



What is it like to practice psychotherapy in prison?

An exploration of therapists' experiences.

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Abstract

A high proportion of those in prison suffer from a mental illness. Whilst in prison there are opportunities for rehabilitation through therapy facilitated through the therapeutic relationship. The aim of this thematic analysis was to uncover the lived experience of therapists working inside prison in an Irish context. How the prison environment affects the therapists, the therapeutic alliance, the working relations with other staff, and the unique nuances it presents have been explored with four therapists working in prisons in Dublin. The challenges from working in an enclosed environment are a plenty which provides insights and opportunities. This research reiterates the need for treatment services in prison and outlining some improvements that could be made for the benefit of clients and staff. Reducing the occurrence of inconsistent sessions, ensuring clients are ready for change and engagement in a therapeutic relationship, and having better facilities overall in the prison would provide a better working environment for therapists and thus a better experience for prisoners.

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Chapter 1 - Introduction

1.1 Background and context

Paradoxically, prisons have been turned into treatment facilities, because they provide an opportunity to give social care to society's most vulnerable (Shannon and Page, 2014). Ironically, while prison sentences are handed out as a punitive response to criminal behaviour, for many inmates, the time spent in prison offers a means to rehabilitate the prisoners while keeping society safe. The needs of the prisoner and of the wider society can be met at once. People with a severe mental health illness are more likely to have a substance abuse problem and be incarcerated for a crime than people without a mental health illness (Munetz, Grande and Chambers, 2001). Proportionally there is a higher percentage per capita of people with mental illnesses in prison than outside. The Bradley Report (2009) states the prison suicide rate in England and Wales is 114 per 100,000 prisoners compared with just eight people per 100,000 in the general population. Thus, the evidence suggests prisons are large institutions with populations made up of vulnerable adults who have committed crimes. It is important to note, however, that the crimes of prisoners are most likely to be non-violent as most offenders are incarcerated for drug-related crimes (Kjelsberg, Skoglund and Rustad, 2007; Kupers, 2005).

Prisons have been viewed as the largest treatment facilities in any given country for the mentally ill (Huffman, 2006). Prisons have a range of psychotherapeutic treatments available for inmates, such as group therapy and one-to-one sessions, but services are aimed at those with impending release dates, and thus not everyone has the same level of access. In recent years there has been a shift of attention to mental health, and all prison staff in Ireland will have received a mental health training program by 2018 ¹ in a new initiative.

¹ (http://www.irishprisons.ie/wp-content/uploads/documents_pdf/12232-Irish-Prison-Service-AnnualReport2015-v7-2.pdf)

It is important to understand the success of therapy in prisons and what positive outcomes it can produce. Morgan *et al.* (2012) conducted a meta-analysis of research examining treatment effects of providing services to prisoners with a mental illness. The study showed positive results by reducing prisoners' stress levels, enabling prisoners to manage their difficulties more effectively, and ultimately influencing a considerable decrease in psychiatric and criminal recidivism. The treatments that aimed to meet prisoners' psychiatric needs evoked the strongest positive response for the prisoners' well-being and provided them a brighter future as they did not return to crime (Morgan *et al.*, 2012). This concurs with earlier research conducted by Bourgon and Armstrong (2005), who found that therapy in prison greatly decreased crime recidivism for the inmates that received it. In addition, the length of the therapy was strongly associated with recidivism; the longer the treatment, the greater the positive outcomes.

Gee and Bertrand-Godfrey (2014) were interested in the best methods for collecting research data from psychological therapy provided in prison. Because a high proportion of prisoners have a mental illness (research has found a prevalence of 50-78 per cent of prisoners meeting threshold for a personality disorder, compared with 3.4-5.4 per cent with non-prisoners (Singleton *et al.*, 1998)), it is essential that prisoners have access to therapies that alleviate stress and facilitate change. The sharing of best practices through research is needed to meet this demand. There is a great need for therapy but that need is not always met. For example, psychological interventions are only provided for extreme cases of crisis management and suicide prevention (Gee and Bertrand-Godfrey, 2014).

1.2 Aims and objectives

Therapists working inside prisons experience a different working environment compared to those outside in the public sphere. They have more working relationships to nurture and navigate. Additionally, people working in prisons have very different surroundings from those working in different institutions like hospitals. The aim of this research is to understand the

lived experience of the therapists who work in prisons, and to examine what is it like to enter a prison for work and to be with people whose liberty is taken away from them due to some crime they have committed. Huffman's (2006, p. 326) view is that "the punitive nature of prison pervades all interactions". By that, he suggests that the environment permeates all relationships within the prison context. This research aims to find out if this is true, and if so, how the environment does this. It will also investigate how the prison environment affects the therapist working with someone who is confined.

To undertake this research a literature review of existing research on this topic was performed, and this is presented in chapter two. This literature helped to guide the open-ended interview questions that were asked in the qualitative interviews conducted with four therapists who had experience working in prisons. The research design of this project is succinctly outlined in the methodology chapter. Once the interviews were finished and transcribed, a thematic analysis was conducted on the material to understand which themes were present within the data, emerging from the participating clients' experiences. This is presented in the results chapter, where portions of the interviews provide a rich insight into the practice of working in a prison, highlighting all the nuances that the participants encountered. Commonalties and differences between the different therapists who were interviewed were scrutinised to create themes of their lived experiences. These themes are then reviewed in the discussion chapter against the preceding research that was outlined in chapter two. This lays bare what this research project has to say about therapists' experiences of working inside prisons. To end, the conclusion chapter analyses the limitations of this study, recommendations for further studies are made and the broader implications this study has for the field of psychotherapy are also outlined.

Chapter 2 - Literature Review

2.1 Introduction

The following literature is presented to uncover important research that has already been carried out on therapy in prisons. Papers found to be relevant to the area of therapy in prison or therapists' experience working in prisons are outlined below. However, this is not an exhaustive review, due to the space limitations of the research paper. Emerald Insight journal finder was used frequently for the search. This literature review advised and shaped the open-ended questions which were asked in the interviews. The themes and findings of this literature review include the benefits and successes of therapy in prison, how the therapeutic alliance is formed, what the barriers to the work are within prison, what the therapists' experiences are, what characteristics therapists should ideally possess for prison work, how prison officers' attitudes affect prisoners' rehabilitation, and how anxiety can be found in the workplace. This research is from the USA and UK. There is a lack of Irish based literature on mental-health rehabilitations in prison, thus the use of studies from other nations.

Kita (2011) notes how it is ironic that prisons now provide psychotherapeutic treatment in an environment that can be so hostile and unwavering to people's needs. This is in stark contrast to the treatment aims of the therapy room in trying to create positive change. Kita (2011) showed how Bourdieu's theory of symbolic power is used to illustrate how the practice of psychodynamic psychotherapy in prisons can stimulate personal growth and change. Bourdieu's theory examines how people tend to only live up to the expectations society has assigned to them based on the social group or 'habitus' they belong to. These expectations stop people from imagining a life beyond those parameters handed down to them. In the psychodynamic psychotherapy room, the therapist needs to believe that there is another way of life for the client other than the negative stereotypes projected on to them. If they can hold these beliefs while allowing the client to slowly believe it themselves, a cathartic experience

will lead to positive change. This paper informs us of an advantageous and congruent way that therapists can be with clients and pave the way for personal change and growth as experienced by Kita from her work in a prison in the USA.

