited for in 'rich, detailed, first-person accounts' of the lived experience being studied (Smith et al., 2012, p. 57). These in depth interviews created space for participants to share stories, feelings, and thoughts about the phenomena. While determining 'rich' data were subjective, as a threshold the interview was conducted in a way to give participants the opportunity to freely express themselves and share what is often vulnerable and personal information (Smith et al., 2012). The researcher was focused on making the participants comfortable and engage in a more conversation-like rhythm.

The semi-structured interview schedule was developed to provide a flexible agenda for the researcher (see Table 1). The interview schedule was organized around three 'blocks' of questions. The first block of questions focused on creating context around participants' understanding of mental illness and their own diagnoses. The second block honed in on the lived experience of police encounters. Here participants were encouraged to recall and describe an encounter with police that stood out for them (Eatough & Smith, 2017; Smith et al., 2012). In the event the participant had multiple encounters with police, then space was held for the participant to share those experiences also. The researcher allowed the story to unfold, asking questions to clarify and encourage more detail and specificity as needed (Johnson, 1998; Miner-Romanoff, 2012). The third block of questions connected to participants' perceptions of relationships of power and its influence on the lived experience of police encounters.

The interview schedule focused on open-ended questions in line with the study's critical phenomenological lens, were exploratory, and focused on participants'

understandings of their lived experiences (Smith et al., 2012). The questions were developed based on the broad areas necessary to address the research questions: serious mental illness diagnosis, encounter(s) with law enforcement, and relationships of power. The interview schedule was drafted by the researcher and feedback provided by the dissertation committee as part of the proposal defense. In addition, two pilot interviews were completed, feedback was elicited from participants. The participants found the order of the ‘blocks’ worked well. In both interviews, Block 1 was very well-received and provided valuable context for the lived experience of police encounters. In addition, it also provided time to get to know the participants a bit more before diving into the lived experience of police encounters (Block 2) questions. The interview schedule and flow of the ‘blocks’ worked well and guided all 16 interviews.

Table 1. IPA Interview Schedule

In-depth Interview Questions
<p>Research Questions:</p> <ul style="list-style-type: none"> • What is the lived experience of encounters with police for people living with serious mental illness? • How do relationships of power shape the interaction with police for people living with mental illness? <ul style="list-style-type: none"> ○ In what ways is a person living with serious mental illness aware of the relationships of power in encounter(s) with police? ○ How does their perception of the power relationships shape their lived experience of encounter(s) with police? <p>Questions for Interview:</p> <p><u>Perception of Mental Illness</u></p> <ul style="list-style-type: none"> • Do you live with mental illness? • What does mental illness mean to you? Describe it. • What informs your understanding of mental illness? • How do you feel about yourself? <p><u>Encounter with the Police</u></p> <ul style="list-style-type: none"> • Tell me about an encounter with police that stands out for you. • Describe the nature of the police encounter. <ul style="list-style-type: none"> ○ What was happening that the police showed up? ○ What was happening that they were around? ○ How did the police officers treat you? ○ How did you feel before the police were there? ○ How did you feel during the encounter with police?

-
- What happened at the end of the police encounter?
 - How do you think mental illness influenced the encounter?

Perception of Relationships of Power

- What does power mean to you?
- What do you think about power in your encounter with the police?
- Do you have power? Describe it.
- What influences your power?
- Do the police have power? Describe it.

Additional Prompts & Probes:

- Can you tell me a bit more about that?
 - What do you mean by 'X'?
 - Please say more.
 - What happened next?
-

As each interview went on, the researcher paid close attention for the participant to share with increasing depth. In this case, the researcher was largely focused on listening (Smith et al., 2012). The researcher was actively aware of participants' responses, and, as necessary, encouraged them to return to previously expressed replies to 'draw out what is hidden' (Miner-Romanoff, 2012, p. 12). This type of reflexive practice encouraged greater depth in response when the researcher returned to participants' words or phrases and asked them to clarify and expound on the original response. The questions were open and expansive because the focus was on the participant talking at length (Miner-Romanoff, 2012; Smith et al., 2009).

The interviews were audio recorded and transcribed verbatim. Participants were made aware that an in-depth interview would last for approximately an hour or more (Smith et al., 2012). The average length of the interviews were approximately 52 minutes with the lengthiest being 1.49.41 and the briefest being 21.16 minutes. The researcher was able to complete member checks with two participants. These were follow-up conversations about their interviews, the analysis, and to elicit feedback and clarification of interpretation by the researchers. Their feedback affirmed the use of interview themes as participants' titles (see Table 4). The super-ordinate themes that

emerged were discussed. They connected for both participants. They found the themes captured their experiences within police encounters. The member checks were also completed late enough in the write-up process, that the researcher shared elements of the implications that will be detailed in Chapter V.

Another key element of supporting rich interviews was the interview settings. The interview locations varied based on participants' preferences with a focus on selecting a location that was suitably quiet, private, and safe for the participant. Interviews were held in a range of places from participants' homes, outside a donut shop, at a library, in a car, on a porch, at the community-based organization's offices, in a transition facility, etc. At the face-to-face meeting, the study information sheet was reviewed once again and their willingness to participate reconfirmed. Field notes were also taken the day of each interview. This helped capture nonverbal elements of the interviews and add context to the interview.

Data Analysis

The following section details the analytic process in IPA (Smith et al., 2012). Simultaneously, it must be noted that this IPA analysis process is not prescriptive. Instead, IPA, like much of phenomenology, functions with a degree of flexibility and fluidity in practice and process. The driver in IPA is the analytic focus – as discussed at the outset of this chapter – deep attention to participants' meaning-making of their lived experiences (Smith et al., 2012). The steps in the analytic process detailed below emerge from the guiding principles/strategies in the existing literature. These strategies point towards IPA's commitment to move from the particular to the shared, from the

descriptive to the interpretative. The analysis process, both iterative and inductive, was guided by these strategies (Smith et al., 2012, p. 79-80):

- The close, line-by-line analysis of the experiential claims, concerns, and understandings of each participant (e.g., Larkin et al., 2006).
- The identification of the emergent patterns (i.e., themes) within this experiential material, emphasizing both convergence and divergence, commonality and nuance (e.g., Eatough & Smith, 2008), usually first for single cases, and then subsequently across multiple cases.
- The development of a ‘dialogue’ between the researchers, their coded data, and their psychological knowledge, about what it might mean for participants to have these concerns, in this context (e.g., see Larkin et al., 2006; Smith, 2004), leading in turn to the development of a more interpretive account.
- The development of a structure, frame or gestalt which illustrates the relationships between themes.
- The organization of all of this material in a format which allows for analyzed data to be traced right through all process, from initial comments on the transcript, through initial clustering and thematic development, into the final structure of themes.
- The use of supervision, collaboration, or audit to help test and develop the coherence and plausibility of the interpretation.
- The development of a full narrative, evidenced by a detailed commentary on data extracts, which takes the reader through this interpretation, usually theme-by-theme, and is often supported by some form of visual guide (a simple structure, diagram or table).
- Reflection on one’s own perceptions, conceptions and processes (e.g., Smith, 2007).

The following six steps were designed to support researchers’ ability to move from the general principles identified above to a more heuristic process (Smith et al., 2012). The non-linear process remained flexible, but perhaps provided clarity also. The steps outlined were centered on the theoretical underpinnings discussed at the outset of this chapter. The analysis was focused on the lived experience of the participant(s), and the

outcome was always a product of the analyst's interpretation of the participant's thinking (Smith et al., 2012). As a result, IPA analysis while subjective and ever-evolving was simultaneously critically grounded in dialogical, systematic and rigorous application of the analysis process. Given the idiographic commitment of IPA, the first case was analyzed in great detail following these steps and only after that was done, did the researcher move on to the second case. That pattern was followed – handling each case in its own right before moving onto the next – for the entirety of the research sample (Smith et al., 2012). The six steps were as follows:

1. Reading and re-reading,
2. Initial noting
3. Developing emergent themes
4. Searching for connections across emergent themes
5. Moving to the next case
6. Looking for patterns across cases

Each step will be discussed in detail and examples from the analysis process provided in turn.

Step 1: Reading and Re-reading

The first step of IPA analysis required the researcher to immerse themselves in the original data. In this case, that was the transcript of the interview. The immersion, however, began even before the transcript was completed. In this study, the researcher was initially exposed to the material at the interview. The researcher also took field notes the same day. Then the researcher listened to the audio recording of the interview as the transcript was created. Then, once the transcript was created, the researcher listened to the recording of the interview again while reading the transcript. These multiple exposures to the text increased the researcher's familiarity with the text and encouraged the discipline of centering the participant as the focus of the analysis (Smith et al., 2012).

While listening to the recording and reading the transcript, the researcher was also able to make additional notes or observations related to the participant during the interview.

This element of noting, different from the field notes, was retroactive. This may have included prominent non-verbal communication – shifting of the body, attention paid to the environment around them, etc. Also, notation of non-linguistic responses – like laughter or change in tone – could be noted. In addition, specific observations were noted about the environment (context) of the interview. Where was it held? What were the smells, sounds, sights, etc. that were part of the context of the interview? These observations were noted and included in the ‘analysis summary framework’ that was developed for this study (Appendix B). The transcript was then read again at least once more. Step 1 focused on entering the participant’s world and cultivating active engagement with data (Smith et al., 2012).

Step 2: Initial Noting

Next, Step 2 was the initial level of analysis and proved to be the most detailed and time consuming for the researcher (Smith et al., 2012). The researcher looked closely at content and language choice. As the noting began, the researcher approached the transcript with an open mind and commitment to noting anything of interest. As the researcher became more familiar with the transcript, exploring and examining how the participant talked about, understood, and thought about the range of issues involved in their lived experience was essential. There were no rules about what was commented on and no requirement of how much or how often things were commented on. Instead, the goal was to create a detailed set of notes and comments – and in this initial analysis – stay close to the participant’s explicit meaning. The description being generated was

grounded in the things that matter to the participant and the meaning of those things to the participant (Smith et al., 2012).

In practice, as the process became more familiar, there was overlap or a melding of Step 1 and Step 2 for the researcher (Smith et al., 2012). In addition, portions of the transcript were not uniformly rich, so commentary ebbed and flowed within a given transcript. Therefore, it was important to engage in close analysis of the transcript. A systematic and thorough approach supported the researcher (1) rooting analysis outcomes directly to the text (the participant's voice) itself and (2) avoiding a superficial examination of the transcript (Smith et al., 2012). In the initial noting, the researcher wanted to identify the key objects, places, events, etc. and their meaning that were essential to the participant. IPA organized this noting around three types of comments: descriptive, linguistic, and conceptual comments. These categories were offered as tools of analysis. They were not prescriptive nor did they function at the exclusion of others. Instead, these categories provided structure for deep examination and ultimately interpretation of the participant's lived experience (Smith et al., 2012). Each analytic tool (type of comment) will be examined in turn and several samples of what this looks like in process provided.

Descriptive Comments

Descriptive comments were those that described the context of what the participant said (Smith et al., 2012). This descriptive commenting took what the participant said at face value – capturing the participant's thoughts and feelings through their lens. This analytic tool centered on describing the participant's experiences in terms that were rooted in the objects that made up their world.

Linguistic Comments

Linguistic comments were a tool focused on exploring the participant's specific use of language. The researcher identified and pulled out how the participant talked about their lived experience – in ways that were unique to them. This may have been a turn of phrase, patterns in tone, laughter, etc., or use of metaphor to describe what something was like for them (Smith et al., 2012). Paying close attention to linguistic choices helped the researcher frame the context of the lived experience for the participant – how did they see themselves, their world, etc.

Conceptual Comments

The third level of comments were more interpretative. Conceptual comments engaged with the transcript at a more interrogative level. The iterative process of analysis, the back and forth, lead to some conceptual notes or questions which lead to other insights or connections; however, it was also possible that not all of these conceptual comments landed or connected as the depth of analysis continued. It was at this stage where the researcher's analysis moved away from the explicit claims or meaning of the participant (Smith et al., 2012). There was a shift that occurred towards the participant's overarching understanding of what they were discussing. It is also during this stage of the analysis process where the commenting may have connected to the researcher's own understanding or knowledge base. This was a natural part of the analysis and why the researcher's continuous examination of their fore-conceptions were necessary and noted (Smith et al., 2012). Analysis at this stage could also be opened up by considering the 'multiplicity of selves' – questioning how the participant understood their agency and identity in a given context (Smith et al., 2012, p. 89). In addition,

examination of the participant’s understanding of the experience and/or themselves over the course of time may have been examined. Was there an evolution or a shift in their thinking or understanding? Were there contradictions that emerge? Ultimately, this stage of analysis was not about finding answers or committing to understanding; it was about opening up to possible meanings. All the while, the interpretive process must be well documented and connect back directly to the text. The analysis was always about the participant – not the researcher (Smith et al., 2012).

Initial Noting Process Applied

Practically, the following is an illustration of how the layers of comments come together to form initial noting. First, the transcript itself was reformatted into three columns. Figure 2 and Figure 3 illustrate this formatting. The transcript, in its entirety, was placed in the center column. As the researcher begins noting, the descriptive, linguistic, and conceptual comments were placed in the rightmost column. To be able to distinguish between the layers of comments, each was assigned a unique color.

Descriptive was blue. Linguistic was green. Conceptual was purple.

Figure 2. Illustration of IPA Step 2: Initial Noting

<p>Bring it on // no matter he is young // no matter there will inevitably be multiple cops // no matter forced physical submission is always the end result //</p> <p>LE are violent to a child</p>	<p>P: Before the murder [!: Okay.] and before this encounter [!: Okay.] with the police [!: Okay.]. Uh. This one police, he, he - for lack of a better way to put it – he challenged me [!: Mmmm.]. He challenged me, uh, he was talkin about, hell I’m at home – whoopin my ass. Excuse me. [!: Yeah, no...]. Excuse me. [!: Ass, go ahead.] And, and, and, and, and, uh I told him come on with it [! uh-huh]. I was only 15 years old. He was much bigger than me and, but I always have been very tenacious. [!: uh-huh] And, I told</p>	<p>Been institutionalized already at this point In the ‘bullpen’ at this point Cop is threatening to whoop a child’s ass Cop challenged me – he was whoopin my ass and I told him come on with it</p> <p>Cop is being violent and it amps the violence – his response is ok bring it on // *mental health issues AND 15 years old*</p>
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In addition, direct quotes from the text were highlighted. This was done to identify rich, direct quotes and to maintain the connection between the interpretive process and the text. There will be additional demonstration of this key element of IPA in Step 4. Also worth noting, the left hand column and orange comments were the emerging themes – this is the next step of analysis.

Step 3: Developing Emergent Themes

The transcript remains central to the data analysis process, and as Step 2 has been thoroughly addressed, the data set has grown substantially. These notes form the basis of the next stage of analysis – developing emergent themes (Smith et al., 2012). This step required the researcher to balance two efforts simultaneously. There was a reduction in the volume of detail of the transcripts, all the while capturing the complexity of the connection, interrelationships, and patterns amongst the notes. The process of developing emergent themes was one of the places in IPA where the hermeneutic circle was found. In Step 3, the researcher examined discrete parts of the original whole transcript. Towards the end of analysis these discrete parts came together to form the new whole in the write up (Smith et al., 2012).

Emergent themes develop as phrases that speak to the essence of a given piece of the transcript and noting. Once again, a balance was struck, between enough specificity to be grounded in participant's experience and enough abstraction to be conceptual as the researcher's interpretation (Smith et al., 2012). The emergent themes needed to feel like they have captured and reflected an understanding. Figure 3 reflects how the emergent themes are captured in the transcript. The leftmost column was where the emergent themes were written. Once again, to set them off from other levels of noting, a unique

color as assigned – in this case – orange. Once emergent themes were identified, the analysis moves to Step 4.

Figure 3. Illustration of IPA Step 3: Developing Emergent Themes

<p>No representation / no hesitation / no ability to act in her own best interest</p> <p>Wrapped up in a game she does NOT know the rules to</p>	<p>calling me cause there's something I needed to check in or whatever. So, I go in without legal representation and make an admission against interest. Because they said, 'I understand that there was an argument at your house.' 'Yes,' [inaudible] not a dishonest bone in my body. And they said, 'well, we understand that there may have been an altercation.' And I said, 'I, no we yelled.' 'Well, your husband came in and said that you scratched him.' And I said, 'well, I went</p>	<p>I got in because I think it is related to probation or something</p> <p>I go in without legal representation Make an admission against interest</p> <p>**goes in / no representation / not in a position to act in her own best interest – best interest being to not get to prison** Not a dishonest bone in my body POWER DYNAMICS at play here – more subtly but very much there – she is wrapped up in a game she does NOT know the rules to</p>
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Step 4: Searching for Connections across Emergent Themes

To this point in analysis, emergent themes (in orange) have been identified chronologically, i.e., in order as they arise in the transcript. Step 4 focused on charting or mapping how those emergent themes fit together and made new meaning (Smith et al., 2012). Organizing this step of analysis was fluid and flexible, but Smith et al. (2012) provided structure for the development of a map of how the themes fit together. First, the researcher looked back at the overall research questions. What was included and moves forward depends on the study's overall research questions. Then in this study, a practical and somewhat rudimentary approach was enlisted to look for connections across themes. The emergent themes were printed. Once the list of emergent themes were printed, each theme was cut and stood alone on its own paper. From there a large space was employed to move themes around and group them accordingly. Specific ways of looking for patterns and identifying groups will be discussed below. Each transcript's groups of themes looked a little different on the wall. An example of this process is provided in

Figure 4 below. In this example, each longer, rectangular pieces of paper represented an emergent theme (20+) from a single transcript. Those themes were then grouped in a way that made meaning for that transcript (lived experience). The smaller, rectangular pieces of paper (5) represent what were the super-ordinate themes that captured the patterns and connections amongst emergent themes for this lived experience.

Figure 4. Visual of IPA Step 4: Thematic Grouping



These super-ordinate themes, the respective emergent themes, and direct material and/or quotes from the text were captured in a table in a Word document. A comparable table was developed for each transcript (n=16). For each participant, their thematic table was included at the end of analysis summary framework. These tables will be revisited in Step 6. Table 2 provides a sample of how the table functioned.

Table 2. Sample of Theme Table 011

Super-ordinate Themes	Emergent Themes	Supporting Text / Direct Quotes
Constructed chaos → interpersonal issues → carceral response	Constructed chaos	
	Carceral response to interpersonal issues	
	Manic phase brought on OVER-solution	In that manic phase – in my infinite wisdom – I embezzled \$60k Took \$60K over a holiday weekend -- I used the money for a down payment on a home that we could not afford the monthly mortgage payment on No part of this plan was workable/made sense Had I been in my right mind – we only owed about \$5k to keep our home but I took \$60K

Ways to Identify Patterns and Connections amongst Themes

Smith et al. (2012) offered six tools that were useful in identifying patterns and connections amongst emergent themes: abstraction, subsumption, polarization, contextualization, numeration, and function. Once again, these were not prescriptive; however, they were useful tools to consider throughout Step 4 analysis. Abstraction is the development of a super-ordinate theme amongst emergent themes. It requires putting like with like and creating a new name for the cluster. A visual example of that was provided in Figure 4. Subsumption is similar to abstraction; however, it is where an already existing emergent theme is elevated to super-ordinate status. It was determined to be the theme that brings together a group of related emergent themes. Polarization functions when oppositional relationships are identified. Here the focus is on difference

instead of similarity. This may take the form of a binary or placing emergent themes on a spectrum. Contextualization requires looking at the narrative elements within an analysis. Understanding the time, place, context that shape and potentially connect the emergent themes in a transcript. In this study, contextualization was often used to situate the lived experience of police interaction and to understand what led up to the moments when police interaction was the response. More on this in Chapter IV Findings.

Numeration has the analyst identify how often a theme is supported. This is not a tool that ‘stands alone,’ but it can be used as an indicator of a theme’s importance. Finally, function looks at emergent themes for their specific function within a transcript. When examining the interview, the function of the language choices is connected to the meaning made by the participant.

As Step 4 came to a close, the lengthy transcript went thru initial noting, development of emergent themes, and connections across themes identified. This process was captured in the analysis summary framework (Appendix B). This framework was developed for this current study. The analysis summary framework was useful based on the idiographic focus of IPA, the interview schedule, and the thematic table developed for each participant. It was used for the first several interviews and discussed in detail with the dissertation committee’s primary methodologist for feedback. It proved to be an essential analytical tool. As the analysis for a single participant wrapped up, the analysis summary framework captures the participant demographics, context about the interview location and experience itself noted, key contextual information from the Block 1 and Block 3 questions, a narrative summary of the participant’s story (approximately 1.5 pages), and the thematic table. This comprehensive document was generated for all

participants (n=16) and supported the systematic and rigorous analysis process that is IPA. With this analysis summary framework complete, it was time to move on to the next case.

Step 5: Moving to the Next Case

With Steps 1-4 complete for a single transcript and the analysis summary framework complete, the next transcript was brought up and the same analytical process accomplished. It was critical to treat the next case on its own terms (Smith et al., 2012). While this can be challenging, it is ‘an important skill in IPA in allowing new themes to emerge with each case (Smith et al., 2012, p. 100). This was another reason the analysis summary framework mentioned above was of great use.

Step 6: Looking for Patterns across Cases

The next step brings the analysis to the stage of looking at patterns across cases. Those thematic tables that were created for each transcript were hung on a wall. In this circumstance, themes were examined to identify how themes illuminated, related, stood out, etc. with one another. There were higher order concepts that emerged and guiding themes identified. Color coding was used to visually connect and group those guiding themes. Those themes were then mapped out in another table. This table is provided in Chapter IV Findings and is discussed at length there.

The Write Up

The write up of IPA analysis tends to more substantial and discursive when compared to a quantitative report (Smith et al., 2012). The purpose of the of the write up is to (1) give an account of the data – the scope and substance of the data worked with and (2) offer an interpretation of the data, i.e., what does it all mean. Once again, this

mean-making employed a critical phenomenological lens that shaped both the hermeneutics of empathy and a hermeneutics of questioning. Chapter IV Findings will begin with an overview of what was found. The intention here is to give the reader a broad sense of the whole picture. From there, each theme will be considered in turn. The write up also integrates a substantial narrative accounts of what has been learned and evidence, direct connections to the text, are offered throughout the write up. An IPA write up is the opportunity to demonstrate the connection and the dialogue between the participants' lived experience and the researcher's interpretation.

Assessing for Validity and Trustworthiness

There are extensive, ongoing discussions among qualitative researchers about the quality of qualitative research (Bloomberg & Volpe, 2012; Smith et al., 2012). This commitment to quality establishes the trustworthiness of a given study. A range of validity and trustworthiness measures were incorporated into this study to support the generation of a high-quality qualitative study. Smith et al. (2012) focused on two particular approaches when assessing validity in IPA research. First, Yardley (2000) provided four criteria to assess validity. Second, an independent audit structure built into qualitative research will be detailed (Smith et al., 2012; Yin, 1989). In addition, there was a great deal of overlap between these criteria and Lincoln and Guba's (1998) criteria for evaluating trustworthiness of qualitative research: credibility, dependability, and transferability (Bloomberg & Volpe, 2012). These concepts will also be summarized at the end of this section.

Yardley's (2000) Criteria for Validity

Yardley (2000) offered a four principled approach when assessing the quality of qualitative research: sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. These four broad principles, when assessed in whole and in part, provided tangible ways to establish qualitative quality across a broad range of qualitative methodology regardless of theoretical orientation. Each principle and how it was incorporated in this current study will be addressed.

Sensitivity to Context

First, sensitivity to context should be addressed early in the research process and considered throughout the study (Smith et al., 2012). Sensitivity to context took shape in a number of ways: the socio-cultural landscape in which the study was situated, the material obtained from participants, showing empathy to participants. Sensitivity to context was built into the current study's research design, data collection, and analysis. The conceptual framework that was developed early on based on the literature review and theoretical underpinnings situated the lived experience of police interaction for people in acute mental health crisis in a current social/political/economic/cultural context (see Figure 1). Recognizing the intersectional social and cultural landscape that gave rise to this phenomena was central in the research design. Next, the interview guide was developed in a three block format with sensitivity to context in mind. The first block of questions created space for participants to share their understanding and the context that gave rise to receiving a mental illness diagnosis. Being sensitive to this context proved essential in cultivating deeper, idiographic understanding of the lived experience of police encounters.

Several elements of the interview process established this study's sensitivity to context. For example, the researcher's focus on participants' consent – initially and ongoing – throughout the interview was demonstrated by multiple opportunities to review the study information sheet and 'checking-in' with participants during the course of the interview. The researcher also made note of the physical setting interviews took place being mindful of participants' comfort both physically and emotionally as personal and vulnerable experiences were shared. Throughout the analysis process and in the subsequent write up of findings, an IPA study needs to have a "considerable number of verbatim extracts from the participants' material to support the argument being made" and in so doing centering the participants' voice as the foundation of interpretations being made (Smith et al., 2012, p. 180).

Commitment and Rigor

The second principle of four is commitment and rigor (Yardley, 2000). Commitment was demonstrated in a number of ways including, but not limited to, attention to the participant, and systematic care within the analysis of each case (Smith et al., 2012). Rigor looks to the thoroughness of the study in the form of the quality of the interview and comprehensive nature of the analysis process (Smith et al., 2012). The IPA analysis undertaking was complex and nonlinear. To support commitment and rigor, the researcher developed an analysis summary framework. This analysis summary framework provided a comprehensive and systematic approach to capturing the nuanced and complex lived experience of each participant. Each participant's interview was processed within itself and an analysis summary framework completed. Then those

frameworks, to include the themes tables, were examined across participants to identify super ordinate themes.