These findings were similar to those of Skuker and Newton's (2008), who studied the effectiveness of therapeutic interventions in prison. They found that the treatment reduced mental illness, offence-related risk and increased well-being. They advocated the exercise of understanding prisoners' risk to criminal activity in society in conjunction with their mental illness. Skuker and Newton (2008) proposed that recognising prisoners' mental illness is crucial for estimating their readiness for change, and for selecting which treatments are appropriate. Similar to previous studies (Bourgon and Armstrong, 2005) they found a positive correlation between the length of therapy and positive change. Criminal risk was only found to be reduced after at least a year of treatment.

Chambers, Eccleston, Day, Ward, Howells (2008) examined the common aspects of prisoners who had committed a violent crime and who would benefit from therapy and thus change negative behaviours and be less likely to pose a risk to reoffend once released back into society. The evidence of such traits or lack of distortions would show the readiness for effective therapy. Through motivational interviewing candidates can be assessed for their readiness for change by uncovering their beliefs and stance on violence, in order to set goals and aspirations for the future. The barriers to achieving positive change need to be acknowledged and the available solutions assessed. Those who have self-centered beliefs and show evidence of passing guilt to others, who minimise their crimes and indicate a hostile nature in the interviews are not deemed appropriate for therapy due to the low chance of success. The paper concludes that treatment should be focused on those most likely to re-commit violent acts if they are deemed ready for it, and address the problems at the focal point of the offence. Treatment should be tailored to meet the individual's needs.

2.2 Confidentiality

Another area which shows a remarkable difference between therapy inside prisons and outside is confidentiality (Elger *et al.* 2015). When a therapist is working in the public sphere confidentiality is extremely important and should never be broken unawares to the client. The boundaries around confidentiality in prisons are blurred (Kupers, 2005).

In therapy, the client-therapist relationship is the best indicator of success (Synder and Anderson, 2009). Trusting a therapist is the major component of this relationship along with shared goals (Rogers, 1951). The alliance, or working alliance as it is sometimes referred to, can predict the success of an offender's parole; through sharing goals and tasks the therapist and offender can pave a crime-free path (Hart and Collins, 2014). The relationship forms through the congruent caring and empathy from the therapist despite the harsh environment (Bertrand-Godfrey and Loewenthal, 2011). Through therapy the prisoner can reflect on their path to crime with an accepting and non-judgmental witness, the therapist. Coupled with the Carl Rogers core conditions (1951), the therapists need to be aware of being seduced by their clients or colluding with negative behavior, thus boundaries were to be maintained through supervision. Elger *et al.* (2015) conducted a study showing the limits of confidentiality in therapy conducted in prison and how this is communicated to the prisoners. The paper stresses the importance of the prisoner being fully aware of the limits of confidentiality and the types of information which breaks these limits. This would evolve into an ethical practice where the patient can feel safe and consciously disclose information they feel comfortable telling the therapist while being aware of the consequences. Both the therapist and client need to be aware of the limits of confidentiality and of the need for the boundaries to be regularly discussed and understood. The full and proper conversation about the limits of confidentiality allows the prisoner to feel respected and involved in the direction of the therapy (Huffman, 2006; Kupers, 2005).

Another way to allow the prisoner to feel respected in therapy is asking for feedback on their experience of therapy and for their reflections on the therapist (Ross *et al*, 2008). This act has been shown to strengthen the alliance in conjunction with the therapist being congruent yet caring. Ross *et al.*'s paper (2008) is important as it shows the importance of listening to prisoners, asking and valuing their feedback on how they experience therapy. This allows a space to reflect emotionally, and an opportunity for the feedback to be taken on board, and thus provides an opportunity to fortify the alliance.

2.3 Barriers to help

While in prison there can be many barriers that prevent prisoners to avail of the help they may need. One such barrier was researched by Kupers in the USA. Kupers (2005) researched how the portrayal and dominance of negative masculine traits in prisons can become toxic and create strong resistances to therapy. These behaviours include violence, depreciation of women and homophobia (Kupers, 2005). Displaying any weakness or vulnerability is not safe to expose in prison, nor is any emotion other than anger. These behaviours intimidate other prisoners into behaving the same way and can block a therapeutic relationship from developing. Kupers (2005) advocated for therapists working in prisons to understand fully the complexities of prison life and to illustrate this knowledge to the prisoner to empathise fully. Showing respect to their resistances about opening up allows the therapy to go at the prisoners' own pace and thus allows trust to develop. The prisoner needs to believe and feel the therapist is on their side and campaigning for their rights within prison walls. These actions have been proven to reduce resistance to therapy (Kupers, 2005).

Kupers (2005) expressed the experience of working in inadequate therapy rooms that do not provide any comfort, without better prospects in the future, and of how this negatively impacts on the therapy and the alliance. A shabby room can evoke feelings that the therapy is unprofessional and create an obstruction to a connection and the working alliance (Huffman,

2006; Mathias and Sindberg, 1985). Evidence of disruptions to sessions from other staff or not having a consistent room acts as a barrier to the work also (Bertrand-Godfrey and Loewenthal, 2011). Huffman (2006) highlighted the non-occurrence of monetary payment in a prison setting and how this means some nuances are left unexamined. Therefore, the value a prisoner puts on the therapy and their commitment could be very different compared to outside prison without the payment as an indicator (Huffman, 2006).

Gee, Loewenthal and Cayne's (2015) paper found the chaotic nature of the prison environment was counteractive to the calm therapeutic space the therapists were trying to create. They interviewed ten therapists, who found that being locked in rooms and with officers waiting outside the door, the atmosphere appeared perverse in relation to their work. Also found as a barrier was noise and lack of peaceful spaces to enable personal reflection. Hinshelwood's (1993) research found that the institution of the prison can cause a barrier to the therapeutic work due to staff shortages to bring clients to sessions. The clients may otherwise be engaged in the therapeutic work but are restricted due to the logistics of the system.

The next section covers journal articles outlining the therapists' experience of working therapeutically with prisoners. This gives valuable information of the complexity of the work from the therapist's perspective and informs the themes the proposed research will find in an Irish context.

2.4 Therapist's perspective

Overall, therapy within prison is wildly different from that outside in the public sphere in terms of the experience of the therapist. Some research suggests psychotherapy training does not equip therapists to deal with certain aspects of prison therapy and this can feel isolating (Huffman, 2006). Research shows evidence of positive and negative aspects from the work on the therapist and recommends that such therapists should be given regular supervision support

to alleviate any negative effects from their work. Huffman's research showed some therapists felt overly accountable for the outcome of the treatment, which impacted on the alliance and blurred the boundaries of the relationship (Dean and Barnett, 2011; Huffman, 2006). Overall, the research concluded the one-to-one therapy sessions were beneficial to the therapists and provided valuable professional development. Bertrand-Godfrey and Loewenthal (2011) found the negative aspects of isolation and lack of support from the prison system were out-weighed by the positives of learning experience and did not deter people from continuing to work there.

Mathias and Sindberg (1985) advocate for psychological and rehabilitation treatment of prisoners, which they view as society's way towards a safer future with less crime. Like others after them, they wanted to assess the success of therapy in prisons while assessing the barriers to therapy. The task of finding the right fit for a therapist and prisoner is very important and should not be left unconsidered. They advocate for therapy staff to be completely separate from the regular prison staff or security. Mathias and Sindberg, (1985) observed that therapists working in prisons were under extreme stress compared to their colleagues working outside in the public sphere. The authors encourage therapists to be involved in research and training that would stop them from becoming isolated and unhappy in their work. Bertrand-Godfrey and Loewenthal, (2011) found evidence of this isolation for staff, correspondingly.

Following on from this, Harvey (2011) suggested that it is crucial for therapists to know and understand prison life and its complexities to help their work. They should be made aware of prison goings-on and incidences and spend time outside of one-to-one sessions. This allows them to feel the 'moral climate' but this should only be done in conjunction with good supervision and peer support to help with the difficulties that may arise from being a witness (Dean and Barnett, 2011). A foundation of understanding prisoner's lives is fundamental for mental health interventions and for reducing recidivism (Harvey, 2011; Brookes, 2010). The understanding of prisoners lives and how that helps the therapeutic work was also researched

by Gee *et al.*'s (2015).

Gee *et al.*'s (2015) paper explored how therapists work with the despair of prisoners. They understood the prison environment to create hopelessness for prisoners, and this, coupled with traumatic experiences before their incarceration, meant prisoners were often depressed and suffering from despair. Despair has been described as a feeling of loss, feeling alone and being overwhelmed. In the findings from interviewing ten therapists Gee *et al.* (2015) found that therapists need to hold hope for their clients, and to believe they have a better future ahead, as the prisoners could not have those feelings for themselves due to overwhelming despair. It was suggested that focusing on hope and positivity may have been a defense against fully realising the extent of their client's situation, and was a strategy for coping with the despair and minding the self. However, the need for hope was essential to combat the desperate despair and to allow work to be done.

Smith and Schweitzer (2012) view prisons as institutions that should help offenders reform from crime and become good citizens; they believe prisoners ought not to be in a punitive jail whose only purpose is segregation and punishment. However, this belief is not always reality as some prisons are hostile, callous and by their very nature do not allow reform or growth. This notion assumes that prisoners have not already left their criminal behaviour behind them. Smith and Schweitzer's (2012) paper explored the programs and interventions that prisons need to have to provide the environment that facilitates change and reform. Certain favourable staff characteristics and a focus on treatment were found to create a space for change. From the offset a prison needs to have three basic documents that are clear and reinforced constantly to the prison staff through training. These documents outline the mandate, the prison goals and the code of ethics. These documents serve to provide a professional and caring nature among staff. There is a need for all prison staff to believe in the prison goals and aspirations to be effective.

When hiring all members of staff for a prison certain characteristics need to be evident to ensure they will provide a positive contribution. Characteristics such as empathy, intelligence, patience, and reverence are necessary for the job, but above all they need to believe and validate that offenders can change (Brookes, 2010). All staff should be trained regularly and assessed yearly to safeguard against changes in attitudes to their work and treatment of prisoners (Smith and Schweitzer, 2012). For the treatment there should be clear entry requirements for programs, with specific thought put into what treatment would best suit the individual. At the very least the treatments should concentrate on behaviours and attitudes that lead to criminal activity, such as anger issues, substance abuse, anti-social behavior, violent outbursts and conflict resolutions. The aim of Smith and Schweitzer's (2012) research was to propel change in prison therapy, to design programs to best serve the purpose of reform and positive change.

2.5 Prison officers

Therapists working in prison are not the only people with access to prisoners who can make a positive difference. Shannon and Page (2014) researched how prison officers' attitudes towards prisoners were dependent on the support they received and on the occupational stress they were under. The study found the more support and resources the officers had for their work, the more positive and less punitive attitudes they held towards the prisoners. The findings showed that the working conditions for the officers had more of an impact on their attitude than their personality, gender or education. Therefore, a positive environment and plentiful available resources has an impact on everyone in the institution, with a knock-on effect of positive relations. Another study conducted before the Shannon and Page paper found that prison officers need to view prisoners favourably for rehabilitation to work (Kjelsber, Skoglund and Rustad, 2007). The study showed that the way the officers treated and viewed the prisoners had an impact on their rehabilitation. If the officers treated the prisoners with respect and held

them in positive regard this greatly reduced tension and antagonism within the prison environment.

Gee *et al.*'s (2015) research, already mentioned in relation to therapists holding hope for their clients to battle against despair, also found that therapists had negative interactions with prison staff and an uneasiness with how they treated the prisoners.

2.6 Anxiety in the workplace

Menzies (1960) seminal paper on workplace anxiety and the defence against anxiety is still relevant today and can be applied to therapists who work in prisons. The paper looks at how health-care organisations do not acknowledge the primitive stress and anxiety that is evoked in employees, which results in low job satisfaction and abstinence from work. "By the nature of her profession, the nurse is at considerable risk of being flooded by intense and unmanageable anxiety" (Menzies, 1960, p. 100). Menzies found patients and family members of the patients all project negative feelings onto the nurses by way of coping. She goes further by saying that even being in the presence of someone unwell can provoke anxiety. These projected feelings are in addition to the nurses' own stress and anxiety from caring for sick patients. This anxiety needs to be acknowledged and dealt with for the success of hospital care and staff welfare. As prisons are institutions like hospitals the staff may experience anxiety from working among prisoners whose freedom is taken away from them. Indeed, prisons are viewed as the largest mental health treatment centres (Huffman, 2006) as many prisoners have a mental illness, disproportionately so in comparison to wider society. And while Menzies research did not cover prisons it is extremely likely that therapists working in prison must also cope with anxiety from their working environment and projected anxiety from their clients. Minne's (2009) paper on psychoanalytical therapy in a restricted hospital gave an account of the strong projections clinical staff need to endure and accept as part of the treatment. This assumption is backed up by Gee *et al.*'s (2015) research, which shows therapists deal with despair from their clients.

All the research presented in this paper helped to guide the composition of questions that were asked to establish what the experience is like in Ireland.

Chapter 3 - Methodology

3.1 Introduction

The purpose of this chapter is to explicitly outline how this research was conducted and to explain the reasons and rationale for the choices made. This chapter is also important in outlining the assumptions underlying the research process and in allowing easy evaluation of the work done.