Transparency and Coherence

Yardley (2000) identified the third principle of validity as transparency and coherence. “Transparency refers to how clearly the stages of the research process are described in the write-up of the study” (Smith et al., 2012, p. 182). This entire chapter was devoted to accomplishing this very task. How participants were recruited, the interview schedule provided, the analysis steps described in great detail, and the tools and tables developed along the way provided as illustrations point to the clarity of the IPA research approach and specifically the analysis process employed. Establishing coherence required establishing fit or connection between the research being done and the theoretical underpinnings of the approach – in this case a critical phenomenological lens and IPA (Smith et al., 2012). The connection between phenomenology, theoretically, and in practice was covered in great detail at the end of Chapter II and at the outset of this Chapter III. This study focused on people living with serious mental illness and their lived experience of police encounters. This ‘thing itself’ guides the analysis and is the guiding focus of the findings detailed in Chapter IV. The critical phenomenological lens and hermeneutic underpinnings of IPA and the subsequent analysis are also demonstrated in Chapter IV.

Impact and Importance

Finally, Yardley’s (2000) fourth principle is impact and importance. Yardley argued that a study may be well done – but its real validity rests in “whether it tells the reader something interesting, important, or useful” (Smith et al., 2012, p. 183). A clearly

defined gap was identified in the knowledge base. Centering the lived experience of people living with serious mental illness – and using findings from this lens to craft deeper understanding and more meaningful response to acute crisis is, as a baseline, useful and important.

Independent Audit

Validity of research can also be established and supported by an independent audit trail (Yin, 1989). McConnell-Henry et al. (2009) considered “auditability the hallmark of trustworthiness in qualitative research” (p. 13). Several of the items in an audit trail may include early notes as the study was being conceptualized, the research proposal, an interview schedule, transcripts, theme tables, etc. (Smith et al., 2012). In the current study, all items listed have been created and then some. For example, the dissertation proposal was written and feedback from it memorialized in a written memo for the researcher and dissertation committee. Field notes were taken as data collection took place. In addition, a reflexive journal with the researcher’s thoughts, observations, questions, connections, etc. has been kept throughout the data collection and analysis process. Also, a member of the dissertation committee has completed ‘mini audits’ of the analysis process to bolster validity (Smith et al., 2012). For example, at the outset of analysis the researcher had to explain the analysis process to an appointed committee member. Then after several of the transcripts had been analyzed, the researcher demonstrated to the same committee member the analysis process in practice, i.e., a review of the noting process and development of emerging themes. This consistent engagement and commitment to high-quality analysis lends itself to establishing the

validity of this study. It also runs parallel to and supplements the four principles detailed above.

Lincoln and Guba's Elements of Trustworthiness

To establish reliability and trustworthiness, Lincoln and Guba (1985) suggested a researcher look to the following criteria: credibility, dependability, and transferability (Bloomberg & Volpe, 2012). These criteria align with the above analysis, and are offered to round out the examination of validity and trustworthiness of the current study. In qualitative research, credibility was established by examining the extent to which participants' perceptions were in line with the researcher's presentation of them (Bloomberg & Volpe, 2012). Evidence of credibility can be established in a number of ways. First, clarification of the researcher's bias (fore-conceptions) at the outset of the study and regular and continuous monitoring of said biases throughout the study was necessary. This process was discussed at length as a necessary part of this study given the double hermeneutic nature of IPA. The researcher's role was also discussed in detail earlier. In IPA, the researcher was central to the process, so to name that at the outset was a place to start. In addition, identifying biases – or preunderstandings – was also essential. This process undergirds IPA. This pointed to the double hermeneutics discussed at the start of this chapter. A tool used in this study was the reflexive journal to capture thoughts, feelings, ideas, evolution of preunderstandings as a result of the close attention paid to the participants' lived experiences.

Evidence of credibility can also be found thru 'negative instances or discrepant findings' (Bloomberg & Vople, 2012, p. 113). As analysis goes on, identifying those places where there was a difference in understanding or perception of the phenomenon

points toward an openness to see the phenomena through the participant's experience versus as the researcher presupposes. This lends to the credibility of the researcher's account. In Chapter IV Findings, there are several examples where a theme emerges for a number of participants, but it does not mean it was a universal theme for all participants.

Member checks have been incorporated into this study to establish credibility and improve the trustworthiness of the findings. Member checks were incorporated within interviews through probing questions, clarifying questions, giving back what was heard, etc. with the intention to drill down to deeper understanding. In addition, two participants were able to review the analysis of their interviews to provide feedback and points of clarity. The affirmation of the findings and incorporation of their feedback was discussed earlier in this chapter.

Dependability, a qualitative parallel to the quantitative concept of reliability, was the ability of the processes and procedures of a study to be tracked (Blomberg & Volpe, 2012). This corresponds to the demonstration of the audit trail discussion offered above (Yin, 1989).

Transferability is 'the fit or match between the research context and the other contexts as judged by the reader' (Blomberg & Volpe, 2012, p. 113). This is in line with Yardley's (2000) sensitivity to context and transparency and coherence analysis above. The 'thick description' – a key characteristic of qualitative analysis – detailed in Chapter IV and the attention paid to context throughout data collection and analysis adds to the quality of the participants' lived experience shared with the researcher. The analysis was consistently connected to the participants' experiences. Any table created to identify and organize themes was directly connected to transcript text (Peoples, 2021). The

trustworthiness and validity of this study has been carefully considered and established across multiple measures identified in the literature for qualitative studies, generally, and IPA, specifically.

Ethical Considerations

This research involved people with the lived experience of serious mental illness and encounters with police. The current study was approved by the governing Institutional Review Board. The following ethical considerations and safeguards were implemented in this study. Ethical research practice was an ongoing process monitored throughout data collection and analysis (Bloomerberg & Volpe, 2012; Smith et al., 2009). The Belmont Report outlined three basic ethical principles that govern research involving human participants: respect for persons, beneficence, and justice (U.S. Department of Health & Human Services, 1979). Respect for persons requires participants be treated as autonomous agents, and should there be an indication that one's autonomy is diminished, then additional protections are required. Beneficence requires the researcher do no harm. When feasible, the intention is to maximize the potential benefit(s) to the research participant. Finally, justice requires equitable sharing of the benefits and burdens of research participation (U.S. Department of Health and Human Services, 1979). In application, the researcher reviewed the study information sheet at least twice with each participant (see Appendix A). In addition, ample time was allowed at the outset to answer any questions participants may have had about the study. This included making clear the participants' participation was voluntary, and they retained the ability to withdraw from, or stop the interview, at any time. The three blocks of questions in the interview schedule were also explained in advance of starting the interview. Participants

were encouraged to share to the extent they felt comfortable, and if the subject matter area became too sensitive the interview could stop and/or move past that portion. The researcher also remained attentive and vigilant throughout the interview to ensure consent was ongoing (Smith et al., 2012). In addition, while portions of the transcript were reviewed by members of the committee to support the reliability of data analysis, any name or identifying demographic information was redacted or removed to ensure anonymity.

Study participants self-identified as living with serious mental illness, and have had at least one police encounter, if not more criminal justice involvement. Either of these ‘categories’ may be considered vulnerable populations requiring additional protections (Gibson, 2009). However, in this study, participants were not incarcerated at the time of the interview. Also, the researcher did not anticipate the participants to lack the capacity to consent, nor was participant recruitment aimed to capture people that lacked the capacity to consent. For some participants, an additional layer of screening from the community-based organization also occurred in that they worked with and served several of the participants regularly.

In addition, while the risk for participants was low, by working with community organization for participant recruitment, connections to support and services were either already in place or available. The benefit of participation was, in part, the knowledge to be gained from deeper understanding of the lived experience of people living with serious mental illness. This makes research with direct involvement of people living with serious mental illness incredibly valuable. Numerous participants shared an enthusiasm about having their experiences represented in a broader context.

Chapter Summary

Chapter III provided a detailed description of this study's research methodology. A critical phenomenological lens was employed to deeply understand the lived experience of police interaction from the perspective of persons' with serious mental illness in their interrelated social, discursive, and political contexts that underpin the experience. IPA was the qualitative research approach that provided the methodological structure for this study. Purposive and snowball sampling were used to recruit 16 people to be interviewed. Each of those 16 people completed a semi-structured interview. The six step process for data analysis outlined by Smith et al. (2012) was used to identify themes within and across participant's cases. Trustworthiness and validity were accounted for thru various strategies in line with leading criteria for assessing qualitative methodology. The purpose of this study was to more deeply understand the lived experience, including that of relationships of power, of police interaction for people living with serious mental illness. Chapter IV presents the findings of this study.

Chapter IV. Findings

The central research question was ‘What is the lived experience of encounters with police for people living with serious mental illness?’ The secondary research question was ‘How do relationships of power shape the encounters with police for people living with serious mental illness?’ Two sub-questions were posed, ‘In what ways is a person living with serious mental illness aware of the relationships of power in encounter(s) with police?’ and ‘How does their perception of power relationships shape their lived experience of encounters with police?’ To address these research questions, the interview guide was constructed in three (3) ‘blocks’(Table 1) – the first block provided space for participants to share their understanding of and experiences with mental illness, and self-perception. This first block of questions cultivated rich context of the participants’ lives and formative experiences. The second block of questions focused on the lived experience of police encounters. This part of the interview was the focus of the IPA process detailed in Chapter III Methods. There were elements of power and relationships of power woven throughout these encounters. Finally, for further clarification and context, the third block of questions asked participants about their perceptions of power, to include working definitions and relationships of power.

This findings chapter is organized as follows:

- (1) a summary of participants’ demographics,
- (2) critical context for participants’ lived experiences provided via participants’ descriptions of aspects of serious mental illness (Block 1),
- (3) the lived experiences of police encounters (Block 2 and primary research question),
- (4) participants’ contemplations of power (Block 3), and
- (5) a summary of the chapter.

The findings regarding the lived experiences of police encounters make up the bulk of this chapter. That section is organized around the six super-ordinate themes that emerged across analyses of participants' interviews. These six super-ordinate themes were (a) *significant context, to include serious mental illness, was made invisible*, (b) *the carceral response to serious mental illness and interpersonal issues*, (c) *law enforcement's power to force submission*, (d) *facets of escalation*, (e) *law enforcement encounters lacked essential care*, and (f) *law enforcement encounters served as a microcosm of the criminal legal system*. The six super-ordinate themes and respective sub-themes are provided in summary form on Table 5 below.

This qualitative study included 16 participants' interviews, some upward of an hour and a half to two hours in length, the volume of experiences, information, and insight was substantial – hundreds of pages long. In this chapter, the researcher's aim was to balance meaningfully capturing and honoring the participants' lived experiences through rich description with the practical task of presenting the information to the reader in a way that illustrates the compelling meaning-making that took place. This was done both 'within a case' and 'across cases.' As such, each block of questions are addressed in turn. Within each block, summarizing findings for groups of participants occurs, and also details of individual participants' stories are shared to illustrate the theme – either descriptive or interpretative. Given the idiographic nature of IPA, readers are also introduced to participants through a narrative summary which provides depth of context when a participant is 'introduced' in the findings. This balance – between themes 'within a case' and 'across cases' – mirrors the analysis process. Finally, several tables are

offered to organize information for all participants, e.g., demographics, interview location context, and participants' titles. Let's turn to participants' demographics now.

Participants' Demographics

Demographic information, to include age, gender, race, and serious mental illness diagnosis, was collected at the beginning of each interview. A summary of this information is provided in Table 3 below. There was a wide range of ages from 29 to 63 years old. There were about two times more men (n=11) than women (n=5) in this study. Gender identity was captured by participants self-identifying and their responses recorded. Looking at race and gender, there were three Black men, one Black woman, eight white men, one white transwoman, and three white women.

Table 3. Study Participants' Demographics

Self-Identified Participant Demographics		n=16
Age		49 (mean)
Gender		
	Transwoman	1
	Women	4
	Men	11
Race		
	Black	4
	White	12
Serious Mental Illness Diagnosis		
	<u>Single Diagnosis</u>	
	Bipolar	4
	Schizoaffective Disorder	2
	<u>Multiple Diagnoses</u>	
	Schizoaffective Disorder / Polysubstance Abuse Issues	1
	Schizoaffective Disorder / Bipolar	1
	Bipolar / Schizophrenia / Depression	1
	Bipolar / Depression / Obsessive Compulsive Disorder	1
	Bipolar / Severe Post-Traumatic Stress Disorder / ADHD	1
	Rapid Cycling Bipolar / Post-Traumatic Stress Disorder / Generalized Anxiety / Psychosis	1
	Post-Traumatic Stress Disorder / Substance Use Disorder	1
	Complex Post-Traumatic Stress Disorder / Bipolar / Substance Use Disorder / Chemical Depression	1
	Major Depressive Disorder / Chronic Depression	1
	Borderline Personality Disorder / Depression / Anxiety	1

There were a broad range of serious mental illness diagnoses represented amongst participants. Four of the 16 participants were veterans of the U.S. Armed Services. Also, more than half of the participants talked about their use of substances, alcohol and drugs.

Once again, participants were interviewed one time. The length of the interview was, on average, approximately 52 minutes with the lengthiest being 1.49.41 and the briefest being 21.16 minutes. Participants' names and identifying information were not used. Instead, a title for each interview was developed. This title intended to capture a central essence of the participants' interview. Interviews were held at locations of the participants choosing. As a result, interviews were in a wide range of places. Table 4 details the participants' titles that will be used throughout this chapter and their respective interview locations.

Table 4. Participants' Interview Title and Location

<p>001. Being Unbroken</p> <p>At participant's home. On the couch. Wife is in the other room. Home is well kept and comfortable. In middle class neighborhood in suburbs. He is animated and engaging. Space to rest, be quiet, peaceful, and private.</p>	<p>002. Gentle & Unprotected</p> <p>At participant's home. On the couch. Husband is in the other room. It is morning. Her companion animal with her at all times. She is quiet and soft-spoken. House is well kept, comfortable, and fully furnished.</p>	<p>003. The Dual</p> <p>At partial lockdown / treatment facility in large Midwestern city. In a lounge area - just researcher and participant. It is mid-day. He is talkative. He is animated.</p>
<p>004. Finding Meaning</p> <p>In a break room in a partial lockdown / treatment facility. Very relaxed conversation. Spiritual practice central to the space he is in at the time of the interview. Only researcher and participant in the room.</p>	<p>005. Leave Me Be</p> <p>Quiet, modest apartment. We are at the kitchen table. Her son is asleep on the couch. Her partner is in the bedroom. It is the start of her day ... taking her medications and drinking juice with them. She is kind and warm and presents as she is glad to see me.</p>	<p>006. Fear Framework</p> <p>Took place outside a library. He chose the library and initially thought we would do the interview inside; however, before researcher got there, he felt he was not being treated kindly or respectfully, so he met me outside the library and we did the interview in the car. Kind dynamic and gentle demeanor.</p>
<p>007. Wild Bill</p> <p>Office of a local community organization where participant receives services. He is animated, talkative, and expressive.</p>	<p>008. Humor Saved My Life</p> <p>Office at local community organization where participant receives services. Humor was a SIGNIFICANT part of this interview – she uses it as a coping mechanism and says as much.</p>	<p>009. Love Now</p> <p>On her porch. It is hot outside—even hotter in the house because it is not air conditioned adequately. The porch is messy. There is layer of dirt on all items stacked up on the porch. She is jumpy and on edge a bit and very verbally expressive. Conversation shifts often.</p>
<p>010. Popeye Surrenders</p> <p>We are on his porch. It is hot and dirty and uncomfortable. He got out of hospital two days prior for medical issue. This interview is slower to start, but there is a shift at some point and he opens up more fully by the end.</p>	<p>011. Healing Reflection</p> <p>Phone interview. She is talkative, thoughtful, detailed. She has much going on and is happy to contribute to this work. It is important to her.</p>	<p>012. Artist Interrupted</p> <p>Initially going to meet in a quiet public place, but participant changed his mind. Offered to reschedule the interview, but his preference was to go ahead and do the interview in the privacy of researcher's car. One of the younger participants in the group. Earlier stages of the experience than others.</p>
<p>013. Surviving Dead</p> <p>We met early in the morning. It would allow him to share his story and get to work on time. We met outside a popular donut shop and ended up doing the interview in the car. The sun was rising as we started and when we were done he caught the bus at the stop on the corner and headed to work.</p>	<p>014. Mama's Man</p> <p>Took place in researcher's car in the parking lot on the campus of university in downtown city. Gracious and relaxed.</p>	<p>015. Off Paper</p> <p>In researcher's car in parking lot on campus. Got off parole the day before – as 'free' as he has been since he was 15 before he went into a psych hospital.</p> <p>016. Sword of Damocles</p> <p>In car in parking lot on campus. Insightful, reasoned thinker.</p>

Crimes

Participants all had interaction with law enforcement to be a part of this study. There was only one person whose interaction with law enforcement did not result in arrest and being charged with a crime (*Gentle & Unprotected*). All other participants (n=15) were arrested, charged, and involved in the criminal legal system, and its processes, to varying degrees. This includes jail time, lengthier prison sentences, plea deals, being found guilty at trial, violations of probation and/or parole, etc. There were also a wide range of crimes identified by participants to include:

- Drug possession
- Drug possession with intent to distribute
- Counterfeit currency
- Class C Felony Escape
- Theft / petty theft
- Robbery
- Criminal deviant conduct
- Check fraud
- Receiving stolen property
- Domestic violence
- Murder
- Embezzlement
- Violation of restraining order
- Arson
- Assault on an officer
- Sexual battery and criminal confinement

The alleged crimes and those crimes committed are not the focus of this study. They may be referenced in the findings below to the extent that it was connected to the participants' lived experience of encounters with law enforcement.

Connecting to the Theoretical Framework and Methodology

The researcher's life world, e.g., 'being in the world' or *dasein*, required fore-conceptions to be identified and processed consistently as part of the IPA and the

theoretical underpinnings of critical phenomenology. During the analysis, through regular note-taking and reflexive journaling, several understandings were revised. For example, the researcher did not anticipate that all participants would acknowledge the authority of law enforcement. However, they did, so the researcher had to adjust that fore-conception as part of the hermeneutic process.

Participants' 'being in the world' also shifted at times. In much of the dialogue around relationships of power, multiple participants began with acknowledging it was not something they had consciously previously contemplated. As a result, for several participants, initial definitions of power were grounded in its conceptualization as something existing outside of self – an authority invested in others and in systems. However, over the course of the dialogue, the recognition of power within themselves evolved – first in recognizing it was something they may possess and second in imagining what more fully-realized power within would look like in application.

Throughout the analysis the critical phenomenological lens was integrated via a deep commitment to understanding the contexts, interpersonal, social, cultural, economic, political, etc., that shaped participants' lived experiences. This was demonstrated in conceptualizing both the participants' individual lived experiences and the structure's responses/influences woven throughout those lived experiences.

Participants' Descriptive Understanding of Serious Mental Illness

Block 1 questions were developed to better understand each participants' context and understanding of 'serious mental illness' to include what it means to them, how they understand mental illness, and their feelings about themselves, their diagnosis, etc. The following findings were the descriptive themes that emerged across this block of

questions. Each participant brought to the interview experience a nuanced context shaped by their personal life and environment. There were shared descriptions and understandings across the interviews: definitions of serious mental illness; feelings about mental illness diagnosis, symptoms, and self; violence and trauma as part of understanding serious mental illness diagnosis; care and coping.

During the interviews each person had an evolving experience and understanding of their own mental well-being. The understanding was shaped and connected within (self) and without (structure/environment) over the course of their lifetime. The context and the nuance of each person's story was priority to this research and the idiographic nature of IPA. To that end, elements of the participants' interviews are included in two ways. First, there are direct quotes. A brief quote is offset in the text with "*quotations and italicized.*" A lengthier direct quote is set off as an indented block quote and single spaced. Second, there are adapted narrative summaries of the interviews. These were written by the researcher as part of the analysis process. These adapted narrative summaries provide context in support of / as an illustration of a given theme or sub-theme. These have also been set off as indented block paragraphs; however, they are double spaced.

Definitions of Serious Mental Illness

At least three participants (*Being Unbroken*, *Healing Reflection*, and *Off Paper*) specifically used the language 'chemical imbalance' when defining what mental illness means to them. This language points to a biomedical model as the framework for defining mental illness for several of the participants. *Healing Reflection* was most symptomatic in 2012 at the age of 48. She talked about mental illness as a "*chronic*

health condition” she will manage all her life. There was a chemical imbalance, and she continued to learn what the symptoms were and what the behaviors were for her. Prescription medication helped manage the symptoms, and behaviors were for her to address through therapy, support, and change.

Being Unbroken also used the language of chemical imbalance. He described how an individual’s chemical imbalances created individual symptoms which presented at certain times to varying degrees that then warranted being diagnosed with a mental illness. His understanding of paranoia, hallucinations, and delusions were shaped in large part through psychoeducation he has learned extensively via a licensed mental health counselor and a clinical psychologist.

Two other participants connected to the language of imbalance, but talked about mental illness in an either/or way. For example, *Mama’s Man* connected to this language of ‘imbalance,’ but used the metaphor of a scale. Because of the imbalance, some days he’s up and someday he’s down like a teetering scale. *Gentle & Unprotected* talked about how her brain did not work. There was a duality in her language – it either did or did not ‘act right.’ There was a separation of the part that was not working from the rest.

Other participants did not ascribe to a biomedical framework. *Sword of Damocles* described mental illness as a deformity in his mind. There was a ‘bump in the road’ and it has to be maneuvered around which was not as easy for [a person living with mental illness] as it may have been for others [not living with mental illness].

Mental illness means that the person doesn’t perceive the world the same way as the next person. And that there are triggers and emotional factors that they may have to deal with that other people don’t. That’s my person definition – not my DSM 4 definition.

Medical professionals shape much of the ‘working definition’ of mental illness for participants. *Artist Interrupted* acknowledged he was currently exploring his mental health. He was not sure how well he understood mental illness, but while his understanding was limited, he was clear that it was “*the professionals who have the will to diagnose me or who actually, I guess, have the power to say – you have this illness.*”

Descriptions of Delusions, Hallucinations, and Voices

At least five of the participants described facets of mental illness they experienced with some degree of regularity. *Leave Me Be* and *Love Now* both shared hearing voices for many years and, at times, ‘snapping off’ for no reason. For *Fear Framework*, a significant part of his fear, which was central to his day-to-day experience, were the demons he sees.

I am scared of demons. I’ve had ... people will sit and stare at me and in their eyes I can tell it’s medieval type of shit and and it scares the shit out of me. ... Yeah. I mean I’m real real scared because I really do believe in demons. You outta see some of the fuckers I see. ... But I know there is something up there you know? I really really believe there is something up there and I am scared to death that I am going to go to hell (nervous laugh) and that’s why I think I see demons all the time.

For *Being Unbroken*, hallucinations and delusions have long been a part of his lived experience. He characterized himself as well into his own recovery but considered himself a little delusional because of ‘grandiose’ thoughts. The example he gave was that he believes God has him here for a reason. Researcher noted that, in fact, that idea was a premise for several significant religions around the world. In addition, *Healing Reflection* and *Artist Interrupted* connected to God having a purpose for them. *Being Unbroken* also shared more about the voices he experiences. For him, the voices were still there today and well into recovery. He still listened, but he was not going to act. He

just had to ‘flip it’ – make sure he did not do what he was being told to do. For him, the voices were an independent part that shaped him as an integrated whole. Voices were criticizing him and egging him on and he did not anticipate them going away. The difference at this point in his recovery, years in, was his response to them.

A final illustration comes from *Gentle & Unprotected*. She identified incredibly painful violence she endured as a child (more on that below), and pinpointed a definitive break for her. There was a specific point in time where the violence overwhelmed her and something different came to the forefront of her experience as a matter of protection.

I was being molested. And, uh, by a friend of the family and one time I just ... my brain just fled and the voices took over. ... [Eventually] the molestation stopped and really I didn’t realize I was any different until, um, in my teenage years.

Feelings about Mental Illness Diagnosis, Symptoms, and Self

Artist Interrupted was the youngest participant in this study. He was also the earliest in his journey post-diagnosis. At the time of the interview, he was processing and making meaning about mental illness and what the possible impacts it may have on his life in the present moment.

About his future

I’ve never met anyone with the mental illness that I have, um, who are excelling in the things that they want to or are accomplishing the things that they actually have, um, put their mind toward after a certain amount of time.

About the diagnosis

I think that it can be, um, it can be painful. Um, because sometimes I feel like I want to embrace it. Uh, then there are other times where I am, um, am upset because I feel that it’s, um, caused a lot of problems to my moving forward.

About his own sense of self

Just being able to be able to figure out how I actually feel, how I identify, how I trust myself ... the fear of how people view me ... I guess the reflective spectrum of identity ... being able to relate to people. All of those things definitely do take – it has an effect on how, how I view myself.

At the other end of the age range, the oldest participant, *Being Unbroken*, echoed similar sentiments – he had a deep desire to live well. “*I do realize that my condition isn’t going anywhere – it’s just that I’m learning how to live with it much better. And I want to live good with my condition.*”

The other participants fell somewhere in between those two ends of the spectrum at the time of their interview. *Fear Framework* spoke specifically about getting “*real, real, real scared ... and then I will get real, real pissed off because I am so scared, and then I will get angry.*” For most of the participants, living with a mental illness diagnosis and working towards and/or maintaining mental well-being had been an ongoing and often exhausting process for decades.

Violence and Trauma as a Part of Understanding Serious Mental Illness Diagnosis

When asked about the events or experiences going on in their lives that lead to the diagnosis of a serious mental illness, 13 of the 16 participants shared stories of interpersonal violence, structural violence, and/or trauma. For some, a range of experiences centered on childhood physical and sexual abuse and being physically attacked or raped as a young adult. For others, stories of the violence seen and done were experiences as part of duty in the armed services that imprinted as trauma. The following are a sample of participants’ narratives that connect to violence and trauma they experienced earlier in life.