To understand the lived experience of therapists, qualitative research is necessary to allow the detailed essence of the participants' work in prisons to emerge. The aim is to uncover the latent and manifest content of their experience, which quantitative research would not extract due to the formal and rigid structure of the data capture. Qualitative research is concerned with quality data over quantity (e.g. deeper, more developed material), and with a yearning to understand experiences and practices (Harper and Thompson, 2011, p.5), which is why it was well suited to this research that sought to better understand the different, detailed experiences of therapists working in prisons. After the decision to gather qualitative data was made, a pilot study was conducted and many valuable lessons were learned and incorporated into the final interview schedule and process. The lessons included what to say and rehearsing the introduction and using the recording equipment. Similar published studies were examined to see what methods were used to inform this study's design which follows.

Bertrand-Godfrey and Loewenthal, (2011) critiqued the use of evidence-based practices (ETBs) as a means of collecting data on the effectiveness of therapy in prison. ETB is used in medical and educational settings and is a quantitative method using measurable events/occurrences. The onus of the research was on the prisoners, who are a vulnerable population due to their lack of liberty, also it is questionable whether the benefit of the research would be passed down to them. This practice is unethical due to the exposure of exploitation

in prison and the lack of privacy surrounding prisoners' mental health. There is an obvious power imbalance of those researching and those being researched, unlike most other environments. Bertrand-Godfrey and Loewenthal (2011) thus recommend the best way to understand the success of therapy in prison is through qualitative methods such as via case studies, semi-structured interviews with therapists working with prisoners, and phenomenological research. This paper is of particular interest as it recommends the exact type of research that was carried out in this study. Harvey's (2011) paper also supports the use of qualitative research methods when researching the effectiveness of therapy in prison.

3.2 Reflexivity

To ensure the research was carried out with objectivity and with unbiased methods, the concept of epistemological reflexivity was examined. This concept states that a researcher's assumptions at the beginning of the study can shape the choices made in collecting data, and thus the study itself (Harper and Thompson, 2011, p.6). Being aware of these assumptions and making them known is necessary to critically evaluate the study and its outcomes. The researcher assumes a prison to be an extreme and chaotic work environment that would impart considerable stresses on therapists working there. The aim of the study is to understand if that is true in the sample and to evaluate how this is the case. To enhance objectivity, the researcher took guidance from lecturers, supervisor and peers to ensure the interview questions were not phrased to direct answers in a certain way (for example, to ensure they didn't simply support the researcher's assumptions).

3.3 Thematic analysis

Thematic analysis was used as a technique to identify, interpret and present the themes emerging from the interviews (Braun and Clarke, 2006). Thematic analysis complements qualitative research as it analyses rich data from in-depth interviews and allows an organisation and description of the common themes that emerge. The aim of thematic analysis is to find the

most imperative patterns within the data collected and to order them in a transparent, objective way (Harper and Thompson, 2011).

3.4 Pilot study

A pilot study was conducted with a fellow student. In the pilot study, the participant was asked to fill in the demographic form (Appendix II) and consent sheet (Appendix III). It was beneficial to receive feedback on the forms and to discuss what information was relevant to gather. The pilot study was very helpful as it provided a chance to hear the questions being read out loud, to receive reactions from the participant, and to gather real-time feedback on the questions and the way they were perceived. The pilot study allowed the researcher to perform active listening and to ensure that care was taken not to duplicate or repeat questions. It also proved useful in ensuring no questions were redundant (for example it made sure no questions inspired answers that essentially answer two questions at once).

3.5 Study participants

The researcher recruited four participants for the research. The participants were contacted via email requesting an interview due to their appropriateness for the study, and were provided with an information sheet (Appendix I) detailing the purpose of the research. The demographic information of the participants can be found in Table One on the following page. This exercise was carried out to efficiently collect the same demographic information from each interviewee, and to allow the researcher to ground themselves before the interview began. All participants worked in an Irish prison which gives an Irish account of delivering psychotherapy in prisons.

Table 1. Demographics of participants

Name (pseudonym)	Gender	Age	Level of Qualification	Orientation	Years working in prison
Mary	Female	61-70	Postgraduate Diploma	Humanistic & Integrative	0-3
David	Male	41-50	Masters	Humanistic & Integrative	0-3
John	Male	41-50	Undergraduate	Humanistic & Integrative	4-6
Steve	Male	41-50	Masters	Humanistic & Integrative	10-15

3.6 Data Collection

Data were collected by conducting four interviews with therapists (one per person) who work or previously worked in a correctional setting. The interviews ranged in length between 40 and 50 minutes. The interviews took place in the participant's (non-prison) therapy room, which provided privacy, comfort and convenience for the participants. The interviews were structured using a pre-formed list of questions. (See appendix IV). The themes found from many journal articles, and feedback from the pilot study, helped to shape the types of questions being asked to gain an insight into the therapist's working life. The themes presented in the literature review were: the experience of working in a prison; the effectiveness of therapy in prison; how the therapeutic alliance is formed; what the barriers to the alliance are; what the working relationships in prison are like; how prison officers' attitudes affect prisoners' rehabilitation; how anxiety can be found in the workplace.

The interviews were recorded using a dictaphone and transcribed verbatim afterwards. All the transcriptions used anonymised names and locations of work. A period was left between transcribing the interviews and coding the data to allow time to reflect on the experience and

what had emerged. All the recordings were saved in secure password-protected folders and were deleted once transcribed.

3.7 Semi-structured interviews

Having open-ended questions in a semi-structured style allowed the participant to dictate what they wanted to share and what they felt was important in their work with prisoners. This helped the participants to provide detailed, personal answers, which ensured the qualitative data obtained was of good quality. The questions were open-ended to allow the phenomenological experience to be unearthed and explored, instead of simply collecting facts.

3.8 Data Analysis

Each interview transcript was coded to identify similarities and differences within and between each participants' interview. Thematic analysis aims to understand patterns and repetition between the data found from the interviews and form the most crucial themes in relation to the research question (Harper and Thompson, 2011). Themes can be made up of manifest and latent content, therefore some interpretation of the researcher was required.

Through reading through the interview scripts numerous times, and making notes on each answer, the themes emerged. By looking for similarities and differences between the participants' answers and their musings over their experiences common linkages appeared. A coding frame/manual was used to assist the process (Harper and Thompson, 2011, p.215). A sample of vignettes from each theme that emerged from the participants is included in the results chapter to show how the themes emerged from the interviews.

Having a mix of participants working in different prisons and not just one institution was essential to try to understand an Irish perspective. Should all the participants have worked in the same prison a concentration of themes would have been more likely to emerge, which may not accurately reflect the experiences related to working in different prisons in Ireland. It would

be assumed that four people working in the same place would share the same or similar experiences; a variety of 3 prisons were included in the study.

3.9 Quality

For research to be of quality and to ensure complete due diligence to thematic analysis, the researcher needs to incorporate most of the findings, and not a small sub-section to fulfil other needs (Harper and Thompson, 2011, p.219). The themes must be balanced of the entire data. For transparency of the claims made in this research, many vignettes from the interviews are presented in the results chapter to back-up the objective existence of the themes.