Love Now

She starts out the interview with her struggles to keep a stable home – her partner tried to kick her out as recently as yesterday. As we continue talking it is clear that being put out by him or other past partners or people she is living with happens somewhat regularly.

“I can’t keep a stable home” – there are indications that she has never had one. She was raped and molested by her father as a very young child – 5 or 6. She was raped by six men at 16 after one of them, who she worked with a fast food restaurant, said he would take her home and instead took her to an apartment where she was tied up and raped. At some point as a young woman, she was married to a man who was a retired firefighter. He died in the bed next to her in the late 1990s. She was approximately 23.

Fear Framework

He and his brother were raised by their dad for much of their childhood. Dad had *‘a mental disease – he was pretty gone.’* Dad believed in werewolves and vampires and thought he was the new Messiah because there were Jehovah’s Witnesses that kept coming to our house to talk to him. Participant missed enough school that a truancy proceeding was initiated. In court, Dad told the judge that the principal was the leader of a cult. Dad did take Participant to a psychiatrist once, but the doctor mentioned medicine and dad said no and that’s where the conversation stopped. Eventually, Participant and his brother had to move with his mom. She was really cool, but was a bad parent. She owned a bar and

was a pill dealer. She said ‘fuck authority’ and took her sons shoplifting all the time.

Popeye Surrenders

He left home at 15. His stepfather was a violent and abusive man. His stepfather was physically and verbally violent to his mother and the kids.

The last time he slapped me and broke my nose and my nose is bleeding, I took a broom out and beat the heck out of him. You made me hurt, I’m make you hurt. I mean, I saw my own blood. [I] went off. [There] was nothing I could do. I mean, I’m like 14, 15 years old. I mean my God. You, you, you gonna manhandle me like that?

Healing Reflection

Her mom had her at 18. She begrudgingly married Participant’s dad because she was pregnant. Her mom did not want her and that message was her earliest recollection. She was told that she tried to abort her with a coat hanger. Her mother let her know consistently that “I ruined her life.” Her identity was shaped around that – self-worth was non-existent. Looking back at her family, at their history, she sees that both of her parents had mental health issues and in all likelihood at least two of her grandparents did.

She grew up in an abusive home. She was ‘disconnected from her body’ often – to the point where she ‘could dissociate the minute [she] felt pain.’

She buried much of her childhood deep. She left home at 16. Getting married was her way out.

[A]ll I did was basically walk out of the house with all of my suitcases and the baggage that I had conveniently packed away. I didn’t deal with the trauma. I hadn’t felt the emotions. I didn’t feel any of it. I just walked away from it and it kept following me, dammit.

She was not emotionally prepared nor did she have the necessary skills to deal with the ‘real world.’ The marriage was unhealthy and toxic. What was supposed to be the next step towards freedom was actually just an extension of the toxicity and violence she had been living with. For much of the years to come she lived in a way to get even with [her parents] for not wanting her. She has not seen her parents since 16.

The Dual

He went into the army as a young man. He spent three years in the army and was honorably discharged in 2003. He earned two Army Achievement Medals, a Good Conduct Medal, and an Overseas Medal. He could talk about what happened over there better now (at time of interview) than before.

While in the army he was stationed in in hazardous duty zone on the DMZ, de-militarized zone, between North and South Korea. He saw things he did not want to see. He was responsible for picking up dead bodies. He was trained to protect himself and his unit by any means necessary.

So, if it’s killin a 10 year old kid, you better kill him – [be]cause he might have a bomb or he might be comin at you with a knife and getting ready to gut ya. Even though he’s lookin innocent, you know, you just gotta do what you gotta do. The saying that my squad leader always told me, “suck it up and drive on. Ain’t got time for cryin – ain’t got time for that.”

At 21 or 22 years old, a young man, all he could do was listen and obey.

Any other response brought trouble or the threat of being discharged. He began drinking a case of Corona and a fifty of Crown Royal every night.

He treated it like a big party. While in the army, he was also introduced to Percocet after having his wisdom teeth removed. The hypervigilance and ‘fight or flight’ mentality and the substance use stayed with him long after his honorable discharge in 2003.

This context matters for a number of reasons and was identified and detailed here for two reasons. First, it helps frame and better understand the onset of serious mental illness – participants shared these experiences when asked what was going on leading up to their earliest serious mental illness diagnosis. Second, the exposure to or experience of interpersonal violence and/or structural violence will be revisited in the themes that emerged during the analyses of police encounters. More specifically, it lays groundwork for understanding police encounters as interpersonal violence and the criminal legal system as structural trauma.

Care and Coping

As a bridge from the previous section to this section, two participants did specifically highlight the violence and trauma that can stem from being in a psychiatric hospital. *Humor Saved My Life* described asking for help from her parents at 19. They took her to a facility and she was admitted, diagnosed with manic depression, and held for three months. It was a horrible experience. She was overmedicated. She describes having a solid black tongue, twitching and stuttering – it was *bad*. Her family ended up suing that facility because of the treatment and questionable insurance claims. Before being institutionalized, when she asked for help, she meant to address poor decision-making and increasingly risky behavior. She could not have anticipated what that time locked away would be like.

Healing Reflection describes mental health institutions this way,

You tell me you're sticking me in a hospital – you better have a damn good reason for doing so because it's gonna take me at least a year to reestablish my foundation and the ground that I lost from whatever trauma I sustained being in the hospital. Because, remember, when you go to the hospital, you're around the sickest, most symptomatic people you can be around. So, if you think that's not trauma, wrong. ... You're taking someone's freedom and you're putting them in a place. So instead of empowering them to learn the tools to manage what's happening to them so that they understand what's happening to them - we lock them up and expect that the isolation and the trauma is going to help the situation.

At the time of the interview, *Healing Reflection* identified the “toolbox” she developed for herself made up of the skills, tools, and knowledge necessary to prioritize her wellness. She managed some of the symptoms with medication. For her, she must have a safe place to talk about how she was feeling, what her challenges were, etc. Additional tools include, deep breathing, exercise, and other activities that lower stress and increase self-care. She has cultivated a practice of recognizing and reducing environmental triggers that helped her manage stressors. Today, “*I don't substitute anyone else's perspective for my own.*” Elements of her care toolbox were integrated via personal learning and mental health care treatment.

Only one other participant identified or described this level of effective treatment within the mental health care system – *Being Unbroken*. He had access to a care team that was working for him. He took some medication. In addition, he used cognitive-behavioral therapy and positive self-talk as part of his recovery. These were approaches that helped him live with his condition better. Both participants, *Healing Reflection* and *Being Unbroken*, also had stable housing, steady income, live with their respective partners, and were working and speaking in the community about their lived experience

with mental illness. It had been many years (decades) to arrive at this point for either of them in their respective journeys.

For other participants that discussed their treatment experiences, the range was from limited access to no access to meaningful care. For *Gentle & Unprotected*, she was in need of care early on in life, but her parents were unable to meaningfully meet her needs. They lived in a rural community that had only a singular family doctor. There was no mental health care. *Love Now* and *Popeye Surrenders* were not seeking care at the time of the interview.

Even if there was some degree of access, the experience of treatment as part of the mental health care system was mixed for participants. A range of interventions were mentioned with limited success: intensive outpatient settings (*Leave Me Be*), EMDR (*Sword of Damocles*), Alcoholics Anonymous, Narcotics Anonymous, etc. In addition, there were barriers to accessing continuous care like shifting medical practices (*Artist Interrupted*), transportation (*Surviving Dead*), insurance/cost issues (*Mama's Man* and *Artist Interrupted*).

Some of the coping mechanisms shared by participants included journaling, cooking, and music (*Mama's Man*). Meditation and visualization was also part of the work for some (*Sword of Damocles* and *Finding Meaning*). *Finding Meaning* had more recently integrated spiritual practice as part of his care for self. He described the shift like this:

I knew I could get all the rehab I want, but if you send me back to the wolves I was going to be leader of the pack. But I was tired, and I come to the conclusion that I want to find out who I am ... without hiding without blaming and I would just like to be okay ... Quit searching for what I am never going to find.

He was, specifically, reading and learning from the writings of Thich Naht Hahn and DT Suzuki. He was pursuing deeper answers and meaning thru Buddhism. The application to his care was described as “*catching the snowball before it hits.*” He practiced grounding techniques, meditation, and somatic practices that had him pay close attention to the feelings and thoughts and the physical experience in his body. He also felt his feelings and grew to be okay being uncomfortable – he relearned that it was not necessary to drown out or push away feelings. He was doing that – drowning out and pushing away feelings – for many years with drugs and alcohol.

Drug Use to Include Those With and Without a Prescription

Eleven of the 16 participants have had a significant relationship with drugs and alcohol during their lifetime. Numerous participants identified ‘self-medicating’ long before they knew that term. Illegal drugs detailed in the interviews included marijuana, cocaine, methamphetamines, and heroin. Participants also identified a range of prescription drugs they had taken as part of their treatment regime. Some examples were Vega, Seroquel, trazadone, abilify, Paxil, Prozac, buspar, suboxone, prazosin, and Effexor. Drug and alcohol use was intimately connected to some participants’ responses to living with serious mental illness. This connection had significant impact in that it was a part of the lived experience of police encounters that drew multiple participants deeper into the grasp of the criminal legal system.

As this chapter shifts to discussing the super-ordinate themes for the lived experience of police encounters, this first section has detailed pieces of the nuanced lives each participant brought to the interview and in each law enforcement encounter.

Lived Experiences of Police Encounters

These findings address the primary research question of this study. At the outset, participants were asked an open-ended question/prompt to begin this part of the interview: please tell me about an encounter with police that stands out for you. The dialogue unfolded from there. The themes identified below are those that captured the essence or nature of the lived experience, e.g., the phenomena, through interpretive phenomenological analysis. This section is organized around the six super-ordinate themes that emerged across the 16 participant interviews during analysis. Table 5 is included below to provide a summary of these six super-ordinate themes and respective sub-themes. Each theme will be discussed in turn. Once again, elements of the participants' interviews are included in two ways. The direct quotes are *italicized*. The adapted narrative summaries are set off as indented block paragraphs; however, they are not italicized.

Table 5. Summary Table of Super-Ordinate Themes & Sub-themes

Super-ordinate Themes	Emergent Sub-themes (when applicable)
Significant Context, to include Serious Mental Illness, was Made Invisible (Theme 1)	
The Carceral Response to Serious Mental Illness and Interpersonal Issues (Theme 2)	
Law Enforcement's Power to Force Submission (Theme 3)	<ol style="list-style-type: none"> 1. Fear as Part of an Encounter with Law Enforcement. 2. Everything was on the Line / Resistance to Surrender. 3. Process to Being Broken / Surrender towards Submission. 4. Critical Contrast on 'Being Unbroken.'
Facets of Escalation (Theme 4)	<ol style="list-style-type: none"> 1. Mutual Escalation. 2. Behaviors Related to Serious Mental Illness were Not Resistance. 3. Law Enforcement were Expected to Make Grounded Decisions.
Law Enforcement Encounters Lacked Essential Care (Theme 5)	
Law Enforcement Encounters Served as a Microcosm of the Criminal Legal System (Theme 6)	<ol style="list-style-type: none"> 1. Criminal Legal System had its Own Agenda and Rules. 2. Participants' Lived Experiences Mirror the Imbalance of Accountability in the Criminal Legal System.

For each theme and subtheme, participants' lived experiences will be highlighted. The balance here is to provide representative and illustrative context via participants' lived experiences without becoming burdensome for the reader. Those participants' lived experiences shared in a given section have been selected because they are dynamically illustrative of the theme. Their stories were chosen to demonstrate the theme that came through during analysis. There will be occasion where the researcher uses language to shape or frame the quantity of participants that identified with and/or contributed to the given theme. Again, this was done in the context of phenomenological analysis to be supportive, but not to be a compulsory element of capturing the essence of the lived experience (phenomena). The depth and fullness of the lived experience points to the truths to be understood, and that is not wrapped up in a quantitative shaping or forced numbering of participants' experiences in this study. Also, counter-narratives were included when a participant's lived experience was, at its essence, different from the theme that emerged during analysis across participants' cases. For example, when detailing *Law Enforcement's Power to Force Submission (Theme 3)*, a critical contrast is offered through the lived experience of *Being Unbroken*. In addition, when asked to share police encounters there were three participants that identified a positive experience or perception. Two of those have been included in these findings (*Love Now* and *Artist Interrupted*). The third has been left out. It is a more recent shift in perspective of police that was significantly, even exclusively, brought on as a result of what was likely an exploitive sexual relationship with a person in law enforcement. The participant's lived experiences – which span decades – have been thoroughly analyzed and included. The

only element not included were what was framed by participant as the ‘fruit’ of this newer intimate relationship.

Significant Context, to include Serious Mental Illness, was Made Invisible (Theme 1)

At the outset of an encounter with police, significant context was unknown to law enforcement. This context, to include serious mental illness diagnosis, symptomology, etc., could have significantly informed the tone of the encounter and the tone of the police response. At the outset of the encounter, police responding in the moment were interfacing with a person and their layers of complexity, lived experience of serious mental illness, the possible influence of past traumas, possibly the impact of substance use, and varying degrees of engagement with meaningful healthcare, etc. That was in addition to whatever, most recently or specifically, transpired to bring police to the encounter. The complexity of the context informed the encounter in significant ways; however, much of that context was rendered invisible or moot based on police response. *The Duel* and *Healing Reflection* offer representative cases of invisibility to demonstrate this theme. *The Duel* detailed an example of this when police responded to a call involving an argument and broken car window.

The Duel

In 2003 after being honorably discharged, he hit the streets running *like a lion out of a cage*. He was using OxyContin by then and took heroin intravenously for the first time in 2005. He continued to get high to numb his pain. He would sell drugs to support his habit. “*I was your full-blown heroin addict, dope-fiend, drug hustler.*” That is how he supported his habit. Using drugs became necessary to feel ‘normal’ – the high had long

faded. It was about being well ... feeling normal. He did not hold a job because of his heroin use. Selling drugs led to getting arrested. The vast majority of his arrest record, 15+ arrests, stemmed from drugs. Some form of this cycle went on for over fifteen years.

On this day he was drunk and high. He believed a woman he was spending time with took something from him. She locked herself in a car. They were arguing, and he broke the driver's side window. A neighbor called the police. He went back into the house and instructed another woman inside not to let the police in if they tried to enter. He went to the bathroom and laid out more lines of heroin.

The police did enter the home and ordered him (pounded on the door) out of the bathroom. He did not come out of the bathroom. The police took the door off the hinges suddenly and with force. They pulled him into the hallway, handcuffed him, and took him out to the police car.

The impact of his time in the army carried on after it was done. The trauma exposure and violence coupled with a new opiate addiction post dental surgery spiraled into a lifestyle of addiction to self-medicate and numb feelings, thoughts, and flashbacks. When he was holed up in the bathroom, high and isolated, he was not particularly concerned about the police coming. As the pounding on the door, the yelling, and ultimately taking the door off the hinges were happening – at each decision point – layers of information were driving an escalation response. This context, veteran, drug use, PTSD, these layers of experience, feelings, and training were feeding into the encounter with police. This context was visible to him; however, it was invisible to police. The

tone of the encounter was critical to determine outcomes of a police encounters. As a result, when influential context was made invisible, there were missed opportunities to improve outcomes.

Context, the fullness of the persons experience, and specifically serious mental illness was invisible at the initial law enforcement encounter and may have remained largely so throughout the criminal legal process.

Healing Reflection

Her first arrest was in 2000. At the time she was working two full time jobs to put her husband thru school. She was parenting her two biological kids and two step kids. She was getting about 3-4 hours of sleep a day. They were also on the cusp of losing their home to foreclosure. She was in a manic phase at that time. One of her jobs was working in an office setting for a small company. She was in charge of finances. The only other person that had access to the books was the owner. She wrote herself a check for \$60,000. Her 'plan' was to use the money for a down payment on a home. The bank notified the company's owner of the withdrawal. It happened over a holiday weekend and by Tuesday there were detectives at her door.

She told the detectives she took the money. She did not initially see a problem with it because she intended to pay it all back. That said, there was no plan in place to pay the money back. In addition, to save her current home from foreclosure would have only taken about \$5,000. Her

'plan' made no sense. She was arrested and taken to jail that very same day.

This case took two years to come to sentencing. There were no mental health courts at this time. She was ultimately sentenced to 90 days in county jail, full restitution, and five years on probation. While in jail, she did not have access to a therapist, psychiatrist, or restful sleep. She was also unable to see her children during that time. As she gets to the end of her 90 days, she calls her husband and said, "*come get me, I'm ready to go home.*" And, he stated, "*I'm not coming to get you. I want a divorce. I'm having an affair and she's in our home with our children.*" Her already fragile mental, emotional, physical state was shattered.

The day of her release, she did see her husband. They had a heated conversation. There was some kind of physical encounter – she said she may have scratched him. The next day, and under the guidance of his new girlfriend – a former police officer – a domestic violence charge was filed against her.

Within 24 hours of her release, she received a call from the police. She was not grasping the gravity of anything. She was barely out of jail, significantly imbalanced and headed to the police station believing they want to talk about probation. She goes in without legal representation, made an admission against interest, and was rearrested, re-fingerprinted, and re-transported to jail. She was back in front of a very displeased

judge. An emergency restraining order was entered. She and her husband were to only communicate regarding visitation of the children.

She violated the restraining order 13 times over the course of less than 11 months. Every time a violation occurs, it involved a law enforcement response. On one such occasion, she was going back to the house to pick up meds. Her husband was not there initially. She was walking out of the house and down the front steps. At this point, multiple police cars were on scene, guns drawn, and she was thrown to the ground. She was handcuffed and put in the back of the car. She was dissociating thru it all. Police were getting forceful – believing she was being resistant and disobedient – in reality she was not even hearing them.

Another side to each law enforcement response was the cycle that ensued and its impact on her mental health. Each time she allegedly violated the restraining order, she would be rearrested and it would take at least 7 days to see the jail psychologist. In order for her medicines to be therapeutic she needed to be on them consistently for 4 to 6 weeks. That was not happening. Were she taking a therapeutic dose, there was also an increased likelihood that she could have made better decisions regarding the restraining order. Simultaneously, another challenge was taking someone off the medicines ‘cold turkey’ which increased the risk they would not be therapeutic when put back on them.

Squarely and meaningfully addressing mental illness was not part of the dialogue at any point. She ultimately made the decision – based on the

advice of all involved – to accept a plea deal that lumped all the misdemeanor charges into a single felony charge. In so doing, the judge sentenced her to 3 years in a maximum security prison.

She spent three years in a maximum security facility. There was little to no access to mental health care there. Correctional officers were too often punitive and/or disrespectful at the very least. Her prescribed medicines were not all available in their formulary. She requested the medicine multiple times and followed the necessary channels. The commanding officer told her that she was not the boss and would not see that medicine until she was out. Lack of access to one of her meds resulted in a seizure while in custody.

Her mental wellness or serious mental illness was invisible to the criminal legal system at each stage and over time. Serious mental illness was squarely at issue, but invisible, during her initial arrest for embezzlement. At the sentencing hearing two years later, she was sentenced with no plan in place for mental health care. Those 90 days in the county jail went by without visits from her children, access to a therapist, psychiatrist, and an appropriate diagnosis at that point. Her mental illness was invisible while in jail.

Coming to the end of the 90 days, she was in a difficult place emotionally, psychologically, physically and was released to news that her life on the outside had evaporated. Her mental illness appeared largely invisible in the midst of 13 law enforcement encounters and jail intakes in less than a year. The cycle of being arrested, jailed, released, etc. was inconsistent, stressful, and unbalanced – there was no point in that process where anyone took meaningful notice – anyone saw – her deterioration. Fast

forward to the next sentencing, with no apparent acknowledgement of her mental well-being, she was sentenced to three years in a maximum security prison. She was taken away and disappeared behind the walls.

The Carceral Response to Serious Mental Illness and Interpersonal Issues (Theme 2)

People demonstrated symptomology or behaviors related to their serious mental illness diagnosis when in conflict with family, friends, or partners or when interfacing with the discomfort of others in a public space were examples of lived experiences of participants in this study and people generally. The structural response, too often, was a carceral one to ‘resolve’ these issues. Police response, specifically, created a potentially punitive and criminal outcome for people where behavior was not criminal and did need not be addressed punitively.

Related to the ‘invisibility’ of *Healing Reflection’s* lived experience – it also pointed to the carceral response to interpersonal issues. Her life had long been constructed around a certain degree of chaos, i.e., she overextended herself and was stretched beyond her capacity. She was in a manic phase when she took the \$60,000. She recognized that no part of that plan ‘made sense’ or was workable. She was working two full time jobs to put her husband thru school. She was parenting four children. They were losing their home to foreclosure. She was getting an average of 3-4 hours of sleep a night. Maintaining her ‘baseline’ was incredibly demanding and ultimately evaporated. She again faced interpersonal issues with the dissolution of her marriage. The restraining order entered placed parameters on her while attempting to co-parent their children that were unsustainable for all parties involved. The carceral response, placing the criminal legal system at the helm of managing her behavior and apparent non-compliance during

these interpersonal issues, did not function for the well-being of anyone involved – certainly not her.

For *Artist Interrupted*, a recent encounter with law enforcement stemmed from interpersonal discomfort or conflict in a public space. He described being “*on top of the world*” while observing art in a public space. He specifically noted he was causing no physical harm.

He started having interactions with police as a teenager. Since he turned 18, he has had about three encounters with police. There was one time where theft is what brought the police officer out. The other times, mental health issues brought on the police encounter. Most recently, he was in a public space and enjoying the arts.

[T]he incident that happened – I was feeling like I could conquer the world. I was trying to observe and learn ... I was in a public space ... I wasn't causing anyone harm. There was a confrontation between myself and other people. ... I think there was a lot going on with me and me trying to discover what I wanted or looking for something that maybe I shouldn't have been looking for or maybe I was imagining things. I think as, um, as an artist I sometimes create things in my mind that maybe aren't there. I think that has a lot to do with the schizoaffective too. One thing I have always heard is that a lot of philosophers, a lot of artists do deal with mental illness. ... I had no intent on interfering with or having any type of encounter with the family. I had no desire ... for the situation to happen the way that it did. {Police were called.} We all were asked to leave.

He had no intent of interfering with the people around him or any desire for the situation to happen the way it did. Even as he retells of the encounter and contemplates how it unfolded – a clear ‘right’ and ‘wrong’ cannot be ascribed to the people involved – including himself. His behavior and this interpersonal conflict led someone to decide the necessary next step was to call the police. The police showed up and he

was asked to leave. At this point, it was not clear that there was a

‘criminal issue’ but rather his behavior in public was ‘not appropriate.’

Once I got downstairs, the people who I had conflict with were still behind me. I started arguing with another officer after being asked to leave. And then, at that point, um...at that point, it, it just, it escalated from there. There was physical contact. There were multiple officers who detained me. I was tased several times and I was incarcerated.

I’m just thinking that I still don’t know, even after taking courses, even after having [time to reflect] ... having interaction with the law, I still maybe don’t even know ... who is right and who’s wrong. Who [was] just and who’s unjust, who cares and who doesn’t care? I still haven’t found out what it is that I did to have to be put in that situation [originally].

Someone was presumably uncomfortable sharing public space with him. The response to the experience was to call the police. The interpersonal conflict, that may well have been one sided, was nearly resolved as all parties headed to the door. An experience that may have been resolved without further escalation or carceral consequence for him. However, the police were there and because he was ‘arguing’ with police – it escalated with physical force. It is possible that aspects of the encounter and/or behaviors that heightened responses from others were connected to his experience of mental illness. In such a case, the carceral response was what has been termed the ‘criminalization’ of mental illness. The carceral response in this experience was an overresponse to the circumstance. Once on scene, the invisibility of context, to include serious mental illness created consequence for participants amidst symptomatic expression and interpersonal conflicts.

A final note of contrast in this theme. *Love Now* made it clear that when she cannot manage interpersonal relationships, she considered the police a resource available to help her. She did not hesitate to call and has been able to do so with little to no

consequence to her well-being. When her boyfriend threw her out, she called the police to help her get her stuff. She was the only participant that expressed this experience with police.

Love Now

Her interpersonal relationships were the source of much of her interaction with police. She was in conflict with romantic partners, her family, their families, neighbors, etc. There was a chaos and conflict-base to what seems to be much of her day to day living. Police have been out to the house she was currently staying at on several occasions. In our time together, she identified fighting with her partner and having to call the police. She identified her partner and his brother having a fist fight as recently as earlier in the week. She also disclosed that technically her partner's brother had a no contact order on her – which she was in direct violation of as we sat for this interview because he lives in the other half of the double of the porch I sat on. That did not appear to concern her – she talked about it as if it was how her life goes and flows. Police helped her out – just like they *'help everybody'*—they have saved her.

Her perception of police was likely informed by her experience as a white woman – there were gender and racial elements to her experience. She did not connect to this as readily when describing the experience for herself, but it presented when she was talking about the response of police.

[My partner] don't remember but he called 'em to have me to leave the property ... while he was in the hospital. The day after he came home, he called 'em on me and told me I had to leave. And the cops came out. There was a white cop first, he arrested him before when he punched me

in my face, but we got rid of the charges on that ... and, the one cop was gonna let me stay. There was Black cop that pulled up he goes, “get your shit and get out.” He was a smart ass.

Law Enforcement’s Power to Force Submission (Theme 3)

All participants recognized law enforcement’s authority. When there was an encounter with police – police held the power to force submission. That power – the experience of it for participants – was all encompassing over their personal autonomy. Several participants (*Sword of Damocles, Mama’s Man, Artist Interrupted*) also identified that there was an uncertainty about the kind of interaction with law enforcement they would have. *Sword of Damocles* described it like a ‘coin toss’ – was the officer going to function within the bounds of professionalism or would the power be used to invoke fear and threat of destruction.

Addiction started early for him. He did not recognize it as the early stages of addiction, but he was using at 13 or 14 years old. According to him, what were probably manic episodes were happening young too. He was also bright and excelled academically. He graduated high school at 16. “*I should never have graduated at 16, I should have went until I was 18. I missed the social experience which made me socially awkward which probably led to my offense.*” Researcher would use ‘contributed to’ instead of ‘led to.’

At 16, he got in trouble for breaking into computer systems and stealing money from a bank. He was a techie. They sentenced him to the Navy, and he went into the Navy. He explained they cannot do that now – you

have to be 19 and a day before you can see combat. He went in at 16 and served 8 years – so he got out at 24.

While he was certified as a nurse practitioner in the Navy, his primary role was operations control for Special Forces and forward operation teams.

He was the guy in the movies behind the 6 screens with the microphone talking to ground forces. *“So, kind of the, kind of the “god,” the god-*

complex person who, uh, has all the overview but has no real control.

Because it’s everybody else’s choices.” It was an excellent and

devastating experience all at the same time. He lost a team. *“I lost 4*

members of a team – not feeding info fast enough – the review board

assessment said I was clear of all misconduct, but I still feel like it was my

fault.”

He knew that the PTSD was related to what he had experienced and seen

in the Navy. There were still flashbacks. He did not realize his

discomfort – soft word – for crowds / loud noises / etc. – someone trying

to push me in a corner or confine me – his over-exaggerated reactions

were from those experiences and then what happened in prison.

He was straightforward about his criminal history.

I take full responsibility for, for the sexual abuse that I put my victim through. I should not have done so. I was in the service, I was on leave and then as I was able to come back, I was seeing this individual in a relationship type thing. He came to STATE where I was posted ... he was 13. I didn't know he was 13 at the beginning of it, but I found out later and I didn't stop. I'm fully responsible for my actions. I did not physically force him to do anything But he did not have the ability to give consent.

That relationship ended. It was several years later – after he was out of the Navy – that he was arrested. He was 27.

Sword of Damocles described the power wielded by police during his arrest and interrogation and connected it to an authority that has been granted or handed over as part of the criminal legal system. He shared the following:

They have so much power over me at this particular point in time. ... They have the ability to destroy my life. So, I have to walk a very fine line when dealing with them. [T]hey have been granted the ability to change my entire perspective of reality and my entire reality and, in a heartbeat. Fifteen hours of interrogation telling me that I was a horrible, rotten son of a bitch that needed to die. Uh, literally. I was terrified. They were trying, um, I felt like they were trying to take my life away from me. They were threatening me with hundreds of years in prison. They were saying that I, that as soon as I got to prison that I would be raped, that that actually happened – that I would never be able to have a life ... and that the only way that I could make it better was if I admitted everything. When it was all finally said and done, the one, the officer that was behind the glass recording everything was the one that came in and read me rights and that took me out to the [transport van]. And he actually gave me a cigarette.

He spent almost 18 years in prison. While in prison he was raped. The rape involved an officer and two offenders. He tried to report it and got laughed at because he was gay the staff did not believe it was rape. He worked with a LMHC in prison and went to an AA meeting ‘*on a whim.*’ It proved to be a transformative experience. He was moved by the story he heard at the meeting and could relate. He went back to his dorm and gave all the illegal substances he had to his bunkie. He was done. He got sober that day. He relapsed once – about 5 months in – he was going thru a lot – being gay and a sex offender was like 2 of the 3 no nos. If he told a CO what was going on – he would have been 3 for 3. It was a difficult time and somebody offered him some x. He did about 3 days’ worth of

partying. Came out of that and resolved to go for sobriety again. He offered that some learned more from one relapse than one does from the first stint of being sober – the relapse taught him to wait a minute because he already had the skills to come back from this. As of the date of interview, he was 3207 days sober. He took it a day at a time.

Ultimately, he has been out three different times. He never picked up a new charge. He went back on violations the previous times. At the time of the interview, he has been out for almost a year. The world feels very big. He was confined to a little 2 man cell for 20 hours a day. The world became very big and it has been a struggle – he was on a few meds. He functions in between two places – the meds help him not go completely into the flashbacks. Less vivid flashbacks helped him connect to/remember that he was here. But he was not completely here.

It has been a struggle to find housing since getting out. There were a lot of restrictions about where he could live. At the time of the interview, he was living under a bridge. He had a 5 pm curfew. The GPS unit had a specific zone that he had to be inside by 5 pm until the morning. *“If I am out of the zone – not back in the homeless camp – it tells them and that is a violation and they can put out a warrant and send me back.”*

Humor Saved Me noted that even within the bounds of professionalism, an encounter with police was challenging. Her experience of submission will be discussed in greater length below.

Fear as Part of an Encounter with Law Enforcement

Several discussed fear, specifically. Whether based on previous experiences or an awareness of socially constructed narratives and reality, the officers' authority to use and/or the actual use of physical force for submission cultivated a level of fear unique in intensity and scope. *Artist Interrupted* verbalized a fear while detained unlike anything else he previously experienced. He could see things unfolding, more than he could feel them, and he was afraid. There was an intimate realization that he was not as free as perhaps he had thought.

I have even been put in situations where I could've really hurt myself. Like really, really hurt myself and I think I was more frightened during that, during that time of detainment than I had ever been in my entire life.

For *Fear Framework*, much of his life was shaped by fear – in the present moment and about the future. He talked about being scared '*all of the time.*' "*What I want is to not be scared. That's what I want. I am scared all the time, and I know that is a really fucked up things to say.*" There were layers to the fear framework. He grew up with a father driving home the perspective that authority was out to get him and a mother who emphasized avoiding authority at all costs – e.g., court dates were not meant to be attended. As an adult, he talked about being scared of the demons he saw. His perception of himself was been influenced by police encounters. He perceived that he was '*doing everything wrong*' or he was '*stupid*' or he was '*so scared I must be a suspect anyway.*' He was regularly locked up by police – arrested 41 times at the time of the interview – so police were to be avoided at the very least and feared at the most. "*I mean these mother fuckers are gonna lock me up as soon as they see me – you know what I mean? Being arrested 41 times does something to you.*"

At 19, he was arrested for robbery. He was with his cousin who committed the act and went to prison also. He has been to prison 4x and arrested approximately 41 times. He also robbed several pharmacies some time ago using a note. A ‘friend’ snitched on him so he was arrested and sentenced to 8 years do 4 years. Part of what led to the high number of arrests was his avoidance of police and court. Every time he was arrested, arraigned, and given another court date – he failed to appear. As a result, warrants were issued. So when he saw police – they were often also looking for him.

At the time of the interview, he had not used drugs for approximately four months. He was on suboxone. He was currently housed and grateful for that. He mentioned having a bed, night stand, a lamp and a TV. He has spent periods of time homeless – sleeping under bridges – and isolated because *‘nobody really wanted me around because [of] schizoaffective bipolar you get mood swings.’*

Sexual identity and activity and what this researcher has framed as sexual survival identity was a significant part of the interview and lived experience for him. After periods of being in and out of prison, he identified as bisexual. He also explicitly stated he was not gay. That said, he also noted that all sexual experiences shared with researcher were with men. On occasion, he has performed sex acts to meet his basic needs.

Fear Framework talked about having the ‘standard use of force’ experiences – dogs on him, being hit and kicked by police, etc. Much of it was discussed as very matter of fact.

Everything was on the Line / Resistance to Surrender

Given the level of fear at the outset or throughout a police encounter, avoidance or delay of the submission experience may have appeared to make sense – or worth the risk – in the moment. For *The Dual* the reality that police had the power to force submission was central to his lived experience – it was how he framed much of his encounter. To this point he was holed up in a bathroom, high and drunk, and PTSD triggered by the pounding and yelling and door coming off the hinges. He was placed in the police car and detained. In his state of mind on some level he was processing ‘*losing everything*’ if he went to jail.

[In] the police car, the window was down and the handcuffs were not secure. He got out of both the cuffs and the window and ran. He ran thru the neighborhood – not fully dressed and with a pair of handcuffs dangling from his wrist. He hid in some bushes.

As he crouched in the bushes he considered the situation more broadly. The police encounter was something of a dual – he entertained the possibility that he could manage the experience to his benefit – to be free at the end – to win.

I can’t go to jail. Because I’m gonna lose everything if I go to jail. So that’s why I was tryin to hide and, you know, try to deceive the police and somethin else. That’s why I got out a cop car and ran because I couldn’t go to jail. It wasn’t because-, I mean it was, I was high and drunk, of course, but, you know, there was other things that played in to that, me makin that decision. I had a house down there in [city]. I had a job. You know? My vehicle was down there, everything was down there. You know? I couldn’t go to jail, that’s what I was thinkin. I couldn’t go to jail. So that’s why I did that.

He considered the possibility of going undetected. Again, he held a belief that he could win – until he did not.

He heard the cops close behind. They had a dog and threatened to set the dog loose on him. He agreed to come out of the bushes and began to do so. The police let the dog loose on him. He was bit multiple times and when the dog was called off a fight between the officers (approximately three of them) and he ensued. He was tased, maced, and beaten – resulting in injury to his nose, forehead, 3 broken ribs, and isolated from general population for three weeks. The call over a possible domestic violence incident and broken car window (B misdemeanor criminal mischief according to him) resulted in a C Felony escape, C Felony battery on an officer, resisting arrest – a list of about 10 charges.

His resistance upped the consequence of his eventual surrender. The toll on his physical self, the list of criminal charges that resulted, and the mental, social, and physical isolation once in the jail were his burden to bear. Surrender was inevitable.

Process to Being Broken / Surrender towards Submission

The resistance to forced submission was real for participants. The forced submission happened in the moment – within a singular police encounter. However, the submission experience was also more expansive than that. It was then a repeated theme over the course of involvement in the criminal legal system. For several participants, the unrelenting nature of the criminal legal system and repeated encounters with force brought a person to a point of submission. *Popeye Surrenders* and *Off Paper* spoke of being unable to win and choosing a path of least resistance. Neither participant started at this place in their early police encounters – but at some point over the decades of

intermittent resistance and ultimately forced submission, there was a shift in approach, there was a brokenness that brought submission both in the moment and more generally.

Popeye Surrenders has had plenty of police interaction over the years. Police interaction did not go well. According to him, police had all the power necessary and their decisions impact his life. He did not have any more fight in in him. In fact, fight or compliance, it really did not make a difference on the outcome. The outcome of the interaction was in the officer's hands. He was treated like a criminal. *Popeye Surrenders* because submission was inevitable. There was a brokenness in him – a letting go.

He does not want to hurt people – but the context of additional interviews – researcher also knows that he got into a physical fight with his brother in the last week and attempted to throw his girlfriend out since coming home from the hospital two days ago. His perspective was that everyone has a ‘world of hate’ – that capacity – within themselves. The question for him was how you deal with it. The hate was from things that have happened over the course of life. There were times he backed down, but when feelings got hurt it was hard not to hurt back.

His bipolar diagnosis was more recent – in the last 7 or 8 years – it came as part of a jail intake assessment after police were called to where he was staying because of an argument he and his girlfriend had gotten into.

Well, I don't, I don't hear voices or nothing like that. Just, you know, it's like Popeye. I can stands all I can stands and I can't stands no more. So, I mean ... pretty much plain and simple. You know? When I, I can only take so much then I got – want to or not – I'm going to explode. I mean, I don't want to. I ain't tryin to hurt nobody, but don't push my buttons.

This has been a recurring cycle for him. There was a domestic dispute. Police were called. He got arrested and taken to jail. He spent some time in jail. He spent time in court. He spoke of being treated like a criminal. Being treated that way was a source of emotional pain for him. He tried not to disrespect people, to hurt people, to toe the line.

He had been home from his most recent hospital visit for only two days, but said he was well enough to sit and talk. The inside of his house was hot and much of the maintenance fell behind. It was not an environment best suited for rest, healing, and getting stronger.

Participant: I mean, life ain't great, but I ain't tryin to die.

Interviewer: What keeps you keeping on?

Participant: Hope. Hope. Hope that something gets better. You know what I mean? Hope things get better. Situations, you know, life's what you make it. Life is what you make it – you want live, you want to live life rough. You can. I try not to ... cause I'm too old to fight, I can't fight, I'm too brittle.

Similarly, *Off Paper* made a decision at a certain point to lay low. He did not want to cause 'any trouble' and focused on being compliant and giving the authorities – police, correctional officers, etc. – what they want to keep him out of trouble.

I knew enough to keep my mouth shut, keep a low profile and stuff like that. You know. But, as time went on, I'm not saying that anybody gets used to being locked up but as time went on after that first time, I was used to that environment so when I went back I knew what was expected of me and stuff like that.

Off Paper came to this point of surrender after years of abuse, conflict, harm done to him and harm he did, and institutionalization. The experience of surrender was not immediate, but it was connected to surviving the criminal legal system for him.

Raised in the same house as his mom and her live in boyfriend, there was a lot of abuse there. As a child he had a lot of suicidal thoughts – he felt deeply unwanted. Then he went to live with his dad and stepmom. His new mom would ask for something reasonable like do the dishes or take out trash. He would fly off the rails. Dad was an over-the-road trucker, so he was at home with stepmom all the time. She could not handle him – he was *too wild*. Dad had him institutionalized in a psychiatric facility at 15 because of “*really bad anger issues towards females.*”

When I was first put in the men-, mental facility I was still too young. I mean, I wasn't young, young, cause I was a teenager. But, my, my mentality was still young. So, it was one of those things of when they - when I thought that they were throwing me away. You know? They were getting rid of me because they didn't want me at home and stuff like that.

At the time of being committed, he was not accused of a sex offense, but it was happening. He went home for Christmas, and molested a younger, female family member again. He returned to the facility and did a weekly check in and he told them they needed to put him somewhere that he was going to get help. He was moved to another facility and charges were filed. He was not arrested at the time because he was already in a facility. However, at the end of his treatment, he was arrested and taken to jail. His sentence was more of a warning. He came out of the system at 24 – a child's mentality in a grown man body.

He was hanging out with 15 and 16 year olds at 24. He was charged with sexual battery and criminal confinement. He went to prison on a 2 do 1. He was about to get released and the victim's sister said he raped her also.

He did not do that. He did take a plea though because it seemed like he was facing 60+ years if he fought it and lost. He ended up doing 12 years. He was sentenced to 10 years, but he got in and was young and not thinking and was goofing off and got time added.

I was terrified going to jail at 24. I was already scared because of the movies and then going in with the charge I had – I knew that was not good either. Initially, I stayed to myself. I had never been confronted or beat up or anything concerning my case. I was a lucky one. I knew enough to keep my mouth shut and keep a low profile.

He got his *head together* a bit more. He earned an associate's degree. He got out in 2015, but had been back approx. 3 times for violations. He has not caught a new case since he was 24. He did not have problems with that anymore. He did not want to go thru all that again. He was 38 at this point – anymore time – 10 years 15 years whatever – that was really the rest of his life.

On the day of the interview, he was on day one of being off parole, e.g., off paper. This was the first time in 20+ years since going into a psychiatric hospital as a 15 year old and then cycling thru the criminal legal system that he was 'free.' There was no longer any 'fight' in him. The impact of forced submission was in the experience of a singular police encounter and woven over the course of direct/indirect involvement with the carceral state.

Critical Contrast on 'Being Unbroken'

One participant, *Being Unbroken*, presented a critical contrast narrative to the dominance and submission dynamic detailed to this point.

Being Unbroken

I live with a schizophrenia related disorder. A severe mental illness. That has taken me to prison. Uh, has, uh, uh, for lack of a better way to put it – sidetracked my Marine Corps career. Uh, sent me to prison, put me in a mental institution, helped me become homeless. Then became the impetus and zealousness of my substance abuse. And, phew, three brushes with death.

At 5 years old he was in a car accident and went thru the windshield. *“I wasn’t very delusional then, but I had a guardian angel. My guardian angel was a hallucination, but I didn’t understand then.”* The likelihood there was traumatic brain injury was high. By the age of seven, he was interacting with police. He saw mental health professionals as a child.

At 15, he was charged with murder, assault, battery, intent to kill, attempted assault, and sent to a state run mental institution. Unbeknownst him, he was experiencing schizophrenia at that time. He was in that institution with kids of all ages – he has seen a lot.

He transitioned out of mental hospital and joined the U.S. Marines. While on active duty with the Marines, he was accused of stealing a television.

He did not steal the television; however, he was given 30 days of correctional custody. While in custody, he had a psychotic break. He has no recollection of this time – he lost contact with reality for a ‘long time.’

However, he read his extensive service medical records in 2007 and has been able to fill in the gaps of that time to an extent. In the midst of that break, *“I was talking to someone who was not there. This was my early development of coping skills – positive self-talk. I was learning to care for myself and comfort myself before I had any framework, like*

psychoeducation, to understand how to deal with this experience.” He goes on to share that while on active duty and during the psychotic break there was no diagnosis. *“They did not treat me. So I began to self-medicate with drugs and alcohol.”*

His mental health deteriorated. His experience of schizophrenia got worse, and he developed a mood disorder. In addition, there were several hysterical, violent episodes – that were not altogether gone – but were much less present in the time leading up to the interview.

After the Marines, he spent time in prison. That time was littered with stories of violent law enforcement and corrections encounters. These encounters consistently pointed to the domination/submission dynamic and the expectation of physical and mental control of him. Ultimately, his failure to readily submit resulted in mutual combat with him outnumbered and deep consequences of isolation, at least restraint and at most torture, and no substantive mental health treatment of any kind.

Being Unbroken began having police encounters as a child. At a young age he bore the brunt of multiple police officers’ physical violence. *“This one police [officer] – for lack of a better way to put it – he challenged me – he was talking about whoopin my ass And I told him to come on with it. I was only 15 years old.”* No matter that he was young, no matter that inevitably encounter after encounter would demonstrate it would be him versus multiple police or correctional officers, no matter that forced physical submission was always the end result – he demonstrated an audacity to meet violence with violence. It was in his audacity – a deep commitment to his own

personhood and his own sense of autonomy – which he decided he could show up this way too.

His energetic response ran parallel to that of law enforcement and conflict remained for years. Dominance and submission were the expectation in a law enforcement encounter. Law enforcement attempted to manage *Being Unbroken's* behavior, whether related to mental illness or not, thru physical dominance. He described an experience with correctional officers while in prison:

They took me to the guard hall. And the guard hall, the lieutenant he said “you ain’t got no business putting your hands on none of my officers and you gon learn that lesson right here tonight.” And when he said that I realized, they had- I was handcuffed behind my back, but what they didn’t realize - how good I am on fighting, so we got it on right then and there. I was able to knock one of em out. But when they finally took me off my feet and the heaviest one he sit on me so I couldn’t move, then they went and got the shackles and put the shackles on me. And they put me in a cell and left me in a cell like that for two days – handcuffed and shackled.

His failure to submit – even in word – begot violence. He shared an encounter where he had been drinking and ‘drugging’ and drove into a house. He pulled away and drove to where he was staying. The police met him there. He was handcuffed without incident, at first, but was in ‘mania city.’

I was talking... And she told me, “if you don’t stop talkin, I’m gon spray you.” And I told her “come on with it.” And she sprayed me too. And I told her, I remember this, I told her, I said, “That tasted good, can I have some more?” She gave me more.

This refusal to submit to their control or authority comes at deep consequence for him.

The prison encounter above left him shackled in solitary for two days, but his full stay in solitary lasted about a year. He was receiving no substantive mental health treatment to that point, in solitary or not, and mental degradation was inevitable. *Being Unbroken's*

lived experience also connected to the ‘invisibility’ and ‘carceral response’ themes previously detailed. Six months into the solitary stay, he had another run in with guards.

This time they put me on what they called “the slab.” The slab was literally like, like that table, but it was literally rock. And they handcuffed and shackled me to it. And that was how they used to so-called treated people who had mental health issues.

By the late 80s, he was released from prison. He has been out for 30+ years at this point, but only after spending the first half of his life monitored and institutionalized – first as a child and then as a young adult.

He was just shy 30 years old when he came out of prison.

In the years that followed, he continued drinking and ‘drugging’ and experienced homelessness for over 10 years. He had ongoing interaction with police, spent smaller time periods locked up in jail (not prison), mental institutions, and received some treatment at the VA. The first time he was aware of a diagnosis received was in 2006 – he received a diagnosis of paranoid schizophrenia.

In 2007, the day he read his service medical records – and he remembers the exact date – it was clear to him that drinking was not going to help anymore. Drugs were not going to help anymore. He got himself to the doctor and has not missed an appointment since. As of the time of the interview, he has been clean and sober for 11 years and 3 months.

The same audacity that ultimately saved his own life – his *Being Unbroken* – was part of his survival narrative for decades. His understanding of his own power and his impact today will be discussed in greater detail below.

Facets of Escalation (Theme 4)

More than half of the participants identified and described escalation in the midst of a police encounter (*Being Unbroken, The Dual, Finding Meaning, Leave Me Be, Fear Framework, Wild Bill, Surviving Dead, Healing Reflection, and Artist Interrupted*). Here escalation was presented as a process. It involved both the participant and law enforcement and there were decision points, even if only fleeting, where either party's responses or perceived responses informed decision-making and escalated the encounter. This escalation could be seen in the moment as physical force. This escalation had the effect of increasing risk and reducing safety for all involved. This escalation also had non-physical consequence in the form of potential criminal charges for the participant involved. This section addresses the facets of escalation that presented across multiple lived experiences. Simultaneously, narrative accounts and participants' language within a lived experience are used to connect this theme of 'facets of escalation' and build on one another as the lived experience of escalation takes shape across three sub-themes that tell the story of escalation: (1) mutual escalation, (2) behaviors related to serious mental illness were not resistance, and (3) law enforcement was expected to make grounded decisions.

Mutual Escalation

Mutual escalation involved the range of decision points for both participants and law enforcement within a police encounter that either escalated the encounter or served to de-escalate the encounter. Earlier in this chapter, *The Dual* was described. In that encounter, he identified at least six decision points where both law enforcement and he chose to escalate the response instead of engaging de-escalation techniques. He was

angry that the woman possibly stole from him and lied about it. He escalated by damaging the car window. Police were at the door, and he does not come out. Instead he stays put in some effort to assert control over his experience. The police increase their yelling, pounding, and ultimately take the door off the hinges. This escalated the circumstances. Police then go 'hands on' and pull him out of the house. With him in the car, he decided to get out of handcuffs and flee. Cops pursue. The chase came to an end when they have him in the bushes. He agreed to come out and surrender. The dog was released anyway. Escalating things again. A physical fight ensued until he was sufficiently contained and placed in handcuffs again.

Surviving Dead detailed a comparable experience during his interview. In a drug-fueled haze where he felt 'like a zombie,' he kicked out the back window of the police car. He did not run, but that damage escalated the situation even further. The response from police was swift and painful. It also resulted in additional charges added to the arrest warrant.

He moved to another state with his partner at the time. He was really into the party scene there and using powdered cocaine. He was around a lot of pretty people and famous people. [His partner] felt dejected. [His partner] stepped out of their relationship. When he heard the details of his partner's affair, he went overboard in his response. He started a fire in their apartment while his partner and two of his friends from high school were visiting at the time and still in the apartment.

Police officers arrived on scene. At that point, he had taken probably half ounce of cocaine and was still a zombie. "I was whacked out." He did

not fight the police per se. “*I am not that type.*” That said, he also did not want to get arrested and go to jail. His adrenaline was pumping ‘like crazy.’ He leaned back in the seat and kicked the back window out of the police car. That did not go over well. He was dragged out of the car and maced. At some point, an officer kicked his feet out from under him. In so doing went to one knee and was injured. He was charged with resisting arrest.

He was facing a max of 30 years. He fought the charges. He bonded out. The forensic psychologist on his defense team said he was in a cocaine psychosis when he set the fire. The fire was only a small part of the apartment – maybe about a two foot circle. He ended up pleading 5 years no contest. Everything he had to that point was gone. The relationship was over. All of his belongings were gone. He was going to do five years.

Recall *Artist Interrupted* detailed interpersonal discomfort or conflict in a public space earlier. On the way out of the building, he exchanged words with one of the police officers on the scene. Police were responding to a call that most likely had to do with symptomology or behavior related to mental illness. In this verbal back-and-forth it was an individual versus multiple officers. His words were met with physical force and being tased.

With the incident that I was explaining to you that happened most recently, I didn’t have any self-control because I couldn’t stop. I wasn’t aware of, of what I was saying or what I was doing. I was so in like a zone, and I was not wanting to cause harm to anyone. I think that my ego and a lot of other people’s egos had gotten in the way.

The 'zone' he was in will be revisited below. However, it was necessary to note that in a circumstance where domination and submission objectively lead, ego-driven decision-making escalated the circumstances (*Artist Interrupted*). In each of these narratives both participants and law enforcement were making decisions that contributed to the escalation of the encounter. However, more fully understanding how escalation takes shape involved a more nuanced look at the room for error, perceptions of resistance, and expectations of the caliber of decision-making.

Consequence of Acting on Instinct. The space or the room for acting on instinct was not distributed evenly in police encounters. Both participants and law enforcement were making decisions, and in some cases acting instinctually, in a split second. Two participants discussed an almost instinctual response in the moment. A circumstance that had them react with an immediacy that escalated the encounter. However, they also found there was no room for this error, for this split second decision-making. For *Finding Meaning* the most recent stint in prison began as a somewhat mundane evening.

He and his son were living with a woman, his girlfriend, and her daughter. According to him, 'she was bipolar.' She was working in the criminal legal system and mental health care. He and his son developed the habit of watching her daughter to read how things were going to go when she got home from work.