3.10 Ethical considerations

Therapists are not considered a vulnerable group of people, so there were less ethical considerations to question than in some studies. However, the participants were still treated according to the Belmont Principles of having respect for people, of doing good and striving for justice. Ensuring the participants were not identifiable was very important and great care was taken to safeguard their confidentiality. Any details of prisoners or cases offered in the interview were also changed and anonymised when used. However, the purpose of the research was to understand and uncover the therapists' experience so they were never asked to give any specific details on any of their clients. Due to the sensitivity of the research being collected, strict security measures were used to ensure the participants could not be identified, as mentioned previously, and data were stored in password-protected folders and deleted once no longer needed.

Chapter 4 - Results

4.1 Introduction

The predominant and most important themes that emerged from the research are outlined with vignettes, which are used to support the objective existence of the theme. The impact of ‘being inside’ prison is the first theme. The enclosed physical space of the working environment and the violent atmosphere took its toll on the participants, who spoke of feeling in a state of hypervigilance inside the prison. Included in this theme is a description of how the participants experienced the therapy rooms, the institution being present in the therapy room, and the frustration linked to the inconsistency of sessions. This theme encapsulates how the physical environment and various constraints impacted the participants, and how they managed these effects. The second theme uncovers what the therapeutic relationship is like ‘inside’. It focuses on how the relationship is different and how the therapist deals with boundaries. The clients’ readiness for change is presented, along with issues relating to trust and confidentiality. Also explored is the revelation that all the participants saw their clients as victims. The final theme highlights the relationships that the therapists have with the prison officers and how they managed these for the benefit of their work. Having working relations with others on a daily basis for therapists is unique, something that does not happen in private practice. This theme was the only inconsistent theme among the participants, two spoke of positive relations, the other two who work in the same prison spoke of tense relations.

The first question was an easy, uncomplicated question to answer to set the participant at ease and to understand their motivation to get into this work. Mary found herself working in a prison as she was told of a vacancy and decided to apply. It was not a strategic move on her behalf, she simply applied for the job as there was a vacancy -- she did not specifically seek out employment in a prison. John was really interested in men’s health and was intrigued about the darker side of the human psyche and thought he would find this working in a prison. Steve is

in recovery from drugs and alcohol, and through his recovery and working with a counsellor he decided to train to help people with their addictions and he was always interested in his clients who had left prison. David grew up in a low-income neighbourhood and saw the devastation of addiction and crime. This sparked his interest in psychology and a desire to help stop the developmental trauma from continuing. Also, he explained there was more to a prisoner than just their crime, and wanted to get to know their story.

David said:

So there was a path that directed me, and I also thought there was more to a prisoner than just their crime. And when you connect with them and you hear their story, you can almost see the evolution of how they got to where they are.

4.2 Being 'inside'

John described his experience of the prison environment saying:

I met different aspects of my shadow and what it brought up for me, and that's the nature of the work. Needing support, needing to be well resourced, good supervision and personal therapy, I would really recommend for anyone who is going to work in that environment. You are in a culture of violence and trauma the whole time... and at the same time there are some really beautiful, soft, loving moments inside, that's the other thing about humanity, and seeing the men's tenderness towards one another, or support for each other and love for each other.

Fundamentally the trauma that you're meeting, both in their own personal story and experience, the trauma they would have inflicted on others, and that part of the prison, when you go into that experience, it's in the air, it's in the atmosphere, it's in the walls the spirit of the place, and the men are trying to deal with that on a day to day, because there is so much trauma and tragedy in that contained space that they can't necessarily walk out of, they can't open the door and walk away from it, they are living in that space, and what they have done, and what the guy in the bed next to them, and that is part of the essence, the culture there, and [pause] that I think again, feeds the un-wellness of the system itself, the prison.

The participants gave insights to the location of their work and how it impacted on them. The answers were very contrasting over the four participants. John spoke of mixed experiences of intensity, both positive and negative (vignette to back-up follows), while David spoke of the different air and atmosphere when he walked into his work.

David said:

It's an atmosphere you walk into, you become very, very aware and conscious of where you are at, and it's heightened.

Steve declared he felt it was a spiritual space, and that he felt a sense of gratitude for his own life, and indebted to his clients who most likely had no one else looking out for them.

Steve said:

This is going to sound strange, I find it quite a spiritual place, I actually find it quite life affirming. I have a better appreciation of life as a result of being in a prison for so long, and I appreciate what I have based on dipping into their world and seeing the limits and constraints that are placed upon them.

Mary and David articulated the journey through the prison to get to their office and how the doors were all locked behind them as they went, and of how these security measures made them feel more guarded, and in a sense uncomfortable. Mary spoke about the impact of the prison affecting her energy levels in a negative way, which prevented her from living a full life and from socialising.

Mary said:

I used to find I was more exhausted working in the prison than I ever was you know in the agency or in private practice ... You know if it was crisis after crisis it's cumulative and if I think long-term it's probably not something I would have chosen to do personally, because I remember on Saturday evenings I got to a stage when I didn't want to go out because I felt exhausted whereas I never felt like that when I worked in private practice. You might need a break from it, so it did have an impact on me.

Even when you go through the door, it's locked behind you. There is a sense of [pause] enclosure.

On a positive note, John reported that he felt reassured working in a prison and that he felt less worried for his clients who were unstable. He knew he could ask an officer to keep an eye on anyone that had a potential to harm himself or others, and he also knew he would not have this luxury with clients outside the prison setting. He expressed feeling relieved that he had that support, and felt more anxiety having clients outside prison who were feeling down and did not have adequate support.

John said:

One of the positive things was the men were safe ... So if I was worried about someone... they would be checked on, ... even though this person may have such a complexity, or the way they are self-harming,... I was less worried about them, than a 19-year-old student, ... who is going through a break-up, on paper doesn't seem to be at the same level of distress as this person but they are more at risk in a way because they don't have the supports around them, inside was protective, ..., that meant you could have some level of security, that they are going to be looked after.

All of the participants said the rooms were stark, bare and not fit for purpose. In one case the rooms would be used for other purposes (for example a cleaning cupboard) and would have uncomfortable chairs and zero cosiness.

Steve said:

Two chairs and all the paraphernal for cleaning the place, no window, very much "it'll do ya".

Each participant said there was always an officer outside the room or a panic button should they need assistance. There were also windows on the door so officers could see inside to check if everything was okay. John said noise from outside would come in and disturb the session too, but the rooms were a reality that needed to be accepted. John believed there are no perfect rooms, or indeed perfect clients or therapists. However, none of them said the rooms impacted negatively on the work, nor did they feel the rooms prevented an alliance forming. The room was not important, the relationship is, as Mary and John described.

Mary said:

Well the room was probably the least important.

John said:

There is no ideal room, just like in life we have to work with what we have... and that's what we focus on, rather than 'this isn't perfect', we go with what we have and that's what we did in that space.

One of the significant differences between therapy inside prison and outside is how the institution is also in the room, and thus shaping the therapy, as per the findings in this research.