It came to a head one evening when he decided it was time for him to find another place for him and his son to stay. He left to get some space and contemplate next steps for his living situation. He went to a bar in the area. He was drinking. She came to the bar. They exchanged words. She

left. He left. He got into a cab. As the cab was up the street at a stop light – it was pulled over unbeknownst to him. He was pulled out of the back of the cab. Stunned and confused, he instinctually began to run. About 50 feet later, he stopped, processed what was happening having done nothing wrong, and turned around to see two cops ‘with pancake eyes.’ He laid on the ground and the dog was released on him and bit him repeatedly. This interaction led to the charge of a Class C felony. It was a ‘*bullshit*’ charge and the only one that came out of that night.

His running, even for a moment, escalated the encounter immediately. When he faced the officers he could see they were wide-eyed and on alert. He laid down, the dog bit him several times, and he was arrested. The only charge from the night was his ‘running.’

Leave Me Be’s police encounters were often because she shoplifted. She paid for some of the items and not others. She has been arrested and taken to jail on numerous occasions, but not spent any time in prison. During one encounter, she was not sober.

When the police showed up, an officer put his hands on her and she ‘flipped.’

I was at [store name] and I was stealing. The police came and put his hands on me and next thing you know I just flipped – don’t you – I know I am doing something wrong and I’m off my meds and drunk. So he didn’t lay his hands of me like he wanted to beat me up but he was like this [motions] and I just flipped. My instincts is to automatically put up defense to fight like don’t touch me. I know I’m doing wrong – just say ‘ay lady’ – but when you touch me that is like a whole other area you know and that’s with anybody if you touch me and I know I’m doing wrong –don’t do it because I am going to go there with you – I’m going to fight witchu – I’m gonna give you your money ... You are going to earn your money today and that is what the officer did.

Whether things escalated physically for her was largely driven by her mental well-being and her sobriety – was she sober? Was she taking her medicines? In addition, if police

chose to get physical, so would also. In the alternative, if they used their voice she was open to handling it differently. This language around acting on instinct had significant consequence for participants, both physically in the moment and more long term with the addition of criminal charges. There was nearly no room for non-compliance on the part of participants.

Behaviors Related to Serious Mental Illness were Not Resistance

Participants identified facets of escalation that were misinterpreted as resistance. Perceptions about behavior and/or responses seen as resistance were often a reason or appropriate precursor for police to escalate their response. The brunt of consequences of that escalation was often left for the participant to bear alone. The following cross-section of experiences illustrated encounters where behaviors related to participants' serious mental illness, e.g., dissociation, likely delusions, mania, and intoxication, were perceived as resistance. That initial perception of resistance was met with an escalated response. Part of the reasoning to escalate was to force compliance (see *Theme 3*), when participants were unable to comply, the encounter escalated further. That included, but was not limited to, police going hands on and participants being physically tethered, tased, and maced.

Dissociating was Not Resistance. *Healing Reflection* discussed a long history with dissociation. She went through periods of time, for example the 11 months where she violated the restraining order 13 times, where she was dissociating more frequently. For at least some of the incidents, her *perceived* disobedience was not accompanied by any actual increased threat by her. However, the police response did escalate.

I mentioned to you one of the violations was with me going back to the home to pick up my medicines. And when the police showed up, they had

multiple squad cars, guns drawn, they were ready to...I don't know what they were ready to do. But they were totally ready to get me cause you know I'm clearly a threat -- all 4 foot 11 and a half of me. I was out of the house. I'm walking down the front steps and they are coming up the front steps. Guns drawn. And they threw me on the ground. They handcuffed me and told me I was under arrest and then put me in the back of their car. The problem with that is because, as I told you, I didn't have the benefit of my medicine. So, I was dissociating. I didn't even hear them. So, they're getting forceful and they're thinking I'm being disobedient and the reality of it is - I wasn't disobedient, I didn't hear you.

'Being in a Zone' was Not Resistance. When *Artist Interrupted* was taken to the ground and tased he initially described it as 'being in a zone.' He may have been experiencing delusions; however, he did not explicitly frame it that way so this analysis uses his language of being in a zone. He went on to describe his state of mind in that moment as provoking. It was not his intention per se, but his system was so overwhelmed he could not move or make decisions differently. *"When I was tased I didn't feel anything. I felt it, but I knew what was going on – it was like I was seeing it happen more than feeling it."*

Both *Being Unbroken* and *Leave Me Be* detailed being in an amped up space, perhaps as a function of being in a manic state or intoxicated, respectively. In either case, they continued to talk to law enforcement – both correctional officers and police. Despite being outnumbered and as a result of their continued talking, they were restrained. However, they offered a readiness – a willingness – to keep engaging in conflict. In both cases, the officers responded with additional physical force absent any actual threat. There was resistant behavior that occurred during police encounters. However, this analysis goes beyond that cursory assessment to consider and present those instances where behavior associated with serious mental illness was perceived as resistance and/or non-compliance. In a dynamic, i.e., police encounter, where there was no space for non-

compliance, the consequence of experiencing mental illness symptoms and interacting with law enforcement fed escalation and came at great consequence to the person living with serious mental illness. In these highly discretionary police encounters, this commitment to perceiving these layered behaviors related to serious mental illness as resistance functions to criminalize mental illness and create sites of additional violence and fear when connection to care was more likely warranted.

Law Enforcement were Expected to Make Grounded Decisions

Amid an escalating encounter, there was an expectation from several participants that law enforcement would set a more reasoned, controlled tone for the encounter. Recognizing the authority and power vested in officers, there was a framing by participants that officers would more consistently make decisions in participants' best interest if/when they were unable to do so for themselves. Instead, participants often identified feeling disrespected and treated in inhumane ways. *Being Unbroken* shared the encounter where he was in 'mania city' and asked to be sprayed with mace again while already handcuffed and under arrest and the officer obliged. As he shared the encounter, he identified that the officer went too far. While he was in a vulnerable space where he was not processing the experience clearly, there was an expectation that the officer would not feed into his mania in this way. Instead that the officer's decision-making would be grounded in acting in his best interest when he was unable to do so.

The Dual acknowledged his contribution to continued escalation. He balanced that with the belief that the police had a responsibility to handle it with more control and maturity than he had at his disposal in that moment.

They messed my shoulder up, they dislocated my right shoulder. In my mug shot I got the-, they had to take me to the hospital. Uh, I had the sling

on my arm. They jacked me up pretty well, you know? I was intoxicated too. You know? But, I was fightin em, so, you know, I expected em to act out like that, but not to that extent. You know? I could see maybe restraining me and, you know, what not. You're dealin with someone that's intoxicated, high, you already know that cause you seen the dope on the toilet. You know? Cause you done asked me about it and you knew I was drunk because you seen the damn beer bottles layin everywhere in the house. So, you already guys know all this and, but they- they worked me over pretty well. They coulda talked me out of the bathroom. I think when they kicked the door in, that fight or flight kicked in on me. So, I think they shoulda, you know, approached the situation ... the call a little bit differently instead of just jumpin right in and thinkin there's a murderer in the bathroom. I mean, that's what it was like. It was, you know, all in.

A note of contrast here. *Artist Interrupted* did identify a reasonable encounter he experienced with a police officer. During the encounter, the officer displayed empathy and engaged in dialogue with *Artist Interrupted*. Both sides were clear that he had broken the law and the officer was following procedure. “[T]he interaction with the officer was okay. He was very patient. There was dialogue between us. I think he understood how ashamed that maybe I was for being in the situation ... like I broke the law and he was just following procedures.”

Mutual escalation was only possible if both parties were engaged in that way. The control and authority to manage the situation were disproportionately invested in police as agents of the carceral system and via the law. However, the impact and consequences of such an encounter that escalated, e.g., use of force, potential trauma, and criminal charges, were disproportionately carried by the person with serious mental illness.

Law Enforcement Encounters Lacked Essential Care (Theme 5)

Police encounters occurred multiple times for the participants in this study. These encounters were often encompassed by what were already vulnerable and/or challenging

times for participants. For those circumstances where officers were responding to a mental health crisis-related call, requisite care often lacked. *Mama's Man* identified finding police encounters sad and depressing. His humanity was put aside by police during encounters, and, too often, what was already a fragile balance of existence and care was disrupted.

Mama's Man

His mother died in 1995. He was 33 at the time. He lived with his parents. They were very close. They spent time together as a family and extended family. "Mom was my best girl because we did, you know, all of us kids, we did a lot with Mom." He found his mother dead. They spoke on a Saturday night at the end of the day. She was watching her stories as he went off to bed. He woke up early to get ready for work. Initially, he left the lights off because he knew his way around the house in the dark. He tripped. Turned on the lights and his mother lay in front of the couch on the floor. Dead. He tried CPR. He called 911. He called his sister, then his aunt and his grandmother and his cousin. His dad came home from work to a yard full of neighbors, the coroner, 4 or 5 pastors, etc. It is imprinted on his mind. *"It's like, you remember things like that. You remember exactly."*

That was a significant point and shift in his mental health experience. Several years later, he was still working at the hotel. He was noticing some changes. He was working a lot and in the early winter started losing weight *'for no reason.'* His sister took him to 5 different hospitals. They

admitted and discharged him with nothing more than a dehydration diagnosis – drink water recommendation – sent him home. At the final hospital, his sister said she was not leaving until they checked him out for real. They did. They gave him a mental illness diagnosis. They told him he was bipolar and that his mom’s death was a stressor because he could never talk about it. Indeed it had been a good 15 or 16 years before he could talk about it.

At the time of the interview, he was staying at the mission downtown for 177 days. He kept a close track of the days because it was what qualifies him for some programs and services. He had been living with his sister, but it didn’t work because being under someone’s roof barred him from needed services. So he cycled thru periods of homelessness, staying in a shelter, and finding housing. One time he did have housing; however, there was conflict with the neighbor. The police were called. He was arrested for allegedly trying to break in.

The sadness and the depression for him come up when he was made to feel like a bother during encounters. There were times where he perceived almost a light-heartedness or relief in the officers when he was being arrested and taken to jail. From his perspective for the officer, there seemed to be a disconnect from his humanity. There almost had to be because how else could he be so cavalierly ‘disappeared’ into these inhumane spaces, e.g., jail, lockdown shelters, prison, etc.

Because every time I think about how the cops treat you, where they’re happy to put the cuffs on you. And make sure when they put you in the places, they don’t want to take you out of em. They don’t want it; they want to leave you in there.

They [police] should, you know, I feel this way – all them should come one day and stay in the mission. Stay in the mission for at least 24 hours. Then, they'll see ... nastiness for one, cause all this hollering, take a bath ... then you got some people that don't care what they do. They'd see a whole different change. If they got to walk in our shoes, sometimes, you know because the stuff is a mess in there. And you sit there and try to be calm and cool. But they try to talk to you, like, they want to talk to you like you're 2 and 3, like you're their children. And sometimes you have to tell em I had a mother, I had a father, I'm old enough some of them need to remember that these men are fathers, great grandfathers, teachers and everything.

When *Mama's Man* was arrested most recently, he was told he would be in and out of jail. That did not prove to be true. He did not have his medications. While he was in jail they put him on the wrong medication. His glasses, wallet, cell phone, keys, and clothes were lost. When it was time to leave, he was released with no place to be. He ended up at the shelter, again, to start over. Law enforcement were making decisions about his care, but without the requisite knowledge to deliver care. His medicine being abruptly stopped and being placed on the wrong medication that was ultimately also abruptly stopped upon release had tangible consequences for his health.

Healing Reflection discussed a similar experience with her medicinal regime. As she cycled in and out of the system, regardless of law enforcement's intent, the significant, negative impact of her wellness remained the same.

I mean, had I had the benefits of my medicine. I would've had impulse control; I would've had good reasoning abilities. Yes, I was emotional. Yes, it was a really devastating time in a lot of different ways, but the reality of it is - the things that I needed to make healthy decisions, law enforcement would deliberately, unbeknownst to them, I hope, removing from my toolbox. I'd like to think that they would never deliberately do it, but - the end result is still the same.

To demonstrate the integral role medication played in her well-being, she used the analogy of another chronic physical health issue. If she had diabetes and then kept her

from insulin. If she had a heart condition and she was left without necessary medications. The point for her being – her chronic health issue was not treated the same because it was mental illness. She was assertive in her tone and a natural advocate. She had a clear sense that she should be treated humanely. Her basic needs should be met.

Participants detailed interconnected and fragile environments they were living in, existing in, etc. that shaped their lived experience of being institutionalized. *Healing Reflection* was hospitalized (again) in 2012. At the time, she was living in her car, without a job, her relationships had evaporated. She had a lot rebuilding to do. “*My medicines never just stop working. There is always an environmental circumstance that negatively impacts the ability that my medicines have to manage my symptoms.*” The environmental stressors and, at times, chaos made it difficult to maintain already fragile webs of care and access to systems for treatment. When police encounters served as a further disruption, absent essential care, the impact was compounded and supported the cyclical experience, i.e., recidivism.

In spite of the chaos, some people remain connected to a sense of self. However, that was not true for everyone. Participants spoke to an intrinsic connection to their own humanity – their wholeness of self. For some, their wholeness remained even in a situation where police have responded. Despite the lack of care, their wholeness of self was present and they lived with serious mental illness. Their connection to their own humanity persisted within already challenging circumstances that were often further compounded as the result of a police encounter. For some, despite their humanity being put aside in the process of the criminal legal system, it stayed intact within self. For others, however, their sense of self and well-being had been torn apart in the process.

Law Enforcement Encounters Served as a Microcosm of the Criminal Legal System
(Theme 6)

In this section, the themes converge. The super-ordinate themes that emerged when the lived experience of police encounters were examined, i.e., a willingness to make mental illness invisible, a punitive response to the human experiences/struggle, forced submission, and disproportionate escalation occurred, were also woven throughout the entirety of the criminal legal system. The encounter with law enforcement was part of an integrated whole (system). This section of the findings demonstrates that and identifies two systemic characteristics, (1) an evasive agenda and set of rules and (2) limited accountability, that emerged in analysis to ‘hold up’ and make possible the functioning of these super-ordinate themes.

Criminal Legal System had its Own Agenda and Rules

Navigating the criminal legal system was a challenge for every participant – from police encounter, to court, to incarceration, to release, and staying out. There was not a single participant that spoke of adequate, humane, clearly communicated encounters and outcomes as they were pulled further into the criminal legal system. Indeed as *Humor Saved My Life* revealed the experience was actually counter to what she was taught or socialized to understand growing up. A point of information for the reader and to make clear and honor *Humor Saved My Life*’s journey of gender and sexual identity: at the time of the interview, *Humor Saved My Life* self-identified as a transwoman. Her pronouns were she/her/hers. Those are the pronouns that are used throughout this chapter. She also made note that at the time of the police encounter she detailed below, she identified as a “*flamboyant gay man.*”

She grew up in a well-to-do suburban neighborhood. She described the family home as the ‘ideal picture’ – mom, dad, three kids, and a dog. As a teenager, she met people in the neighborhood that were moving bales of marijuana thru up the street home. The neighbors were doing big time stuff in the suburbs – pills – preluden and desoxyn – powerful stimulants. Her first encounter with police happened at 39. She was at a neighborhood pool house-sitting for a friend. Police showed up and began asking questions. She kept saying ‘what is going on?’ and was getting angrier and angrier. A Sheriff’s Deputy responded with *“this is what happens when you put your mouth on somebody’s dick.”* She did not anticipate being spoken to like that – it did not line up with how she understood things to work. She sat in stunned silence – frozen – and felt a panic attack coming on. *“Then I knew what I was being accused of.”* At 39, she was arrested on the spot for the first time. The charge was criminal deviant conduct.

This was her first felony. No juvenile record. One public intoxication infraction in her entire life. Ultimately, she did not take a plea because from her perspective one only does that if they committed the crime. She did not. However, the jury convicted. She was sentenced to 15 years, do 7.5 years. That was at age 39 – at the time of the interview she was 54 and still on probation for the crime. There have been no new felonies and no drugs or alcohol. Conviction came with compulsory sex offender registration. Minor violations have kept her in the system. *“I was raised*

properly. I believed in the system totally.” However, the outcome was not in line with how the criminal legal system was supposed to work for her. She has been punished and gone around and around in the system for years.

She was left shattered in many ways and had to rebuild with a newly informed understanding of how things worked. It was both personally devastating and contrary to what she had been taught as a part of her white, suburban, middle class upbringing.

Participants connected to a metaphor of playing a game without knowing the rules. Indeed as the rules appeared to be revealed, there would be a shift that put the person back at square one. For *Healing Reflection*, she did not understand the gravity of what was on the line when there were domestic battery charges filed within 24 hours of her release from jail. What was to come of the next 11 months was so far beyond her exposure to that point, there was no way for her to navigate that experience and come out ahead certainly, but even as a threshold – to protect herself.

Based on the domestic battery charge that he filed the next day, I must have scratched him. Now, I say ‘I must have scratched him’ because I would never intentionally harm him. Not that I couldn’t have ... {sarcastic wit} and if I’d have known I was gonna end up in a maximum-security prison I might have rethought that.

She was honest and direct with police because it did not connect that there would be criminal consequence for doing so. She was navigating a system not intended to serve a person in her position with no chance to catch her breath. She did not hesitate to go into the station to be interviewed. She did so without representation. She had no substantive ability to act in her own best interest.

Once in the system, participants were expected to make decisions based on the mediocre choices available to them. For *Finding Meaning* his arrest and charge stemmed from initially running, not far, from police. When faced with the option to take a plea deal for probation or serve time in prison – he was wary of what appeared to be arbitrary terms of probation and made the difficult decision to go with a prison sentence. The weight of these decisions rested solely with him. What he has managed to make out of the experience also rests squarely within himself.

The relatively inconsequential police interaction (pulled out of a cab, fled briefly, and arrested for Class C felony escape) led to significant consequence in his life. A plea deal of 5 years probation was on the table; however, he had some interaction in that system and knew it was not set up for his success. It appeared arbitrary – designed for him to fail and he would not do it. He was not going to take that plea deal – instead opted to be sent to prison. The judge was hesitant; however, ultimately entered the prison sentence. The interaction with police sent him to prison. He viewed the experience as a shorter time and an opportunity to work on himself. He studied Buddhism and looked at it like the time *'I did for the stuff I never got caught for.'* Since that time he has also been referred to veterans' court and ultimately into this semi-lockdown rehabilitation facility. As of the date of the interview, he was eight months clean and sober. That was the longest period of time since around the time he enlisted 30+ years ago.

Finding Meaning bearing the weight of the system's functions transitions into the final subtheme of this section. He was positioned to be accountable for running from the police; however, that was not what he was asked to do. He had to navigate a system absent zealous representation. He had to weigh options where one path put him in a cage for a fixed period of time versus another option that would let him be on the outside. However, his quality of life being on the outside was inextricably linked to people who may or may not wield their authority humanly and responsibly. As a result, there was an arbitrariness and a vulnerability to being bound to the system in that form. These range of systemic mechanisms functioned absent apparent accountability. The consequence of which was his to bear.

Participants' Lived Experiences Mirror the Imbalance of Accountability in the Criminal Legal System

Participants (*Being Unbroken, Finding Meaning, Healing Reflection, Artist Interrupted, Off Paper, and Sword of Damocles*) gave language to personal accountability throughout their interviews. However, it is not that personal accountability, in isolation, that is the focus here. Instead, what emerged was the failure of personal accountability or making 'good' decisions or exhibiting exceptional self-control to function as mechanisms that allowed participants to avoid police encounters and keep them from being pulled further into the criminal legal system in the past and into the future. Alternatively, the harm cycle, willingness to disappear people, absence of systemic accountability, and failure to provide care stepped forward.

Artist Interrupted was actively processing the imbalance between self and system he found himself in. Throughout the interview there was a concerted effort to take full

responsibility for the circumstances he found himself in and what had been done to others. At times, he managed to take almost too much on, i.e., it was not his to bear alone.

So, I don't want to blame everything on my diagnosis. That's one thing that I try to do as well is not blame with mental illness and the way that I deal with it... I always finger point. Okay? Well whose fault is this? Whose fault is that? Hoping that I will find an answer and it – having a mental illness the answer is always going to be the person with the mental illness. At least, that's how I think.

He tried to find a positive aspect to the police encounter – perhaps some good came out of it because it caused him to 'slow down' and realize the seriousness of the encounter and his role in it. However, the potential consequence and cost to him was disproportionate to the 'silver lining' he identified. As he considered the shared responsibility for the interpersonal conflict in a public space, he simultaneously acknowledged he remained unclear about what he did to be in that position in the first place.

I think that there is some responsibility on my part and then there are responsibilities on other people's part as well. I don't really – I still haven't found out what it is that I did to have to be put in that situation ... or why I couldn't have had more self-control. It's frustrating because it's like I live in a time where I've always heard that word 'self-control, self-control, self-control.' And, maybe never had really understood [it]. I think I have a lot of self-control, but in certain situations I don't. With the incident that I was explaining to you that happened most recently I didn't have any self-control because I couldn't stop. [So] the small thing that says okay this can happen again and this can happen again and it could happen to anyone.

He was frustrated because he understood the messaging he received regarding the expectation, i.e., this very high level of self-control necessary to successfully navigate this situation, and simultaneously recognized it would likely be beyond his reach at times. As a young, Black man living with serious mental illness – the connection made here was

that several 'elements of escalation' were outside of him, a person who could simultaneously be in crisis and perceived as a threat to start. As a result he considered it likely he would be able to control/prevent/etc. another harmful and potentially violent encounter. There was powerlessness he connected to that will be discussed further in the next section.

Healing Reflection was given that title, in large part, because of the mirror she held up to herself and the system simultaneously. Her damning, challenging, and resilient lived experience throughout the criminal legal system demonstrated her own exceptional level of responsibility in a systemic landscape that demanded compliance absent care. As previously detailed, she lived in constructed chaos with demands and stressors beyond her capacity to manage. She made decisions that pulled her into the criminal legal system where the expectation was for her to adapt immediately absent support, connection, or protection. For example, for her the process of the criminal legal system did not substantively consider her mental health at any stage. Police officers did not. The prosecutor did not. Her defense attorney did not. The judge did not. Correctional officers did not. She cycled in and out of the system over the course of several years. It came to a point where she, with misdemeanor restraining order violations, was sentenced to a maximum security facility for three years.

So, ultimately to get out of the judicial system, I thought, the way it was explained to me by everyone involved - they took all of my misdemeanor violations of orders of protection, lumped them in to one really nice felony and when they did the judge resentenced me to 3 years in a maximum-security prison.

She was overly accountable for her actions. On the other side of that equation, representatives on behalf of the criminal legal system acted absent a measure of systemic accountability. Accountability here appeared individual and one-sided.

This section detailed the interpretative findings of the lived experience of police encounters for people living with serious mental illness. The six super-ordinate themes that emerged were (1) significant context, to include serious mental illness, was made invisible, (2) the carceral response to serious mental illness and interpersonal issues, (3) law enforcement's power to force submission, (4) facets of escalation, (5) law enforcement encounters lacked essential care, and (6) law enforcement encounters served as a microcosm of the criminal legal system. The final section of this chapter shifts to participants' contemplations of power.

Participants' Contemplations of Power

The final set of questions, Block 3, were developed to capture each participants' thoughts and reflections on power. Power, authority, navigating systems that invest power in some and not others, etc. were present and provided in the previous section's analysis. In addition, the following findings are the descriptive themes that emerged and connect to the critical phenomenological lens of this study. Three themes emerged in the discussions around power: power defined broadly, power in law enforcement encounters, and the power within. The third theme, power within, is structured across a spectrum of descriptive experiences: no power, connecting to power, and living empowered.

Power Broadly Defined

The majority of participants, when asked what power meant to them, responded initially by broadly defining power. They were quick to offer a relatively straightforward

understanding of power vested outside themselves. Power was authority, and that authority was exercised through control over another and/or one's environment (*Being Unbroken, The Dual, Finding Meaning, Humor Saved My Life, Artist Interrupted, Surviving Dead, Mama's Man, Sword of Damocles*).

Power to me means conquering being in charge ... where you are trying to get ahold of something and just control it.

Power equates to solemnness with me. It's a solemn feeling where you realize you have authority over another.

Power means having some type authority or having ... the right to, the right of ownership ... the right of owners, ownership to lead, to lead, to instruct and to, um, to direct.

I mean [power is] definitely control. You know? It looks like control ... power trips.

That one's loaded. Power...the ability to change, the ability to control and change the environment around you. If I was going to call it, if I was going to define power that would have to be the definition I would use.

This power was situated in people and systems outside the participants. The power discourse dove deeper and became more nuanced when participants' situated power in the interactions with the criminal legal system and self.

Power in Law Enforcement Encounters

Participants also consistently identified police officers as those with power during an encounter. The findings in the previous section – Lived Experience of Police Encounters – consistently connected to the power invested in and exerted by law enforcement. This section builds on those themes by adding some additional description and context. Police “*have all the power*” (*Popeye Surrenders*) and that includes the space to exert physical power and ability to do so with the aid of other officers when ‘necessary.’ Both *Finding Meaning, The Dual, and Sword of Damocles* discussed police

ultimately being able to do what they want. *Finding Meaning* contemplated the power he had in the encounter. He could connect to experiences where he felt some degree of control or authority over the situation, e.g., professionally earlier in life. However, in the criminal legal system he had no power. There was a pause for him. He considered decisions he made like choosing to go to prison instead of being on probation or being particularly deferential and respectful – modeling submission – was that a little bit of control over himself or of power in that encounter? He resolved no. Those decisions, his submission, it was a façade. Surrender as the ‘right thing to do’ may have felt like an assertion of personal authority over the encounter, but that was fleeting. It fell short of the actual exercise of power, and he settled on its limited scope because “*then again they do what they want when they want.*”

The Dual expressed a similar sentiment. The authority vested in law enforcement was so complete – in the moment they “*do what they want*” and were largely insulated from accountability after the fact. He saw the power dynamic in police encounters as officers having power and him not.

The Dual

Participant: They do what they want. I mean, pretty much, you know. Um, I’m not sayin all of em. Because, uh, I’ve been in situations and been arrested where they’ve acted like they shoulda acted. You know?

Interviewer: Tell, tell me more about that. What did power look like in that encounter [when they acted like they should have] with police?

Participant: They handled it well. I mean, they used [their power] how they shoulda used it. You know? Um, they used it respectfully I should say ... They didn’t overuse their power. They keep at it a steady. They kept it at neutral, so to say. They didn’t turn it up on high. So, you know, I think there, there – and there’s different levels.

The discourse on power was not limited to the dynamic during police encounters. It also extended across the criminal legal system and the carceral response. Participants shared that the criminal legal system exerts power, i.e., authority and control, over their lives and had invested that power in actors in the system at the exclusion of participants' power. Judges, correctional officers, probation/parole, and prosecutors had power (*Leave Me Be, Healing Reflection, Wild Bill, Being Unbroken*). The ways in which this power was asserted varied, but the experience of navigating the structure of the criminal legal system and the imbalance of the investment of power made clear for participants their own vulnerability and absence of freedom. *Finding Meaning* came to the conclusion that any power he believed himself to have prior to interfacing with the criminal legal system was false. He came to a point where he surrendered consistently in situation after situation in the hopes that doing so would render their threats empty. In the moment, he connected to some sense of power; however, he came to see his surrender as falling short – his access to power – to control his circumstance – did not exist – he was aware of his vulnerability at all times.

For *Humor Saved My Life*, whether the officers were professional, i.e., doing what she understood to be the officers' role, or not, she was brought to her knees. According to *Humor Saved My Life*, aspects of her mental illness prevented her from picking up on social cues – for example making comments that were not in her own best interest – in the midst of police questioning and eventual arrest. Across time, she was not grasping the seriousness of the situation. There was a disconnect between what she was taught and socialized was a system and officers that served and protected her versus the degree of

authority invested in the police officers to assess circumstances and make decisions that could immediately and radically change someone's freedom and generate fear.

One minute you're walking around, and you think you're free and then all the sudden you're not. It's nauseous, nauseating. Weakening at the knees, nauseating. It's a knee-buckler. You are never as free as you think – one word of mouth, one bad eyewitness account and you are fearing for your life. ... Getting back, things are mending. When you're away for so long, you literally die. It's, you're being in prison is like being dead. Only, you're still living. You're just waiting to come out of the ground.

This power invested in people, in this case police officers, on behalf of the carceral state extended into treatment spaces. For *Healing Reflection* it was disconcerting and at times confusing to have what was supposed to be a 'care space' (hospital) also be a space where additional violence and/or trauma could occur. To that end, the presence of law enforcement there was ostensibly to protect her and others, but was simultaneously another space where her behavior that may very well have been related to her serious mental illness could result in a punitive response that extended her time locked away in the hospital and/or the prison system.

You're taking someone's freedom and you're putting them in a place [either the psych hospital or prison] and instead of empowering them to learn the tools to manage what's happening to them so that they understand what's happening to them - we lock them up and expect that the isolation and the trauma is going to help the situation.

Both *Healing Reflection* and *Being Unbroken* highlighted that specific power – to lock someone away in an institution – was also invested in doctors. The power invested in the systems and its actors could leave one keenly aware of their own vulnerability and freedom, or lack thereof, so this final section shifts to how participants described their own power.

Power Within

As participants reflected on their own power, a spectrum of views presented itself. On the one end were those participants that unequivocally said they have no power – none. On the other end of the spectrum, were those participants that did assert power within and translated that into action, i.e., how they were living. In between those two ends were those participants that found themselves somewhere in between. This section of the analysis will detail those discourses.

No power

Popeye Surrenders, *Leave Me Be*, *Finding Meaning*, and *Fear Framework* were all very clear that they did not have power. *Leave Me Be* did not like the word power. She was not raised that way. Growing up, her mom had the power – “*she was the boss of me*” – and as a kid her lack of power was made clear to her. “*I wasn’t raised to be powerful.*” Her reflections now, as an adult, she shared that she did not know what power would *feel* like for her. Similarly, *Popeye Surrenders* shared that he did not feel powerful. Instead he found himself scared of the world, afraid to say anything, and afraid to do anything. There was a personal paralysis when it came to contemplating power – he highlighted that it was written in the Miranda rights that his actions could be held against him. *Finding Meaning* did not feel like he had power. However, his response to that perception was different. While he did not have power, he contemplated having power over himself and what he did and in his spiritual practice, Buddhism, he had come to a place where he was trying to know nothing – to have no control at all. For each of these participants, they did not view themselves as possessing power; however their response to that reality varied from an inability to even connect to that possibility (having

power) to frozen in fear at the thought of a misstep to relinquishing the desire for power through spiritual practice.

Fear Framework also identified as having no power. He was also in a sexual relationship with a former correctional officer that he described as mentorship dynamic. As he was making meaning about his lived experience of police encounters he often came back to this relationship. This relationship was interwoven with power dynamics, e.g., formerly incarcerated person and former military police / correctional officer, age difference, financial dichotomy. This was a significant relationship for him and influenced much of his thinking during the interview. He also demonstrated elements of the hermeneutic circle over the course of the interview. As he took the position that he was powerless, he then contemplated what would it look like if he was not.

Interviewer: So is power something you have every thought much about?

Participant: Well [pauses] well I used to think of power like as Bruce Lee or something. I think whoever could whoop who has got the power. Now I see it different. Like now – having a house, having some kind of income, having friends -- I think that is power now.

Interviewer: That's good. I get that. Have you ever thought about it that way before now or did that come together right now as we sat here and spoke?

Participant: As we sat here and spoke.

He connected power to the possibility of living well and being able to meet his basic needs in community with others. With that this section shifts to those participants that recognized some degree of personal power and/or the possibility of power.

Connecting to Power

Artist Interrupted did recognize a degree of ownership over himself, and his ability to possess and manage his personhood was power. However, he also offered that there were limits to this understanding of power.

I do have ownership over myself to a certain extent ... I think that there are ... I don't have as much power as I think ... not being able to be as free as I want to be [pause] to be able to make decisions on my own ... to make my own decisions.

He saw both power, as freedom, and oppression at play in his life. He went on to connect to the spaces where he felt the most powerful.

It would have to be...it would have to be when I'm just being myself. Um, when I don't, when no one's around. When maybe people are around and I don't sense them or I don't feel that they're there. When I'm singing. When I'm singing, um, sometimes there are moments where I just, maybe I feel powerful. Um, maybe I feel powerful and, um, I guess – excuse me - and I don't know that I'm feeling powerful ... but [it's] definitely when I'm fully, fully in tune with myself. There is no description that I can, um, it's like... [laughs] I don't know ... I have not put it [in words] before it has to be some type of - it's like G/god or something is in me ... it still feels so good. It's really unexplainable.

He goes on to talk about this 'space' between – where he was not thinking about thinking – there was a calmness and some room to breathe in the midst of what was often hypervigilance and 'overactive' thinking. *Artist Interrupted* also demonstrated what happened during several of the interviews, where the dialogue begins with power in broad ways – authority and control as an example. There was also the recognition of the limits of their own autonomy when power was conceptualized / acted out in that way. Then, for some of the participants, as the discourse continued, it evolved to a place where there was a much deeper, personal connection to what power was and/or how power looked in their experience.

The Dual found additional power in sobriety. He described the clarity of his mind and a greater authority over his own decision-making. *Off Paper* also connected power to his ability to keep his emotions in check. When he was able to communicate without using his fists, there was power in that. Similar to *Artist Interrupted*, he recognized the limitations of this understanding of power – for him, there have been circumstances where he managed himself and his emotions; however, those with authority and use of force exerted control over him anyway.

The transition to the next area on this spectrum, language emerged around understanding power as acting on behalf of / to the benefit of others. Both *Off Paper* and *Mama's Man* identified the need to use whatever power they had to speak up on behalf of others and care for others, respectively. *Mama's Man* put it this way:

I think we all have powers because with, uh, some of us ... take care of brothers and sisters, take care of ourselves, take care of others, you know? And doing things that are empowering the mind to help others really good.

This introduction to empowerment shifted towards the other end of the spectrum. Again, several participants connected to being empowered, more generally, and the value they placed in taking up and caring for others. In addition, there were several participants that discussed being empowered in greater detail and how it showed up in their lives.

Living Empowered

Sword of Damocles took a definitive stance on how he understood the duality of power for himself. He asserted that he had total power over what he did, said, how he said it, and how he affects others and his environment. Simultaneously, he recognized that police, and the criminal legal system, “*have so much power over me at this particular point in time.*” To the extent that they could “*end his life.*” He did not have a

way of reconciling those two views – did the authority of another, in practice, diminish what was the total authority over self he described? In part, because his belief in his own power was a significant part of how he understood himself, his religious practice as a Druid, and decision-making moving forward. In his framework, power over someone else meant he was responsible for them. There was an ethic of care, a decentering of himself, in this definition that presented differently than his experiences with law enforcement and their exercise of power.

I have a lot of medical knowledge because of working as a nurse practitioner [in the military] and that was actually my, that wasn't even my actual MOS, that was the side train because you had to have 3. I can apply that knowledge ... or, I could not apply that knowledge, and allow someone to choke to death right in front of me when I know the abdominal thrust or the Heimlich maneuver ... I have the power to make that choice, but I also, I also have the consequence for making those choices. So, I have to remember what that is. And, like, I have influence over other, over the people around me in my [homeless] camp. I'm dad. But, at the same time that gives you a responsibility as well. I think [of] this quote off Spider-Man, which was actually a Roosevelt quote, was 'with great power comes great responsibility*.' I have to remember that, though, because when people look up to me or look to me for guidance – and it always happens - in my, my world there are so many different people that I interact with that at some point in time look for guidance or I look for guidance from them on something. I have to remember that I have to tell them, give them the advice that's best for them, not what would be best for me. So, it's a responsibility which is actually creates power in and of itself. When you have influence over another person. But for me power is making sure that I do what I'm supposed to do. Making sure I control my little effect in the world. Because I don't want power over anybody else cause then I'm responsible for 'em. I'm responsible because I helped you make that choice. So, again, the, the, with great power comes great responsibility. Well, when you give me the power to help you, when you give me the power to influence your choice, I better remember, I better have the responsibility of remembering I'm telling you what to do based on what's best for you, not on what's best for me or what's best for this, the other person involved.

*Researcher note: He is spot on to acknowledge Stan Lee's and FDR's use of this phrase, and additional research takes it back to an allusion passed

down as early as 4th century B.C. commonly referred to as *The Sword of Damocles*.

For *Sword of Damocles*, power within brought with it responsibility for and accountability to others. *Being Unbroken* and *Healing Reflection* also connected the interrelationship of recognizing their own power within to the ability to live empowered and care for others. In both participants' discourse, there was a near relentless commitment to self and using their experiences to model empowerment to others.

Being Unbroken found power in sharing his story. He was personally empowered to live his own life better and felt empowered to use his lived experience to help others. There was power in his humanity. His work became showing others his humanity – the fullness of his personhood – beyond a serious mental illness diagnosis, beyond incarceration, beyond conflict, etc. When he shared his humanity in a room full of law enforcement officers as part of training, he considered this life-saving work. When police saw his humanity and heard his lived experience, perhaps it increased the chance the officer would not respond to delusions or hallucinations or amped up behavior in the streets – it had the potential to keep people alive.

That's the power, to me that's the power of God's gift of allowing me to survive all my [law enforcement] interactions ... and, to flip that ... to take it from ... a negative to a positive ... cause hopefully, talking with them [law enforcement], giving them, letting them see that recovery is possible they will treat people differently. They'll treat people with their eye on that person going in to their own personal recovery.

For *Healing Reflection*, a dialogue around power went almost immediately to her being empowered. Similarly, through a lot of support and help, she felt empowered when using her voice to share her experiences. Living empowered, for her, translated into fixing things that are "*broken in our system*." She provided several examples of the

disorder in the system – *“things, legislatively, that people think look really good on paper, but when put into practice, are doing the exact opposite of what we would hope to achieve.”* For example, she discussed it having been 18 years since her first arrest and being removed off her medicines. It still happens.

My, well, my perfect example is the fact that 18 years, literally, to the day of my being arrested the first time - they are still removing people off of their medicines ... [at least] until they can see their jail psychiatrist. That's broken. I don't care what they say. There is no reason for it. There is no way in this day of technology that they cannot verify what medicines someone is taking and that they are in fact taking it for mental health issues. And, so therefore, they cannot tell me that there is any humane reason for doing that.

It points to a deep commitment to maintain disconnect – the system in place does not center people's health and well-being. She drew on another experience she was managing at the time of the interview. She had been out of prison for 14 years and off parole for 13 years. She was working to secure certification as a certified recovery peer specialist. That process required she go through state agencies and in so doing her criminal background was still at issue. She never reoffended. She had no ongoing issues with law enforcement. In fact, the existence of a 'criminal record' as part of her lived experience was what qualified her to be a peer recovery specialist. She understood the 'protection of others' argument and simultaneously pointed out that it must be balanced with creating space for people to move forward. The relentless task of reliving her past experiences, decisions, and traumas every time she goes for a job, or an apartment, etc. was disempowering. The pervasiveness across systems she attempts to access – economic, housing, social services, etc. – also pointed to the structural nature of the efforts to disempower her.

I don't like having to go back and reach out to the authorities and ask them for my arrest record. I just, I think at some point we, as a society, need to understand people can move forward but not if you're going to keep using your power to beat them down. I'm a person that's pretty damn tenacious so when somebody tells me I can't do something, I'm much more likely to figure out a way to make it happen. But for all the other people out there, if we're truly talking about wanting recidivism to decrease, then we have to provide a society in which people are allowed to forgive themselves and move past their past. Because if you stir up those feelings on a real regular basis, every single time they go to get a job, every single time they go to rent an apartment, every single time they go to do anything – you're disempowering them and you're not going to do what you say you want to do. You will not be decreasing recidivism because the reality of it is, it's a hell of a lot easier to live inside a prison than it is to function and provide for yourself on the outside.

Ultimately, she would stick with it – garnering the incredible levels of resolve necessary to carve out living empowered. In so doing, she more clearly understood the shifting 'rules' she was expected to manage in order to access systems and the ways in which failure to do so feeds those systems reaching out and asserting power over her. Both *Healing Reflection* and *Being Unbroken* demonstrated a relentless commitment to self and an audacity of their own worth that fueled their empowered living in spite of the systems – not because of them.

Chapter Summary

This chapter detailed the descriptive and interpretative findings of this critical phenomenological study. The 16 participants' interviews were analyzed through the IPA process. As a result there were two descriptive blocks of findings: (1) participants' descriptive understanding of serious mental illness and (2) participants contemplations of power. Those contemplations of power approached defining power broadly, power in law enforcement encounters, and their power within self. The power within fell across a spectrum. For some participants they did not identify having any power. For others,

there was a connection to power. Finally, there were two or three participants that had examined power within to the point of demonstrating living empowered.

The bulk of this chapter was spent detailing the interpretative findings of the lived experience of police encounters for people living with serious mental illness. These findings were organized around six super-ordinate themes:

- (1) Significant context, to include serious mental illness, was made invisible,
- (2) The carceral response to serious mental illness and interpersonal issues,
- (3) Law enforcement's power to force submission,
- (4) Facets of escalation,
- (5) Law enforcement encounters lacked essential care, and
- (6) Law enforcement encounters served as a microcosm of the criminal legal system.

The next, and final, chapter is the discussion. The implication of these findings related to knowledge-building, next steps in research, and collective care practice are addressed.

Chapter V. Discussion

This final chapter synthesizes major findings and discusses how these contribute to a deeper understanding of the lived experience of police encounters for people living with serious mental illness. This study's findings are not generalizable – instead the focus is depth of knowledge (Smith et al., 2012). As a result, Chapter V situates the findings in a wider context that includes connections to existing literature (Smith et al., 2012). Implications across theory, research, and practice will be discussed. This includes connections to the critical phenomenological lens that guides the study as the next step in the interpretive process. In addition, the nature of IPA may move the work into new and evolving territory (Smith et al., 2012). As a result, there will be some literature introduced for the first time in the discussion. This is a selective and not exhaustive sampling.

The purpose of this study was to understand the lived experience of police interaction from the perspective of persons living with serious mental illness and the interrelated social, economic, political, and discursive context that also shape the experience. Six themes of the lived experience of police encounters for people living with serious mental illness were listed just above at the end of Chapter IV. Those themes along with descriptive themes related to participants' perceptions of serious mental illness and power will be woven throughout this chapter. To aid the reader at the outset of the discussion, when findings are integrated into the discussion, their super-ordinate theme number will be identified at the end of the sentence.

The remainder of this chapter is organized as follows. First, the implications of this study's findings on police encounters as they are currently framed in the larger body

of research will be discussed. This includes implications regarding complexity of calls, officers' perceptions of dangerousness and a readiness to escalate, and a more comprehensive understanding of impacts on the lives of people living with serious mental illness after even a single arrest. Next, the chapter shifts to a discussion of the criminalization of mental illness as generating an expectation of personal 'order' in the midst of structural disorder. Third, the current wave of national police response models and reform will be discussed. This wave to include CIT today, co-responder model, and non-carceral response, e.g., CAHOOTS, are discussed. With this groundwork laid, the discussion shifts to the findings' implications for a critical phenomenological framework that incorporates intersectionality and disciplinary power. This culminates in grounding the work in an abolition feminist praxis moving forward. To conclude, limitations of this study are detailed, next steps for research, practice, and teaching are outlined, and a brief conclusion provided.

Implications for Understanding the Impact of Police Encounters

Responding to calls involving people living with serious mental illness have historically been understood as complex and time-consuming when compared to other calls (Lipson et al., 2010; Lurigio & Watson, 2010). In addition, Baker and Pillinger (2019) pointed to Bitner's seminal policing text (1975) which posited that policing, as historically structured, required simple and immediate solutions. Those simple and immediate solutions were possible, so long as police had the necessary authority to use coercive force (Bitner, 1975). The findings here connect to that framing: all participants recognized law enforcement's authority. Furthermore, the authority to use coercive force, i.e., the power to force submission (Theme 3), drove much of the experience for

participants. In addition, the invisibility of more complex context, to include serious mental illness, during police encounters and throughout the process of the criminal legal system was found (Theme 1). The time and space available to gather information about more complex contexts at play and determine next steps was secondary, at best, in a policing practice landscape that requires efficient assertion of control.

This landscape coupled with some officer's perceptions of people living with serious mental illness as dangerous, contributed to a readiness to escalate that too often resulted in unnecessary force (Lipson et al., 2010; Morabito & Socia, 2015). The facets of escalation bear witness to this experience (Theme 4). An officer's readiness to escalate when met with participants' behavior, which at times was misread as resistance was seen to warrant near immediate use of force. The absence of efforts to de-escalate or, at times, a rush to escalate had significant impact on people living with serious mental illness during police encounters.

For participants there was no room, no permission, for instinctual response(s) in 'split-second' decision-making moments (Theme 4). When they did make a misstep, they shouldered the consequences be it injury, criminal charges, and for some – not in this study – their life. However, a different narrative and standard often applies to police (Kirkpatrick, 2021). Supreme Court Chief Justice Rehnquist, writing for the majority in *Graham v. Connor* (1989), held a special 'reasonableness' standard must be applied that accommodates the pressures of the job and allows for police "to make split-second judgments ... about the amount of force that is necessary in a particular situation" (Kirkpatrick, 2021, p. 2). That standard has become a fixture of police culture and

training and functions to insulate officers from nearly any critical review after the fact (Kirkpatrick, 2021).

Despite the leeway extended police, there was evidence that some believe they should frame resistance or perceived resistance and manage their response during an encounter at a level higher than that of a non-officer (Engel & Silver, 2001). That was an expectation or assumption also held by participants in this study (Theme 4). As an encounter escalated, there was an expectation from several participants that law enforcement would set a more reasoned, controlled tone for the encounter. Control and authority to manage the situation were disproportionately invested in police, but consequence of failure to manage was invested in the non-officer.

The findings of this study add depth to understanding the impact of police encounters for people living with serious mental illness. The literature examined efforts to reduce arrests of people living with serious mental illness (Morabito, 2007; Teller et al., 2006; Wood et al., 2017). There were not well-settled indicators that systemic, significant, and sustained reduction in arrests is happening across policing. While arrest reduction as a goal of reform was understandable, what has been made more evident through this study was the devastating impacts and cyclical nature of arrest and further criminal legal system involvement for participants. Even a single arrest for a person living with serious mental illness disrupted and at times devastated the fragile balance of survival and/or web of care they were attempting to maintain (Theme 1 and Theme 5). The interruption of medicines, the loss of personal property, loss of housing, interruption of health insurance coverage are a sampling of the tangible impacts of a carceral response. In addition, encounter, arrest, and incarceration could be a maddening

experience in its own right and an additional point of exposure to violence (Ben-Moshe, 2020).

Criminalization of Mental Illness: Expectation of Personal ‘Order’ in the Midst of Structural Disorder

Participants in this study spoke to the inhumanity of the carceral response when being ‘disappeared’ into these institutions (Theme 5). Participants detailed the interconnected and fragile balance of survival that shaped the environments they were living in and the disruption and, at times, chaos that ensued when released and expected to build life again. There was a need for broad care networks of social resources to support needs and well-being of people living with serious mental illness (Karger & Stoesz, 2017). That was demonstrated in participants’ lived experience – housing, basic income, substance use response, mental health care, etc. Instead of evidence of available and effective care supports/community, there was a web of structural disorder wrapped around participants that requires closer examination (Theme 6).

As previously discussed, the literature identified and describes the frequency of mental health calls to emergency lines, their complexity, and numerous challenges to connecting people to care. To what extent are those characteristics a function of our own collective system-making? These findings, several examples included below, point to a shift in perspective – an additional layer of inquiry – one that gets at the root of the lived experience. Instead of framing the examination as ‘how do police respond given that frequency and time involved in response to mental health calls?’ – this researcher points to fundamentally challenging that question’s inherent expectation and ability to ‘make sense’ in what are disordered systems. For example, a person violated a restraining order

13 times in 11 months. There was no apparent part of that process throughout the criminal legal system, where sufficient pause was taken to pay closer attention to what was needed – mental health care, connection to care supports, etc. Instead, that experience was largely framed as an individual behavioral issue, where mental illness was rendered largely invisible, and then the suitable systemic response was to disappear her into a maximum security prison for three years (Theme 1 & Theme 2).

Similarly, maintenance of a legal system that has criminalized some aspects of mental illness functions in part because of absence of viable and sustainable mental health care treatment options (Gur, 2010; Wood et al., 2017). Bitner (1967) and more recently Wood et al. (2017) found that officers were crafting temporary solutions for chronic vulnerability in the absence of long-term care solutions. In this study, most participants had been in and out of the criminal legal system repeatedly. For ten of the 16 participants, these cycles spanned a decade or more. One participant had been arrested 41 times as an adult. This level of recidivism, or cycling through, maintained the chaos and the challenges detailed during police encounters when essential care and access to alternatives remained beyond reach (Theme 5). Horizons of significance converged in this space – criminal legal system and mental health care. There was structural overlap here – often police officers were the first line of crisis response absent another option and/or in spite of the challenges faced when putting them in this role. Simultaneously, the mental health care system is often not equipped/staffed/etc. to receive people in crisis. The structural functioning at this intercept point is disordered. Simultaneously, the responsibility for ‘healing and health’ is placed on the person living with serious mental illness to figure out how to function in an orderly way (individual, biomedical framing) in

the midst of the disordered structural functioning. When a person is unable to do so, they remain particularly vulnerable to being pulled back into the criminal legal system.

Carceral logic across systems with power frames the ‘disordered’ functioning of a person as increasingly vulnerable, marginalized and in need of being controlled and managed (Davis, 2003; Foucault, 1975). These sociostructural elements of the criminal legal system involvement will be revisited later on in this chapter (Morabito, 2007).

Current Wave of Police Response Reform

Often policing practice reforms and response models are introduced in the field first and then the research works on ‘catching up’ as they spread. There are challenges in functioning that way – two examples are difficulty structuring more comprehensive research design to lead to generalizability and the delayed or lack of dissemination of research findings and insight to people in the field. Another challenge, which led to the framing of this study, is a presumption that fundamentally the issue or experience is understood enough to (1) conceptualize a response model and (2) develop a research design to assess effectiveness, measure impact, capture outcomes as it exists in real world encounters.

At this point, Crisis Intervention Teams (CIT), the most widespread model that has grown over the last 30 years or so, continues to be used. In this study, a participant did reference an encounter where the officer displayed empathy and patience and his overall demeanor was experienced as de-escalating. It cannot be known for certain, but the participant’s language points to a possible CIT response. That has to be balanced with the overall momentum of the participants’ lived experiences shared where de-escalation was not consistently experienced in these encounters. So while CIT continues

to grow, it does not function comprehensively. In fact, while the Task Force on 21st Century Policing under President Obama recommended mandatory CIT training for all officers, the broad position of CIT International, the governing body for CIT, recommends something different. Instead, CIT International explained that the “most effective CIT response is likely to be from an officer situated within a strong CIT program who is CIT-trained and who wants to be a CIT officer” (Watson et al., 2021, p. 1086). There are states, like Ohio, and cities, like Chicago, that arguably have expansive and more thoroughly developed CIT programs in that CIT is in every county or across districts, respectively, and those agencies cannot place a CIT officer on every call (Watson et al., 2021). Simultaneously, even in agencies and communities where CIT is more developed, people living with serious mental illness are still killed by police. The work to support fidelity to the model, train additional officers and crisis responders in de-escalation techniques, and edify community-based collaboration thru CIT continues and there are improvements to be had. To that end, CIT is not, nor does it hold itself out to be, a singular solution.