Mary said:

There are multiple layers, there is the prison authority, there is the families, there is themselves, there is, a lot of them have very difficult stories [pause], there are layers to the stories, and [pause], they probably need long-term.

All participants spoke of how some clients would be asking for assistance from them, either to be moved to a different part of the prison or to get help from medical services. They commented that was unique and would not happen in the outside world. This then turned into a boundary issue they had to manage. In addition, they also had to manage expectations of what their role was and what they could offer. John spoke of how his role required him to think of when he would recommend someone to be released. He would have to bring wider society into the room and consider what was good for the public. Therefore, he was not just holding the client's interests in mind.

John said:

And of course we are taking into consideration society's needs are being met and we are holding that all the time. There are times when we are really concerned about someone, their release date is such and such and so you are holding society's needs as part of that and the responsibility of that, so again, I think that's unique.

David was the only participant that admitted to stepping out of his therapist role in doing messages and tasks for the prisoners. He cited the higher expectations becoming a problem.

David said:

The expectations are higher from the client sometimes for us to do added-extra-on pieces that they can't do themselves while they are in the prison environment. So I might have to contact or call, fill out referral forms for housing or make appointments for them...or I might have to step outside of my role a little bit and become more project worker or key worker. And that does create some problems in itself because you almost become, you can be drawn into their, overly drawn into their lives sometimes.

All the participants explained that sessions with clients would be inconsistent and how this was one of the biggest challenges. The therapists wanted to see their clients on a regular basis but the reality of being in a prison was an obstruction. If officers were understaffed there may not be anyone to collect the clients. If there was a situation in the prison no one would be allowed

to move for any reason, sometimes a prisoner would have been moved to a different prison with the therapist not being notified. Or a client may refuse or not be found so therefore not show up.

Steve said:

There is a certain malaise within the prison, then there is the dynamic of trying to engage with people with limited windows of opportunity...but realistically by the time the officer goes and gets the prisoner and brings them back, you're probably down to 1.45. There is a challenge of trying to connect with as many prisoners as possible, give them a quality service.

All the clients were brought to their therapy room by an officer. This could take up to 10-15 minutes, which would eat into valuable time. David explained that he would not know which client from the list they gave the officer would arrive. The officer would get to choose who he brought first/second etcetera. This meant the therapist had to keep all clients in mind before they arrived.

David said:

Yes, so I never know who is going to walk in the door, until they actually walk in the door. It's hard, in most cases I can sit down and look at my five clients, and I can go back over my own mental notes, and little scribbles I keep but you almost need to keep five names in your head at the same time when you are waiting for someone to walk in the door you have to almost instantly jump into that scenario, recall what you did the last time, you know, you don't know.

4.3 The therapeutic relationship

Participants discussed the therapeutic relationship and alliance in a variety of ways. This theme encapsulates how the participants established trust, enforced boundaries, worked with confidentiality and how they each viewed their clients as victims. Steve said there was no difference at all between the therapeutic alliance inside prison and outside, and would not like to think he would consider there was; he said they are all just clients looking for help. The only nuance from the relationship that is unique is clients looking for help to be moved to a different part of the prison. Mary discussed it is the same as outside prison but takes longer to establish trust inside.

Mary said:

I know you have some clients that don't show for a session but it's not their (prisoners) fault. You know it's different and maybe they chose not to come in there, but there's the two sides and they can want to come but they can't because of circumstances within the prison.

David explained the relationship is basically the same by trying to work in a client-centered way. One difference was in him being aware of how deep the therapy should go. He spoke of being anxious for his clients if they got emotional as afterwards they must step back into the prison. Any sign of weakness could be picked up and make them vulnerable.

David said:

You have to be really aware of how far you go with a client, because when they leave that room, they still have to walk back down the corridor and they have to walk back to their cell and if they are in anyway vulnerable it will be picked up on. Again, there is a limit to how far you can go with a client at a certain time.

Understanding the client's readiness for change would become apparent early on for the participants. Some clients came for support and a genuine interest in themselves in order to change, however some attended therapy to gain something else, for instance medical treatment or to be moved to a different part of the prison. The participants understood this to be a part of the prison system but knew the scope of work would be limited and different for some clients.

Steve said:

Usually with the assessment it throws up do they generally want psychotherapy or is it a case that they want to get to a better part of the prison or they are trying to pull a fast one, coz you look for a commitment and quite often you know, you realise if this person is committed or are they not?

The issue of confidentiality and how each participant worked with their clients was consistent among all the participants. They all treated the content of sessions the same in the public sphere. Confidentiality is only broken if the therapist fears the client may do harm to themselves or others. They would also tell the client they would be breaking the confidentiality as transparency is essential.

David clarified his approach, and said:

I'm not going to be running out the door and telling the first prison officer I meet that there is a problem here, so whatever is said in the room stays in the room up to a point, whereas if you mention names of people and places and there is violence involved then I will bring it to my manager.

John attended multidisciplinary team meetings and he was asked to give feedback on his clients. The feedback was very non-specific, and he would only say how they were faring in prison. He would tell his client what he would say before the meeting and discuss how they felt about it. Building trust and the importance of trust quickly followed from each participant after speaking how they manage confidentiality. Trust is important for a therapeutic alliance, and appears to be harder to establish within a prison.

Steve said:

Within the personal dynamics of the relationship, it's usually around trust; trust would be a major issue with prisoners, and can they trust you because you are part of a system that has put them inside?

John expressed a strong need to deal with appointments very professionally and never promise something without following up as this could be detrimental to the relationship if someone has a personality disorder.

Mary affirmed this, and said:

I think there is more work involved in building up trust and even a sort of negotiation of the blocks along the way, as I said you could be expecting someone and they don't come down, there's all of that sort of stuff that goes on.

Participants spoke about the need to be 'real' and to hold hope for their clients, without developing a hero complex. If they did not positively regard their clients and aspire for them, the therapy was doomed to fail.

Steve said:

Yeah, if you go into a prison hopeless, prisoners will register that quite quickly, they'll cop on to that, they are not stupid people, they learned a different language, a different skillset. If they think you think they are a waster, they will pick up on that and not engage with you. If you go in with a certain level of hope and a belief in the healing power of psychotherapy, it sparks their interest. It ignites something in them.

John, David and Steve expressed their belief and awareness that all prisoners have been victims in their lives before they became perpetrators. They spoke of their clients' traumatic upbringings, of many being second-generation drug users, and of how they had been failed through either neglect or abuse. This belief showed how they see their clients stuck in an unjust system coupled with trying to uncover their behaviours that led them to this point.

John said:

Because a lot of the wounds they would have experienced were very early in their lives, ... were repeated, and then they went on to wound others, so they are caught ... in that loop, and actually for some of the men have said, getting caught and being sent to prison was the best thing that happened to them, because it gave them a chance to stop.

4.4 Relationship with prison officers

The types of relationships the participants had with the officers were not uniform. They all expressed good working relationships with the officers, and had a lot of respect for them as they look after their safety.