The national landscape of police response to people living with mental illness is in another cycle of reform now. The increased public consciousness of violent and deadly police encounters has become more mainstream in the last five or so years culminating in the social justice uprisings of 2020. A necessary point of clarity – the extrajudicial killing of people, and disproportionately people of color, by police has always existed in the United States (Crenshaw et al., 2015; Vitale, 2019). The pain and loss of loved ones, families and communities demanding justice, and organizing within and alongside of communities of color, specifically the Black community, has always

existed and will continue to persevere even as public consciousness ebbs and flows from moment to moment. Specifically in the area of police encounters with people living with mental illness, there has been increased attention on the co-responder models in the last several years. Co-responder models come in a range of forms, but foundationally there is usually a clinician embedded with law enforcement that function as a response team (Watson et al., 2021). In this dynamic, decisional authority is still vested in officers. The co-responder model asserts to use the clinician's skill set to process crisis response in the field and looks to the authority of the police for safety concerns, their legal authority to transport for involuntary psychiatric assessment, etc.

However, there are also people within these spaces arguing that police presence need not be compulsory. "Police presence ... may escalate the situation and increase trauma, stigma, and criminalization" (Watson et al., 2021, p. 1086). CIT International (2021) does not support co-responder models. Nor does the co-responder model reflect the practice and field experience of CAHOOTS (discussed below), which has responded to crisis calls without police officers on scene for 99% of their crisis calls (Carroll et al., 2021). The co-responder model also serves as a demonstration of social services' use of or at least tacit compliance with carceral logic shaping crisis response for people living with serious mental illness. This study's findings are not generalizable; however, participants' lived experiences did demonstrate, what was in some cases, an overresponse of the carceral state in interpersonal conflict involving serious mental illness (Theme 2). This examination of the lived experience of police encounters revealed that mental illness was often invisible, a punitive response to the human struggle, forced compliance, and disproportionate escalation at encounter and throughout the entirety of the criminal legal

system. Friedman (2021), writing about disaggregating the police function, argues that efforts to minimize the potential harms of police intervention will likely be ineffective. Friedman (2021) points to the strategy of police intervention as flawed because much of policing is not proactive, but reactive. Police are showing up on scene during or after some kind of tension, issue, or conflict likely transpired. To ameliorate policing's harms, the underlying social issues that cause people to call the police in the first place must be addressed (Friedman, 2021). A fuller discussion about this premise, divesting from the carceral state and building anew, is developed in the following sections. As a final element of this section of the discussion, there are also those in this reform or an abolition space, depending on how they conceptualize this crisis response landscape, that have identified the need for non-carceral crisis response and a robust mental health care system that has capacity to develop and provide care with people in need of it.

As previously mentioned, one example of a non-carceral crisis response model is Crisis Assistance Helping Out on the Streets (CAHOOTS). This community-based team is based out of The White Bird Clinic and has been working in Eugene, Oregon since 1989. As this current reform wave gains momentum, their program has been brought front-and-center as those in a more bureaucratic, systems-involved space work to determine the 'next best thing' to address the gap in safe, non-violent, crisis response. Generally, the CAHOOTS program sends two-person teams made up of a medic (a nurse, paramedic, or EMT) and a crisis worker with significant training and experience in mental health care to respond to a crisis call (McNally, 2020). CAHOOTS are not law enforcement officers and they do not carry weapons. Their focus is the use of their training and experience in trauma-informed de-escalation and harm reduction to respond

to calls involving a wide range of mental health related crises, e.g., conflict resolution, welfare checks, substance abuse, suicide threats, etc. (McNally, 2020). Non-violent response is possible and fatalities are not inevitable (McNally, 2020). In 2019, of CAHOOTS approximately 24,000 calls, police backup was requested only 150 times. The work of CAHOOTS is supported by an annual budget of about \$2.1 million dollars versus the combined annual budgets of the Eugene and Springfield police departments at about \$90 million. McNally (2020) estimates the program saves the city of Eugene an estimated \$8.5 million in public safety spending annually.

CAHOOTS was not designed to replace policing; CAHOOTS' focus is on a subset of problem areas that otherwise would take up a lot of police time and attention. This subset of crisis calls can be meaningfully addressed through front-line social interventions that are beyond the training and preparation involved in becoming a police officer. CAHOOTS is a strong model that can be a part of the tapestry of crisis response. They are clear it is not the singular answer and cannot be replicated with a 'cookie-cutter' approach (McNally, 2020). The program's impacts and outcomes provide an example of building a community-based response. It is a community-based response that functions in a community with robust human services networks, functions based on a level of trust amongst people responding to crisis and in crisis as a result of being present and invested in their community for over 50 years, and a culture of collective care that supports this kind of response to people struggling in the community (McNally, 2020).

With this national reform landscape in mind, several concluding thoughts here are offered as the discussion shifts to theoretical and systemic implications and the path forward for the work connected to this research. McNally (2020) importantly points to

how CAHOOTS is not able to singularly stand in the gap of crisis response nor does it, as a program, function to address the issues related to the disordered structural functioning of mental health care and criminal legal systems previously discussed. This dialogue is also situated at this time and place where the impacts of the global pandemic are already here and will continue to unfold for years to come. The effects of the economic impacts like job loss and housing insecurity and further fragmentation of social structures and services for those most vulnerable will continue to be lived through across the country – not because of individual shortcomings, but because of structural shifts to include the continued increased investment in the carceral state and the reduced investment of the care infrastructure (Crowley, 2021; Vitale, 2019). These structural considerations shift this discussion chapter to the implications to the broader theoretical context of this study’s findings.

Power, Violence, and the Law

Once again, critical phenomenology is the branch of phenomenology that situates understanding the lived experience in the socio/economic/political/cultural context in which it exists (Desjarlais, 1997; Guenther, 2013). It necessarily builds on classical phenomenology where it has often remained unreasonably silent and absent rigor when attention and analysis need to be applied to account for the role of historical and social structures in shaping lived experience (Guenther, 2019). As a function of this critical phenomenological lens, examining the lived experience of power was integrated into this study. The findings bear the persistent thread of violence or the threat of violence and the lived experience of what may be framed as disciplinary power for participants. In

addition, what emerges is an intersectional framework to understand these experiences of violence and power.

The connections between violence, intersecting power relations, and political resistance remain “highly salient” as the growth of intersectionality as critical inquiry continues to develop (Collins, 2017, p. 1461). This discussion revisits Foucault’s ideas about how disciplinary power is shaped and functions (Foucault, 1975). Disciplinary power is imposed within. Spaces, like prisons, hospitals, schools, are organized with an eye towards control of people. In *Discipline and Punishment*, Foucault (1975) points to the collective being replaced by the atomized individual. In so doing, a person begins to assume responsibility for their own surveillance. In this study, participants reflected on their power within and most found themselves somewhere between having no power and/or limited personal power. A sentiment that reinforces their sense of limited to no power, for several participants, was a high level of personal accountability – even if that accountability presents itself after the fact – where they recognized they were expected to behave differently. Put another way, their behavior fell outside what was deemed acceptable, and it was their responsibility to regulate themselves more efficiently. The nuance here, was for some, their lived experience of serious mental illness when particularly symptomatic, had them question whether the level of self-regulation required in this disciplinary power landscape was possible. For Foucault (1975), as a result of disciplinary power, social control need not be purely sovereign, or ‘top down,’ because it has been dispersed amongst the people and in relational dynamics. In those spaces where people are serving the power, they are regulating one another through routine, rules,

procedures, laws, strategic violence, etc. Foucault (1975) situates this power at many sites. Collins (2017) calls these saturation sites.

At these saturation sites, violence is shaped by and helps structure intersecting interpersonal and systemic power relations (Collins, 2017). Systemically when violence is a matter of routine across social institutions, it becomes normalized to target specifically vulnerable groups and to invest the authority to carry it out in specific groups. This power hierarchy may use the shared perception of a group's authority to legitimate what counts as violence (Collins, 2017). Boundaries are carved around actions that would otherwise appear similar/closely related. For example, where officers are using physical force in the doing of a job where authority has been vested is not framed as violence in the hegemonic narrative. Alternatively, the people experiencing the use of physical force in the encounter in response to what may, or may not be, be resistance is perceived as violence or the possibility thereof and warrants what is a less visible routinized violence. Routinized violence is an important dimension of disciplinary power (Foucault, 1975; Collins, 2017). Routinized violence entrenches state-sanctioned violence as bureaucratic response or custom which normalizes it and reduces resistance to it and instead turns the responsibility to avoid said violent hegemonic response onto the shoulders of the actor outside of the structure of oppression/power. This study's findings bear witness to this position, e.g., nearly no room for 'error' in response, the expectation of submission, ordered behavior demanded in the midst of disordered systems and the failure to do so leaves one vulnerable to institutionalization. In addition to the discussion above about self-regulation and surveillance, structurally, each participant recognized the authority and coercive nature of the power invested in both law enforcement and the

broader structure – the criminal legal system. This interplay of routinized violence was normalized, in part, because of what the participants identified as limited, to absent, comparable accountability structure like the one participants were held to (Theme 6).

Using an intersectional lens to examine and understand social phenomena at these saturation sites, these spaces where social and cultural representations interconnect, include both the actors navigating the social world and the structures that make it up and systems of oppression like capitalism, patriarchy, racism, heterosexism, anti-madness, ableism, etc. (Ben-Moshe, 2020; Collins, 2015, p. 5). In application, the saturation sites where carceral and social work structures function and are undergirded by power relations can be examined to cultivate a meaningful response to multiples systems of oppression.

Because violence is so deeply embedded into the fabric of society, it is unlikely to yield to the efforts of any one theory or group of social actors. Yet just as intersection oppressions are far from static, forms of political resistance that are similarly flexible are well-positioned for such sustained intellectual and political struggle. In this endeavor, continuing to focus on violence should illuminate new connections between intersection systems of power and on new possibilities for political resistance. (Collins, 2017, p. 1472)

Just as relationships of power have been dispersed, so too is resistance (Foucault, 1975; Collins, 2017). This is important because the intention of this resistance, broadly speaking, is not to replace one hierarchy with another, but to cultivate collective action that builds new ways of being (Brown & Schept, 2017; Davis, 2003; Foucault, 1975; Gilmore, 2007). Instead, the focus is on community well-being by building up and investing in health, education, housing, jobs, etc. In so doing, the prevalence of harm is reduced, and when harm does occur – because it will – there are different responses available (Brown & Schept, 2017; Davis, 2003; Foucault, 1975; Gilmore, 2007). This

building anew in the face of multiples oppressions that fuel violence is the charge of abolitionist feminism (Tanenbaum & Tompkins, n.d., citing Angela Davis).

Towards an Abolitionist Feminist Lens

The purpose of this study was to more deeply understand the lived experience of police encounters from the perspective of people living with serious mental illness. That understanding was not to then try to modify how people with that lived experience interact with police. Instead, this study was about cultivating deeper understanding of encounters that may inform police response and decision making. In addition, the findings, the theoretical landscape, and being situated in this particular social, cultural, political, economic, and historical context, where there are next-wave reform efforts underway, ongoing federal spending increases for police departments across the country, and the continued expansion of spaces being surveilled by the carceral state, e.g., schools, universities, healthcare settings, homes, etc. (Kanno-Youngs, 2021); this research and researcher draw on an abolitionist feminist lens to shape praxis moving forward in pursuit of building and fortifying collective care and the reduction of the carceral state. Ultimately, supporting a collective care that is creating more space for people to be well and do well. Before discussing abolitionist feminist praxis in greater detail, let's first consider abolition.

“Abolition is a practical program of change rooted in how people sustain and improve their lives, cobbling together insights and strategies from disparate, connected struggles” (Gilmore & Kilgore, 2019, p. 1). An objective of this abolitionist lens is to oppose state violence, to recognize its functioning and the inequalities to ‘be solved’ by crime and punishment are, in fact, not solutions (Gilmore & Kilgore, 2019). Abolitionist

solutions intend to center well-being of people, individually and collectively.

Abolitionist praxis involves those often most impacted by these forms of violence and trauma. As law enforcement continues to absorb social welfare work, abolitionist praxis commits to move toward world where “social welfare is a right, not a luxury” (Gilmore & Kilgore, 2019, p. 2).

Cultivating new ways of thinking and being requires shifting normative discourses that constitute the hegemonic functioning of the carceral state (Brown & Schept, 2017). This includes adding depth and new understanding to what have been the dominant narratives about crime, mental illness, law, justice, punishment, safety, violence, and accountability. This requires centering people with lived experiences. In so doing, these narratives go far to make visible the challenges to surviving the carceral state and vulnerability central to criminal legal system involvement (Brown & Schept, 2017, p. 444). This study’s findings bear witness to those elements of lived experience – the chaos and inhumanity were detailed by participants. Furthermore, the web of needs and supports also runs parallel to the criminalization efforts around poverty, addiction, homelessness, and mental illness (Vitale, 2019). This high degree of vulnerability across structures leaves, or keeps, people available as carceral subjects. “The carceral subject is a form of life that inhabits states of precarity continuously and is thus dedicated to projects of survivability” (Brown & Schept, 2017, p. 445). Shifting to an abolitionist lens requires a rejection of the criminalization of social issues and with people to build security and safety in the spaces they inhabit.

Vitale (2019) details the continued increase in carceral funding and decreases across social program funding. This funding structure supports the growth and expansion

of the “legal apparatuses associated with punishment” (Richie & Martensen, 2020, p. 12). Put another way, the continued financial expansion points to a commitment to a criminal legal system invested in punitive or retributive responses—the momentum of which are social policies of exclusion (Richie & Martensen, 2020). Punishment functioning in this way connects back to earlier discussion of Foucault’s work (1975), where the dynamic between the state, in this case police, and people living with serious mental illness is rooted in social regulation and control as much as it is ‘public safety’ (Richie & Martensen, 2020). Richie and Martensen (2020) offer that police response points to a punitive politic, not an actual threat or the needs of people living with serious mental illness. This matters for a myriad of reasons, one of which is because it should inform a praxis for moving forward in the support and care of people. Reform efforts often function to build an ethic of care within a system not built with care as a foundational priority. In practice, while law enforcement are front and center during crisis response and where participants in this study spoke to a lack of essential care in these encounters, this space and the broader criminal legal system need not be where collective care and crisis intervention is happening much of the time. Furthermore, if the dominant narrative of violence and safety remains primarily interpersonal, or micro, and does not also situate the understanding within power structures, efforts to address violence will largely replicate and/or reform the functioning of violence (Brown & Schept, 2017).

This discussion has come to a point where a number of elements examined in tandem with the findings of this study have converged to guide praxis moving forward. Several key ideas include: (1) building on the earlier theoretical influence of Habermas’ communicative action where being critical of norms and politics at the foundational-level

was determined necessary to move towards liberatory action; (2) critical phenomenological examination of the social conditions that maintain intersectional structures of oppression; and (3) the theoretical discourse of Foucault (1975) and Collins (2015, 2017) about the modern expectation for people to manage themselves as a function of disciplinary power to avoid social exclusion. When taken together, it is essential to shape a mental health discourse that is inclusive and centers of people living with serious mental illness and survivors of mental health care system. This is also rooted in a growing edge of critical phenomenology.

As a political practice, critical phenomenology is a struggle for liberation from the structures that privilege, naturalize, and normalize certain experiences of the world while marginalizing, pathologizing, and discrediting others. These structures exist on many levels: social, political, economic, psychological, epistemological, and even ontological. They are both “out there” in the world, in the documented patterns and examples of hetero-patriarchal racist domination, and they are also intrinsic to subjectivity and intersubjectivity, shaping the way we perceive ourselves, others, and the world. ... As a transformative political practice, critical phenomenology must go beyond a description of oppression, developing concrete strategies for dismantling oppressive structures and creating or amplifying different, less oppressive, and more liberatory ways of being-in-the-world. In other words, the ultimate goal of critical phenomenology is not just to interpret the world, but also to change it. (Guenther, 2019, pp. 15-16)

The praxis that emerges in this landscape, of liberatory interpretation and change, is one within a feminist abolition lens. Critical Resistance (2003) defines abolitionist feminism and the vision of a society based on care not punishment. “We seek to build movements that not only end violence, but that create a society based on radical freedom, mutual accountability, and passionate reciprocity. In this society, safety and security will not be premised on violence or the threat of violence; it will be based on a collective commitment to guaranteeing the survival and care of all people” (Critical Resistance,

2003; Tanenbaum & Tompkins, n.d.). The response of this researcher and emerging praxis priorities shift and are framed within a feminist abolition lens – specifically centering and led by Black and Indigenous feminisms shaping the understanding of the intersectionality of oppressions and functioning of the carceral state (Crenshaw et al., 2015). Praxis in this space seeks to understand how the criminal legal system serves to maintain oppression rather than safety or protection. Praxis in this space pays close consideration to those most marginalized and the broader networks and communities impacted, so as interventions and care delivered do not create an either/or scenario where the ‘protection’ response to some have the intended or unintended consequence of creating risk for others (Richie & Martensen, 2020). Centering those most impacted takes priority (Ben-Moshe, 2020). This involves building coalitions rooted in communities made most vulnerable by the carceral state. There must be consistent co-engagement across the spectrum of change – micro, mezzo, and macro. Abolitionist feminist praxis for social workers incorporates working with people day-to-day and engages in justice and change work at the systems-level – here is where we create safety and expand opportunity (Richie & Martensen, 2020).

This praxis connects to the power discourse in the findings. Supporting the process of people centering their own care in and on behalf of self and their care networks, moving towards living empowered, and shaping order, personally and collectively, in spite of the disordered system while building new order builds on the elements of participants’ perceptions of the power within. This is why, in part, an examination of power was critical – understanding the relationships of power being navigated daily, like police encounters, revealed dissonance. If participants understand

power as an authority that lies outside self, but the messaging is that disorder and ultimately the responsibility for improvement lies within, then there is a failure to connect. If, instead, a model that recognizes and builds on the power within and recognizes the disorder systemically, then we have introduced a more harmonious care framework that connects and creates opportunity and accountability for community and self. This work can be for each of us. How do we create spaces for people to live meaningfully? Spaces to explore, understand, and navigate what has been shaped as mental illness? Systemically, how would that require other people, processes, care-givers to show up? What does it look like when we are building in care across systems, so that practice is more consistently edifying and does not contribute to break people down over the course of time and continued engagement? This thesis and these questions guide the next steps discussed below.

Limitations of this Study

This study has several limitations. Limitations are the conditions that weaken the study and its outcomes. The limitations of this study are discussed and attempts made to address them identified.

A limitation of this study is the findings are not generalizable. However, generalizability was not the intention set at the outset of this study design. One of the aims of this study was to provide foundational nuance and depth of understanding to fill a gap in the current literature. Increased understanding of the lived experience was the primary objective here before shifting towards operationalizing concepts and seeking generalizability through future research. Understanding the phenomena led research design and development with a focus, instead, on transferability. This transferability,

also discussed in Chapter III, bolsters the trustworthiness of the present study and provides foundation for the development of studies that are arguably generalizable. These findings are not offered as an absolute. Instead, they are a place to continue understand and develop connections, strategies, and discourse regarding the lived experience of serious mental illness, crisis response, and police encounters.

Researcher preunderstandings are a limitation here. Attention was paid from the outset to address this limitation. Protections were built in (and discussed in Chapter III) to create space to identify these preunderstandings/foreconceptions. As they were processed, the evolving conceptions were in turn circled back into the interpretive outcomes and to an extent are a part of the dialogue (Starnino, 2011).

This critical phenomenological study was a narrow and deep examination of participants' lived experiences. These findings are situated at this historical, social, cultural point in time between this researcher, each participant, and across participants. This study connects to deeply personal information and lived experiences as re-told. Participants' vulnerability and disclosure were appreciated and necessary. As they shared their lived experience, it is noted there were lived experiences within encounters not captured. Functionally, this study does not include all involved; instead, it centers the lived experiences of people living with serious mental illness. In so doing, these findings move the literature forward to include perspectives, knowledge, and lived experience otherwise absent in the body of research to date.

Another limitation is narrower demographic diversity. The findings pointed to places to take deeper dives and the more fully-developed intersectional lens discussed in this chapter could support continued depth of research to come. There are ways that

research would need to be done with an eye towards inclusivity, integrity, and trustworthiness. For example, as part of a community-based research team to include the leadership of and consistent consultation with people with lived experiences. Those implications are briefly detailed below.

Next Steps for Research

This research was built with the direct involvement of people living with serious mental illness. Several participants shared organically how they felt about being a part of this research process. For *Mama's Man* several benefits came up:

When he got out of jail, he went to the mission where he currently stays. He is currently on 8 prescriptions meds. He doesn't get good sleep, in part because of the blood pressure meds and in part because of the noise at the mission. During the interview, he started to doze off a bit. Researcher checked in on him and certainly offered to wrap up the interview. He wanted to continue on at a pace that was workable for him. He shared how different this interview experience was from so many of the other service provision experiences. It is not even that he was particularly sleepy It was more than that This space (researcher's car) is relaxing and comfortable and calming and it is stress free. *"Damn – you are talking to me with respect and giving me credit for knowing something. That is missing too often."* He appreciated being treated respectfully, listened to, and engaging in dialogue.

For *Artist Interrupted* being asked about his goals and aspirations connected in a meaningful way.

Participant: I, personally, am getting all of these questions asked ... from others about my medicine and about my health and no one [chuckles] [pause] I can't even remember the last time anyone has asked me that question. That question means a lot. To actually – for someone to ask me what it is that you want to do or professionally ... [trails off]

Interviewer: How do you feel after the fact ... after doing the interview?

Participant: I feel good, I feel liberated.

The two participants that served as member checks indicated an interest and willingness to remain engaged in working together. Learning more about their priorities and ideas is a central to this researcher. As this work evolves, a priority is either developing or partnering with already existing research collective(s) that center participatory methodologies. This researcher looks forward to identifying people already practicing and organizing in this space and in other critically related disciplines, i.e., disability justice, mad studies, queer studies, and learning better how to meaningfully support and grow this work.

Two phenomena presented in this study require further exploration. First, the intersection of violence as early trauma and mental health and eventual diagnosis. This was structured as a descriptive element in this study. Fuller exploration within the IPA process is considered a next step. Second, the lived experience 'on being' historically marginalized gender identities and sexual identities in carceral spaces presented in this study. An additional layer that came up was the stigma and structure that is part of being identified as a 'sex offender' under the law.

The growing awareness to support non-carceral response for people in crisis is encouraging. Additional examination of the structural challenges within the mental health care system and cultivating collective care spaces are needed. Crafting research,

to include mixed methodologies, geared towards violence prevention and care networks will also be considered. Finally, more closely examining the research and legal scholarship around power, as a next step specifically *parens patriae* and the police power seemed limited – additional legal scholarship is warranted. Further examination of these legal mechanisms through a lens informed by abolition feminism, intersectionality, and critical phenomenology are next steps.

Next Steps for Practice

The continued structural investment and expansion of the carceral state positions people in closely-related spaces, like social work, to either absorb the carceral response logic in roles to include that of gatekeeper to resources, as surveyor of bodies, as responder to behaviors and choices of the people to be supported or served (Richie & Martensen, 2020). Functionally, the closely-related spaces at times embeds the delivery of social services and the meeting of needs under the umbrella of a care ethic within the carceral state, e.g., social workers embedded within police agencies as co-responders, police functioning as part of a hospital system, partnerships with child welfare agencies, etc. To be clear, this discourse is not to suggest that social work may only unwittingly be swept up in the expansion of the carceral state. There are elements of comparable surveillance and control logic foundational to the field also – so in some ways it is not a ‘shift’ for social work to be embedded within the carceral state as much as an overlap at saturation sites. To the extent this is disconcerting to consider, indicates the need to be intentional about how social work moves forward collectively and in new ways. Richie and Martensen (2020) identify a range of abolition-based practices:

- Organizing community-based intervention services
- Advocate for community accountability projects

- Work in coalitions to build broader systematic justice movements
- Provide individual mental health crisis intervention / restorative and transformative justice and harm reduction services in cases where harm has occurred (Richie & Martensen, 2020)

A note about the workforce necessary for non-carceral mental health crisis response – it does not exist ‘as is’ – it needs to be created (Carroll et al., 2021). Using CAHOOTS as an example, the authors discuss how to scale that model’s response across cities via service professions most likely to fill the roles simply lacks enough people.

[CAHOOTS] supports staff working (at minimum) a combined 62 hours per day to serve Oregon’s Eugene-Springfield metro area of approximately 170,000 people. To expand Alexandria, Kentucky’s approach of hiring social workers across all of Kentucky (home to more than 4.4 million people) at CAHOOTS-equivalent staffing levels would require hiring 10 percent of the state’s health care and mental health social work labor force full time; that proportion of the available workforce would rise to 25 percent if only social workers specializing in mental health were hired. Similarly, although peer-support specialists may boast the lived experience necessary for effective crisis response, as few as 30,000 peer-support specialists are estimated to be certified in the entire country. (p. 1)

This does not take into consideration training expenses, licensure requirements, and additional barriers to entry – like laws disqualifying a person with a criminal record which may be an issue for some people with lived experience. These challenges are real and are also an opportunity. The building up of a workforce to include peer providers – connecting people to contribute to collective care – need not be bound by narrow understanding of who can be considered a professional, who is eligible, etc. Social work from an abolitionist feminist lens has the opportunity to examine and shift how they understand who does social work and how access to the education, training, and workforce functions. Doing so could significantly increase the impact of social works’ role in crisis response and collective care. That said – the solution for the development of

people doing this work need not be invested solely or at all in ‘traditional’ channels either. Connecting people to empowered work and moving resources, to include income, to where and how that work is happening in the community is necessary. A more full examination of labor, work, and abolitionist practice is beyond the scope of this study, but should be mentioned.