John said:

And my experience, given the working environment, they were positive relationships, that was a really good experience to have ... My sense was the staff had a real genuine interest in the welfare of the men.

However, David and Steve expressed tense undertones to the relationships, and that the guards were not to be crossed or disagreed with.

David said:

I am stepping into their house, this is their house, I am a guest, so I must show my host as much respect and dignity as I possibly can. For me that has worked very well, because I have a job to do.

Steve said:

There is a malaise within the prison service, it's as much to do with pay and the conditions than with the prisoners, you know they can do nothing with the pay and the conditions, they can't go to the minister of justice but it gets played out and explored with their relationship with the prisoners.

David and Steve expressed how the officers and prisoners mirror each other and how each group has become institutionalized as both are 'inside', even though only one is serving time as punishment, the other is serving time till they retire.

Steve said:

The officers get as institutionalized, if not more institutionalized than the prisoners.

David mentioned having good relations with the officers and that this enabled him to do his job. He spoke of being careful with his relations with the officers so not to disrupt his work, and not to interfere with his relationships with his clients.

David said:

If I bang heads with any of the officers then I, that hinders my ability to do my job, but it also creates an atmosphere that is unhealthy for me and for my clients coming to see me, because if that officer doesn't like me it's going to reflect on the prisoner who is coming to see me, so if he's all wired up and tensed up because of my relationship with the prison officer then it effects the relationship in the therapeutic setting.

Having positive relations with the officers meant they could ask for requests. They may be able to ask after a client and even ask the officer to check in to make sure they are OK. Mary shared a generally positive experience.

Mary said:

The wardens were always nice, you might get the odd one who was ignorant, like you'd get in any experience. The prison guards and the wardens were actually very nice, they were always very nice to us.

In summary, this results chapter gives an insight into how four therapists view their work inside prison and what effects it has on them. The aim was to capture their lived experience and how they made sense of their working lives. The leading and predominant themes found in this research include how being 'inside' has affected them and their work, and how the stark therapy rooms, and the encompassing nature of the institution encroached on their work, along with the inconsistency of the sessions – all of which are unique experiences compared with providing therapy outside of prison. Each participant reported a deep compassion and empathy

for their clients. This compassion, coupled with a belief of the healing powers of psychotherapy, helped them to do their jobs. They each created therapeutic relationships managing trust and the client's readiness for change, while addressing the requirement of confidentiality despite the unique tests presented by the situation and the therapeutic boundaries. They all viewed their clients as victims too, seeing them as having been failed by others before they committed their crimes. They all seemed uncomfortable when asked if the crime came to light. They did not want to discuss this, and wanted it to be treated as irrelevant. The final theme of working with prison officers gave a glimpse as to the important working relations needed to survive and thrive in the setting. The working relationship was based on power and necessity.

The next chapter will aim to discuss and tease out the research themes gathered in this chapter while comparing the revelations with the research discussed in the literature review in chapter two.

Chapter 5 - Discussion

5.1 Introduction

The interviews yielded some important, intriguing insights into practicing therapy in prison in an Irish context. The aim of this study was to understand the lived experience of therapists who work in prisons which the data richly presented in the results chapter. From interviewing four participants and capturing themes using thematic analysis from the data collected it was found they had some important similarities in their experiences. Unique nuances that are provoked from the environment were at the forefront of the participant's practice.

Each of the participants spoke about the experience of 'being inside' a prison and the unique nuances this environment evokes in the work. All four of the participants discussed the challenges of the environment as well. This made up the first theme, whereas the second theme that emerged was around the therapeutic alliance, about how each participant created a therapeutic relationship with their clients, and how they needed to hold the hope for a better future for them. Some experienced clients who were not ready for therapy, and were attending to get something else, which tested boundaries. It was also clear that all of the participants had to manage confidentiality and trust carefully in what was an adverse environment. The final theme described the working relationships the therapists had with the prison officers, a unique element to their work, and explored how they managed these for the benefit of their work and working experience.

Before this research was carried out, some of the existing literature on therapy in prison was reviewed and collated in chapter two. A discussion of the research themes that emerged from this study appears in the following sub-section in relation to the previously explored literature. The overall purpose of this chapter is thus to review the existing literature on this topic in light of what this research has found.

5.2 'Being inside'

The first theme deals with the physical environment of the prison and how that affected the therapists' experience and their work. Included in this theme is the lack of consistency of sessions, the therapy room the therapists worked from, the pervading sense of the institution impacting on the work, and the experience of being behind locked doors.

The lack of consistency in sessions, and the limited time of sessions was the biggest challenge the participants faced. This appeared to create frustration and job dissatisfaction. All the participants wanted to see their clients regularly but the reality of having the sessions in a prison was preventing this from happening. The participants spoke of prison officers being understaffed, which meant there was not always an officer to collect their clients for sessions. Or the officers took a long time to bring the clients to them, which meant a reduced session in terms of time. This reiterates Hinshelwood's (1993) findings from over 20 years ago. One participant even said his clients would not show up or be collected as they were moved to a different prison and he would not have been notified. The literature resonates with this claim and notes how the chaotic nature of a prison can be a barrier to the work. For example, Bertrand-Godfrey and Loewenthal's (2011) research analysed therapists working in prison, and found that their sessions were inconsistent due to the nature of the prison, and that this was coupled with the lack of assurance that therapists would even have a room to work from, or not be disturbed mid-session. However, even with this inconvenience and lack of boundaries the therapists were able to adapt and focus their attention to the welfare of the client.

While the participants were frustrated about the inconsistent sessions, the frustration was aimed at the environment, not at the client. It should be noted, however, that Mary said she could not envisage doing therapy in prison long-term due to the irritation of the inconsistency and the seeing the need of long term work, so this issue is clearly of some significance. Mary's wish of long-term work for client to enable therapeutic change is backed up by Bourgon and

Armstrong (2005) research which shows a positive correlation between treatment length and successful outcomes.

The next element of the 'being inside' theme relates to the therapy room. Each participant spoke of the stark, uninviting rooms that they worked from. Some were noisy, dirty and generally unfit for purpose. The occurrence of inadequate rooms has been noted before, by Huffman (2006) and by Mathias and Sindberg (1985). However, while their research found that shabby rooms could negatively impact on the therapeutic relationship and give an impression that the work is unprofessional, this was not echoed by the participants of this present research. While they seemed frustrated with the conditions of the rooms, they did not speak of it disrupting the work. The participants stressed the rooms were inadequate but not a barrier to the work. John spoke of there never being a perfect room, just like life not being perfect, and that this was something to be accepted, worked through, and moved on from. In essence, it was just accepted as being part of the work. Steve spoke of his therapy room being a nuisance but he believed the rooms were adequate for the work to be done, and also mentioned trying to move past the inconvenience with an eagerness to get the work done.

The final element of this theme is how the physical environment and the inconsistent sessions impacted on the therapists. They each said the atmosphere was charged with a different air compared to the outside world, and they were often left worrying about clients if they did not show up. In the public sphere outside prison, there is no guarantee clients that will show up for sessions, so this is similar to the situation in prison. The participants spoke of it being more difficult in prison when they did not show up though, and of the anxiety associated with not having consistency, because they also had no way of getting answers as to why someone hadn't shown up.