Another way this research may inform practice connects to how participants talked about their own power within – the acts and practices – that grounded them in their own personhood: music, caring for others, sharing their story, meditation and spiritual practice. How does practice consider and incorporate fortifying well-being from their lens? For *Being Unbroken*, his work sharing his story and training a wide range of people connects and changes perspectives. How is practice valuing those things, connecting to those things, developing those things? When paths forward are discussed, a praxis grounded in abolition feminism connects to collective care that center the person with lived experience.

Next Steps for Teaching

The researcher spends a significant amount of time teaching at both the graduate and undergraduate social work courses. There has been a strong and positive response from students as learning in the classroom has intentionally introduced and incorporated learning grounded in anti-oppressive practice, intersectionality, critical race theory, and abolitionist feminism. Anecdotal feedback also points to limited exposure to this material prior to our classroom/course. There is a need to center and increase exposure to this work in the social work classroom. This researcher is also invested in structuring next steps for research in the scholarship of teaching and learning.

Conclusion

“It’s about learning that safety, safeguarded by violence, is not really safety.”

(Davis, 2020, *interview*)

The final chapter of this dissertation connected the lived experience of police encounters for people living with serious mental illness to the existing research and identified spaces where depth of understanding was gained like the disruptive impact of arrest on people living with serious mental illness’ too often fragile web of survival and care, imbalanced accountability mechanisms between police and people living with serious mental illness, and the dissonance of expecting people to manage and maintain ordered behavior in the midst of disordered systems. This dissertation concludes while the national police response reform landscape, and offered critical considerations for those connected to care and service, either directly or tangentially, as the carceral state, to include its logic, continues to expand. Finally, a growing edge of critical phenomenology, to include intersectionality and disciplinary power, was detailed as it connected powerfully to participants’ insights and experiences of power. This work, for this researcher, moving forward is grounded in an abolitionist feminist praxis as guide for intersectional, participatory research collectives, teaching and learning, and advocacy work interpersonally and systemically. The lived experience of each participant was an important contribution to this study. Centering and honoring their stories as told remains the priority. Each of our lives are interconnected and our collective community is in the midst of significant transition. The hope and intention of this work and future lived experiences are to move in a way that contributes to the collective pursuit to end violence and increase freedom in pursuit of liberation.

Appendices

Appendix A. Indiana University Study Information Sheet for Research

Living with Mental Illness, Police Encounters, and Relationships of Power: A Critical Phenomenological Study

IRB Protocol Number: 1803653676

About this research

You are being asked to participate in a research study. Scientists do research to answer important questions which might help change or improve the way we do things in the future.

Taking part in this research study is voluntary

You may choose not to take part in the study or may choose to leave the study at any time. Deciding not to participate, or deciding to leave the study later, will not result in any penalty or loss of benefits to which you are entitled and will not affect your relationship with Indiana University or [INSERT COMMUNITY ORGANIZATION THAT PROVIDED THE REFERRAL].

This form will give you information about the study to help you decide whether you want to participate. Please read this form, and ask any questions you have, before agreeing to be in the study.

WHY IS THIS RESEARCH BEING DONE?

The purpose of this study is to better understand what encounters with police are like from your experience. In our interview we will talk about your experience of mental illness, encounter(s) you have had with police, and how relationships of power may have influenced the encounter(s).

You were selected as a possible participant because (1) you are 18 or older, (2) have had an encounter with the police, and (3) self-report a serious mental illness diagnosis.

The study is being conducted by Stephanie Quiring in fulfillment of her doctoral dissertation from the Indiana University School of Social Work. The principal investigator is Dr. Hea-Won Kim, the dissertation chair.

HOW MANY PEOPLE WILL TAKE PART?

If you agree to participate, you will be one of about 25 people taking part in this study.

WHAT WILL HAPPEN DURING THE STUDY?

If you agree to be in the study, you will do the following things:

We will have an interview that will last between 1 and 2 hours. A voice recording of the interview will be made. Your study participation is done after the one interview. If you would like to meet again to discuss what the researcher is finding that may be possible.

WHAT ARE THE RISKS OF TAKING PART IN THE STUDY?

While participating in the study, the risks are deemed to be no more than minimal. A potential risk may be discomfort answering the questions. You can let the researcher know that you feel uncomfortable and/or do not want to answer a particular question. You are always welcome to stop the interview at any point to take a break, refuse to participate, or have certain sections deleted.

The researchers are taking careful measures to protect you and the interview. You will not be asked to provide your name, date of birth, or address. The interview does not intend to cover experiences or topics that may expose you to any form of liability. The audio recording of the interview will be saved as a password protected file and stored in encrypted cloud storage. The interview will be transcribed into written form within approximately ten (10) days of the interview. The researcher will then further de-identify the transcript by removing any references to specific places, people, names, etc. The de-identified transcript will also be a password protected file. The audio recording will then be deleted. Your confidentiality is of the utmost importance.

While confidentiality is stringently protected, absolute confidentiality cannot be guaranteed due to unforeseen circumstances (e.g., data breach). In the unlikely event of a loss of confidentiality, the interview and what you share may be accessed by people beyond the research team. However, to connect you to the interview is not likely as your personal information, like name, address, and date of birth, is not being recorded in any form by the researcher.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THE STUDY?

There are no direct benefits. However, your participation is important to better understanding police encounters and amplifying the voices of people living with mental illness in research and practice in this area.

HOW WILL MY INFORMATION BE PROTECTED?

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. No information which could identify you will be shared in publications about this study. Basic demographic information will be collected, like age, race/ethnicity, gender, and the serious mental illness diagnosis you identify. Your name and other personal information will not be collected. The researchers listed on this form are the only people that will have access to the audio file of the interview before it is destroyed and the subsequent written transcript of the interview. The files will remain protected per the steps outlined above.

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as the study investigator and his/her research associates, the Indiana University Institutional Review Board or its designees and (as allowed by law) state or federal agencies, specifically the Office for Human Research Protections (OHRP), who may need to access the research records.

WILL MY INFORMATION BE USED FOR RESEARCH IN THE FUTURE?

Information collected from you for this research may be used for future research studies or shared with other researchers for future research. If this happens, information which could identify you will be removed before any information is shared. Since identifying information will be removed, we cannot ask for your additional consent.

WILL I BE PAID TO PARTICIPATE?

You will receive a \$20 gift card at the time of your interview. You may choose from a Visa card, CVS, Starbucks, or Wal-Mart.

WHO SHOULD I CALL WITH QUESTIONS OR PROBLEMS?

For questions about the study, contact the researcher, Stephanie Quiring, at XXX.XXX.XXXX.

For questions about your rights as a research participant, to discuss problems, complaints, or concerns about a research study, or to obtain information or to offer input, please contact the IU Human Subjects Office at 800-696-2949 or at irb@iu.edu.

CAN I WITHDRAW FROM THE STUDY?

If you decide to participate in this study, you can change your mind and decide to leave the study at any time in the future. The study team will help you withdraw from the study safely. If you decide to withdraw, the interview will stop at that moment. Leaving the study will not result in any penalty or loss of benefits to which you are entitled. Your decision whether or not to participate in this study will not affect your current or future relations with Indiana University or [INSERT COMMUNITY ORGANIZATION THAT PROVIDED THE REFERRAL].

Your participation may be terminated by the investigator without regard to your consent in the following circumstances: if the researcher has reason to believe you are unable to provide consent and/or continuing consent to participate. If that is the case, we will stop the interview at that moment. You will still receive payment for participation.

Appendix B. Analysis Summary Framework

Participant

Age:

Gender:

Race:

Dx:

Charges:

Interview Location:

Context:

-

Block One Notes:

-

Block Three Notes:

-

Narrative: (understanding the phenomenon ~ 1 to 1.5 pages – what is this lived experience?)

Theme Table _____

Emergent Themes

Sub-themes

Supporting Text

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Curriculum Vitae

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EDUCATION

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ACADEMIC APPOINTMENTS

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| 2016-present | Lecturer
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| 2016 | Adjunct Faculty
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PEER-REVIEWED PUBLICATIONS

Published

- Todd, J., **Quiring, S.Q.**, & Halbert, M. (*under review*). Effects on Participant Knowledge, Situational Anxiety, and Social Distance Attitudes Following CIT Training.

Kim, H.W., Park, T., **Quiring, S.Q.**, & Barrett, D. (2018). The anti-human trafficking collaboration model and serving victims: Providers' perspectives on the impact and the experience. *Journal of Evidence-Informed Social Work, 15*(2), 185-202. doi: 10.1080/23761407.2018.1432433

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Manuscripts in Progress

Quiring, S.Q., Kinney, M.K., McCabe, H.A., & Jerolimov, D. Interprofessional education for social work, public health, and law students: A critical discourse analysis of collaboration and its challenges.

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Quiring, S.Q. (2021). *Indiana Crisis Intervention Teams: Program and Research Development Plan Year End Report to NAMI Indiana.*

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Kim, H.W., **Quiring, S.Q.**, Lupsic, D., Park, T. (2013). *Indiana Protection For Abused And Trafficked Humans Task Force (IPATH) Evaluation Report.* Indiana University School of Social Work. Indianapolis, IN.

Kim, H.W., **Quiring, S.Q.**, Lupsic, D., Park, T. (2013). *IPATH Final Evaluation Report*. Indiana University School of Social Work. Indianapolis, IN.

PRESENTATIONS

Quiring, S.Q. (2020, December). National and state action to abolish the death penalty. Human Rights in Crisis: The Federal Execution Spree Conference, virtual.

Quiring, S.Q. (2020, November). Abolition feminism and Critical Race Theory: A lens and framework towards collective wellness. Imagining Victory Series by Loyola Law School and the National Lawyers Guild Student Chapter, New Orleans, LA. *Held virtually due to COVID-19*.

Quiring, S.Q. (2020, May). Living with mental illness, police encounters, and relationships of power: Emerging findings from a critical phenomenological study. The XVI International Congress of Qualitative Inquiry, Urbana, IL. *Cancelled due to COVID-19*.

Quiring, S.Q. (2020, March). Living with mental illness, police encounters, and relationships of power: A critical phenomenological study and emerging findings. NAMI Indiana's 17th Annual Mental Health & Criminal Justice Summit, Indianapolis, IN.

Quiring, S.Q. (2019, December). On the path to abolition. The state of injustice: International human rights day death penalty convocation, Terre Haute, Indiana.

Quiring, S.Q. (2019, October). Interprofessional education for social work, public health, and law students: A critical discourse analysis of collaboration and its challenges. Collaborating Across Borders VII, Indianapolis, Indiana.

Quiring, S.Q. (2019, July). Living with mental illness, police encounters, and relationships of power: A critical phenomenological framework. International Academy of Law and Mental Health's XXXVIth International Congress on Law and Mental Health, Rome, Italy.

Quiring, S.Q. (2018, October). We are connected: Using technology to connect people, improve practice, and influence policy. Latino Coalition Against Domestic & Sexual Violence's 13th Annual Statewide Conference: Making Technology Work for Victims, Indianapolis, Indiana.

Pike, C.K., **Quiring, S.Q.**, & Arle, H. (2018, May). Our curriculum development story [Webinar]. *In CSWE Learning Academy Webinar Series in conjunction with CSWE Assessment Academy*.

- Hutcherson, A.A., & **Quiring, S.Q.** (2018, January). New directions for social policy and practice in social work: Integrating science, strategy, and technology to achieve equal opportunity, equity, and justice. Society for Social Work and Research Annual Meeting: Achieving Equal Opportunity, Equity, and Justice, Washington, DC.
- Quiring, S.Q.** (2017). Bias Crimes: Reform in Indiana. Policy with a Purpose Podcast. Indianapolis, Indiana.
- Pike, C.K., & **Quiring, S.Q.** (2016, November). Improving internal validity through using multidimensional and multimethod measures of professional competencies. Council on Social Work Education's 62nd Annual Program Meeting: Advancing Collaborative Practice Through Social Work Education, Atlanta, Georgia.
- Quiring, S.Q.**, Kinney, M.K., McCabe, H., & Jerolimov, D. (2016, October). *Student perspectives on interprofessional education: Collaboration and its challenges*. Poster session presented at the 2016 Curriculum Enhancement Grant Symposium at Indiana University-Purdue University Indianapolis, Indianapolis, IN. doi:10.13140/RG.2.1.3636.6968
- Kim, H.W., Park, T., **Quiring, S.Q.**, & Barret, D. (2016, July). The anti-trafficking collaboration model and serving survivors: Providers' perspectives on the impact and the experience. Annual Symposium on Management and Social Sciences, Seoul, Korea.
- Quiring, S.Q.** (2016, May). Cultural responsiveness workshop. Brooke's Place, Indianapolis, Indiana.
- Quiring, S.Q.**, Kinney, M., McCabe, H., & Jerolimov, D. (2016, April). Student perspectives on interprofessional education: Collaboration and its challenges. The 20th Annual Ph.D. Spring Symposium, Indiana University School of Social Work, Indianapolis, IN.
- Kim, H.W., Park, T., **Quiring, S.Q.**, & Barrett, D. (2015, June). The anti-human trafficking collaboration model: Provider's perspectives on the impact and process. International Social Work Conference of Social Work and Social Justice, Seoul, Korea.
- Quiring, S.Q.**, Barrett, D., Park, T., & Kim, H.W. (2015, May). *Collaboration model for serving human trafficking victims: Impacts and challenges from the providers' perspective*. Poster presentation at the Indiana University School of Social Work's 19th Annual Ph.D. Research Symposium, Indianapolis, IN.

- Park, T., **Quiring, S.Q.**, & Barrett, D. (2014, November). Interdisciplinary collaboration model for serving human trafficking victims. ARNOVA's 43rd Annual Conference Evolving Sectoral Relationships: Global & Local Views, Denver, CO.
- Quiring, S.Q.** (2014, May). Critical Rational Choice: A model for understanding and advocating for improved mental health care policy, practice, and research. Policy Conference 2.0, Energizing for Activism: Recommitting to Policy Change, Austin, TX.
- Quiring, S.Q.** & Maze, A. (2014, March). Increasing the impact of CIT: What we know and where we are headed. NAMI Indiana's 11th Annual Mental Health & Criminal Justice Summit, Indianapolis, IN.
- Kim, H.W., **Quiring, S.Q.**, Lupsic, D., & Park, T. (2014, February). Indiana Protection for Abused and Trafficked Humans Task Force: Evaluation summary for key stakeholders, Indianapolis, IN.
- Boys, S., Hagan, C., & **Quiring, S.Q.** (2013, July). Law and social work: How collaboration can better serve students and clients. *XXXIIIrd International Congress on Law and Mental Health*, Amsterdam, Netherlands.
- Quiring, S.Q.**, Lupsic, D., & Park, T. (2013, April). Human trafficking survivors' and forensic practice: Building local coalitions in the midst of a global tragedy. 30th Annual Conference of National Organization of Forensic Social Work, Seattle, WA.
- Quiring, S.Q.**, Lupsic, D., & Park, T. (2012, April). Indianapolis network to assist trafficked persons: A need assessment for coalition service providers. The 16th Annual Ph.D. Spring Symposium, Indiana University School of Social Work, Indianapolis, IN.
- Boys, S., **Quiring, S.Q.**, & Hagan, C. (2012, April). Campus and community collaboration in the civil practice clinic: Logistics and preliminary assessment. The Edward C. Moore Symposium on Excellence in Teaching, IUPUI, Indianapolis, IN.
- Kelley, E. & **Quiring, S.Q.** (2011, April). Representing persons with mental illness and intellectual disabilities. Mississippi Public Defenders Spring 2011 Conference, Mississippi Office of Indigent Appeals, Bay St. Louis, MS.

FUNDED GRANTS

- 2019-present Crisis Intervention Team Program Development, NAMI Indiana and Indiana Division of Mental Health and Addictions, \$50,000

2011-2013 Graduate Assistantship, IUSSW, \$28,000

2013 GPSG Educational Enhancement Grant, IUPUI, \$500

TEACHING EXPERIENCE

*taught multiple times

Doctoral (S718/S728)*	Tutor	Intermediate Statistics for Social Work
Masters	Online	Research I (D502)*
	Traditional	Human Behavior and the Social Environment I (S503)*
	Traditional	Human Behavior & the Social Environment II (S513)
	Traditional	Social Policy Analysis and Practice (S505)*
	Traditional	Practice Research Integrative Seminar I (S623)*
	Hybrid	Independent Study (S690)
Undergraduate	Online	History & Analysis of Social Welfare Policy (S251)*
	Online	Social Welfare Policy and Practice (S352)
	Traditional	Social Work Research (S371)
	Online	Social Work Research (S371)*
	Traditional	Statistical Reasoning in Social Work (S372)*
	Hybrid	Statistical Reasoning in Social Work (S372)*
	Online	Statistical Reasoning in Social Work (S372)*

RESEARCH EXPERIENCE

- 2013-present
- Crisis Intervention Team Research Liaison
National Alliance on Mental Illness Indiana
- Co-lead for Indiana CIT Technical Assistance Center
 - Statewide assessment of CIT programs across all 90+ counties and 400+ law enforcement agencies in Indiana
 - Provided summary materials based on initial findings for the 2014 Indiana Legislature Meet & Greet
 - Collaborated with Criminal Justice Director and Executive Director for testimony presented to 2013 Indiana Legislature's Commission on Mental Health & Addictions
 - Prepared \$250,000 federal grant application

- Founding member of statewide advisory council for CIT Technical Assistance Center
- Wrote cost-benefit analysis for Executive Director, board members, and legislators to inform S.B. 231 decision
- Developing assessment tool to measure effectiveness of CIT training and provide database management and data analysis for Indiana communities

2018-2019

Statistician
Lilly Endowment Grant in partnership with the Metropolitan District of Lawrence Township

2012-2019
Dr. Pike

Reaccreditation Specialist/Doctoral Research Assistant to

Indiana University, School of Social Work

- Assist the Director of the IUSSW Office of Education Assessment as IUSSW readies for reaccreditation and their 2020 self-study
- Coordinate statewide effort to move faculty across all eight IUSSW campuses in rework of program curriculum to align with CSWE's 2015 educational standards (national), develop assessment measurement tools for students' learning, and generate reports required by governing body and community stakeholders
- Assisted Director of IUSSW Office of Educational Assessment in ongoing, system-wide program evaluation of student learning outcomes: 8 campuses, BSW, MSW (5 concentrations), 1st and 2nd measures collection and analysis
- Generated reports for online publication based on all 10 CSWE accreditation competencies and various social work practice behaviors (2008 EPAS)
- Organized existing research re: implicit curriculum to aid in the development of tools intended to monitor educational climate made available to social work programs nationwide

2012-2015

Doctoral Research Assistant to Dr. Kim
Indiana University, School of Social Work

- Executed mixed methods program evaluation for Indiana Protection for Abused and Trafficked Humans (2009-2012) federal grant administered by Department of Justice's Office for Victims of Crime

- Collaborating with the Indiana Department of Corrections to reduce human trafficking within inmate population thru grant-funded research and training

2011-2013

Doctoral Research Assistant to Dr. Boys
Indiana University, School of Social Work

- Developed IRB-approved exploratory study of 7th Circuit first and third year law students' perceived self-efficacy to practice law as a result of traditional legal education
- Executed quasi-experimental pre- / post-test assessment of students' professional development during course of interdisciplinary, grant-funded legal clinic

PROFESSIONAL HONORS AND AWARDS

Academic

2013

Esprit Spirit of Inquiry Award
Indiana University School of Social Work

2002-2005

Howard Law Merit Scholar
Howard University

2003

Charles Hamilton Houston Moot Court—Best Oralist Finalist
Howard University

Teaching

2018

Doctoral Student Teaching Award
Group for the Advancement of Doctoral Education in Social Work

2018

Favorite Professor Award
IUPUI

2016

Excellence in Teaching Award
Indiana University School of Social Work

Service

2017

Elite 50 with Best in School Distinction
Indiana University

2004 Brown v. Board of Education Legacy Honoree
Howard Magazine

EDITORIAL SERVICE

2015-present Manuscript Reviewer
Advances in Social Work, Indiana University, Indianapolis,
Indiana

2015 Textbook Chapter Reviewer
SAGE Publications

2014-present Manuscript Reviewer
Critical Social Work, University of Windsor, Windsor
Ontario, Canada

2013 Proposal Reviewer
E.C. Moore Symposium, IUPUI, Indianapolis, IN

PROFESSIONAL MEMBERSHIP AND SERVICE

2019-2021 President of Board of Directors
Indiana Abolition Coalition

2017-2019 Board of Directors
Indiana Abolition Coalition

2017-2019 Co-chair of Diversity Committee
Indiana University School of Social Work

2018 Justice & Public Safety Professional Learning Community
HANDS in Autism Interdisciplinary Training and Resource
Center Indiana University School of Medicine

2018 Community Innovation Lab: A National Pilot Project
Spirit & Place, The Polis Center, IU School of Liberal Arts

2017-present Member & Public Policy Committee
National Alliance on Mental Illness

2016-present Member
Crisis Intervention Team International

2016-present Member
Council on Social Work Education

2016-2019	Search and Screen Committee (multiple) IUSSW
2012-2015	Board of Directors Member and Secretary Social Justice Collaborative, Inc.
2011-present	Student Participant Preparing Future Faculty and Professionals Program
2011-2014	Member National Organization of Forensic Social Work
2010-2012	Co-Director of Mental Health Committee and Member National Association of Criminal Defense Lawyers
2010-2011	Modified Means Attorney Indianapolis Bar Association

NON-ACADEMIC PROFESSIONAL EXPERIENCE

2011-present	<p>Attorney, Criminal Defense and Prisoners' Rights S.Q. Quiring, Esquire, Indianapolis, IN</p> <ul style="list-style-type: none"> • Represented indigent clients in criminal matters • Handled cases ranging from misdemeanor to felony • Arranged treatment options on behalf of clients with mental health issues in lieu of prison terms • Educated members of the community on their legal rights when interacting with law enforcement
2008-2011	<p>Attorney, Trial Attorney White & White, LLC, Indianapolis, IN</p> <ul style="list-style-type: none"> • Managed and moved 50+ cases through the litigation process for a nationally recognized civil trial practice • Handled all of the firm's criminal cases, exclusively, with C Felony, D Felony, and misdemeanor cases primarily in Marion County • Increased firm efficiency by 20% in first year and 34% in second year thereby creating opportunity for additional client recruitment and new attorney-referral relationships • Regularly drafted pleadings, motions, and supporting memoranda, e.g., persuasive motion argued client's records were privileged and therefore not discoverable

- Wrote Plaintiff's Response to City's Summary Judgment Motion and written advocacy was so effective that Judge deemed oral argument moot—client won favorable verdict at trial
- Worked with Managing Partner to cultivate several new lines of business to serve a greater portion of our community, including criminal defense and small business consulting

2006-2008

Attorney

S.Q. Quiring, Esquire, Chicago, IL

- Focused practice on providing legal services to clients that may have otherwise felt access and assistance were beyond their reach
- Built a practice from the ground up that focused on exceptional client service
- Arranged mental healthcare a client needed in lieu of criminal charges
- Worked with members of school board to develop a student volunteer service plan as an alternative to clients' expulsion. The same plan was extended to seven additional unrepresented students.

2006

Attorney Volunteer

Uptown Peoples' Law Center, Chicago, IL

- Streamlined approximately 350 plaintiffs in a class action and compiled the ideal class representatives in a case challenging sex offender registry guidelines
- Reviewed and categorized all inmate mail received based on substantive issues raised, e.g., duty to protect, mental health care, cruel and unusual punishment, and access to courts
- Provided counsel and comfort to mentally ill inmates during fact-finding interviews and guided other interns through the process

2005

Litigation and Policy Intern

Indiana Civil Liberties Union, Indianapolis, IN

- Conducted 30+ client-inmate interviews for Eighth Amendment lawsuit arguing that housing the mentally ill in a secured housing unit (maximum security) was cruel and unusual punishment which was ultimately resolved in a settlement that has been 'mirrored' in other states

- Reviewed thousands of medical reports and institutional reviews Defendant produced in Response to Plaintiffs' Request for Production on behalf of prisoners in a class action involving Wabash Valley Correctional Facility
- Assisted expert witness in preparation for trial challenging voter identification law in Indiana that ultimately went to the United States Supreme Court

2004

Legal and Policy Intern

D.C. Prisoners' Legal Services Project, Washington, DC

- Counseled prospective clients about their options in the areas of family, civil, and criminal law
- Processed several hundred inmate letters and complaints from across the country and held prison officials accountable for inadequate inmate treatment via written correspondence, phone conversations, and litigation when necessary
- Conducted legal research and witness interviews for § 1983 claim
- Proofread three articles supervisor was preparing for publication

2003-2004

Research Coordinator

Howard University School of Law, Washington, DC

- Coordinated a student research team (6) executing national survey of the criminal justice process for publication in a handbook for families
- Built the reemerging relationship between the NAACP Legal Defense Fund's national office and Howard Law as a source for research & advocacy

2003

Legal and Policy Intern

Equal Justice USA, Hyattsville, MD

- Coordinated the submission of a moratorium letter signed by Maryland legislators to Lt. Governor Steele
- Briefed staff of 6 on constantly developing death penalty law
- Organized public forums in 5 counties to raise awareness and create momentum surrounding a moratorium
- Contributed to the creation of the Capital Defense Handbook for Defendants and Their Families

PROFESSIONAL LICENSES

Licensed Attorney State of Indiana
 State of Illinois
 United States District Court, Southern District of Indiana