Each participant gave insights to the prison as something they walked into that enveloped them. Mary and David each gave long descriptions of their long journey through the whole prison and of each door that got locked behind them on the way to their office/therapy room. The sense of enclosure they experienced was profound and evident in their dialogue. John commented that he could sense the trauma in the building, which was inescapable, and described the '*the un-wellness of the system itself*'.

Menzies (1960) seminal paper on the impact of the institution on nursing staff found that nurses experienced anxiety from the work and projected anxiety from the patients and family members. Huffman (2006), meanwhile, found that some therapists believed they were exceedingly responsible for the therapy, which created stress and job dissatisfaction. Mathias and Sindberg's (1985) paper found therapists working in prison were under more stress than their colleagues in the outside, public sphere. From the interviews there was evidence of anxiety in the therapists visiting the prison and from their knowing all the traumas and tragedies of its prisoners. Also, there was a sense of fear and sense of isolation in witnessing their clients and of their lack of freedom. Menzies (1960) and Minne (2009) found that nurses and clinical staff had to cope with projected anxiety in addition to their own, so perhaps the therapists were similarly receiving their clients' despair from previous traumas and lack of freedom. Because the therapists share the environment of their clients they also share the enclosed feeling; thus they can fully empathise with and realise their despair.

Working inside a prison had an intense effect on the participants and encroached on their work in a negative way, so much so that one participant (Mary) could not envisage working there again, or at least not for a long time due to the extreme surroundings and constant crises that needed to be managed. This theme is linked to the next theme by anxiety in the work place. The themes of anxiety are somewhat separate, however, in that there is anxiety from the environment and then anxiety from the relationship and from contact with others.

5.3 The therapeutic relationship

Therapists that understand the complexities of prison life can greatly increase the therapeutic alliance and relationship they nurture with their clients. Kupers (2015) found that toxic masculinity prevented people from seeking help, and that showing any vulnerability was in fact dangerous. This barrier to help, driven by a fear of being vulnerable, was evident in the findings. By understanding prison life, therapists can empathise fully and know the difficulty their clients face, which helps them to engage fully in their work. David worked in such a way to not deepen the work too much, for fear of his client becoming too emotional. This was for apprehension of vulnerability being perceived outside by fellow inmates and staff after the session, making both the therapist and client worried about a reaction. There was a strong sense of vulnerability within the therapist for the client.

The participants said they all encountered clients who were not ready to engage with therapeutic work, but were attending for other reasons. They may have wanted to move to a different part of the prison or request medical services. Only one of the four participants spoke of breaking his role of therapist to deliver messages or conduct other tasks. They all spoke of being asked to do things outside of the therapeutic contract, though, and all had an awareness that not everyone who came to therapy was ready to engage. This evidence captures boundaries being tested for the therapists and a need to assess clients' readiness to change. Shuker and Newton's (2008) paper supports the idea that a prisoner's mental health needs to be recognised before treatment is offered to understand suitability and to consider which treatments would be best. Chambers *et al.*'s (2008) stance is that prisoners need to have certain opinions and values on change and to be free of distortions before therapy can work. In prisons, not all the participants spoke of assessments. Instead, generally, clients who had an impending release date or were in a crisis were given preference over others, so not all the clients seen were those who were seeking out therapy and wanting to change. This knowledge exposes an important lesson to learn in the field of psychotherapy, assessments should be done on all clients before

therapy begins to understand their motivation to change and engage in a therapeutic relationship.

The participants spoke of the difficulty of managing their clients' higher expectations of them, and of what they offered. The institution was present in the room in ways that are never present in the public sphere outside prison, through requests and messages. There were blurred boundaries of the therapist–client relationship, which resulted in therapists moving away from their role and becoming more accountable for their clients' welfare. This was found in Dean and Barnett's (2011) work, which researched people working with sex-offenders and examined the positive and negative impacts from the work. They recommended strong supervision to counter the negative sides. The blurred boundaries and higher expectations can be said to raise challenges and thus anxiety, by forcing the therapists to be *'overly drawn into their lives'*.

For a therapeutic alliance to form and for 'work' to be done the participants spoke of a need to be congruent with their clients and to hold hope and aspirations on their behalf. John spoke of a need to be real and open in his work. He said he needed to be honest with himself and clients as to why he was working there. He believed if he was to be on a hero mission or *'narcissistic drive'* to save people he was not going to succeed in gaining their trust in the relationship, and would open himself up to be hurt by them.

Gee *et al.* (2015) found that therapists need to hold hope for their clients as the despair of being in a prison is so overwhelming they may have not be able to do that themselves. These findings were also found to be true in an Irish context. All the participants believed in their work, and that each of their clients had a capacity to change in prison, should they desire to. Mary said the prisoners had as much capability to change as someone outside. This positivity and enthusiasm was evident in each participant, and is perhaps necessary to be in that environment.

Each participant spoke about viewing their clients as victims as well as perpetrators. This allowed a compassion in the relationship and deep understanding of their reality, and how they became criminals. Never did the participants call their clients criminals; either “prisoner” or “client” was used. This compassion seemed to be essential for a therapeutic relationship to form. There was a belief that the client would know straight away if a therapist did not hold them in positive regard. It appeared to be a balance of visualising the perpetrator as a person with destructive behaviours but also as a person who was traumatised and had been abandoned. The participants explained how they viewed their clients and their understanding of their history in relation to their crimes. They know their clients committed atrocious crimes and do not shy away from those acts; however, when viewed *‘in the context of their life’*, and their traumatic childhoods, the whole picture became clear and understanding and compassion followed. Brookes (2010) research relates to this as it found for therapists to be effective in their work inside prison the most imperative quality needed for positive change was the belief in that change. In addition to empathy, intellect, and patience, therapists needed to validate their clients and to have a deep understanding in their history in context of their crimes. Also, related is Kupers’ (2005) work, which advocated for therapists to fully understand the complexities of prison life and to be a campaigner for prisoners, which in turn would reduce resistances in sessions. From the interviews there was a sense that the therapists needed to be ‘on the prisoners’ side’ and to aspire for their wellbeing in order to form an alliance.

5.4 Relationship with prison officers

The final theme presented was the relationships the therapists had with the prison officers, and how they experienced the officers and managed these relationships. Prison is a unique environment for therapists as they have more working relationships compared to those working in the private sphere. The participants spoke of their working relationships with the officers and how they felt about them. This theme has different findings among the participants. The working relationships with the prison officers is the only element that really varied among the

participants in terms of their experiences. They each said the relationship with the prison officers was very important. However, two participants, Mary and John, said they had positive relations, whereas David and Steve described tense undertones in their comments about the relationships. John, who worked with sexual offenders, described a working team that cared about the prisoners and noted that he enjoyed working with his colleagues. John also spoke of how he could ask officers to check in on his clients if he was worried about them, which gave him comfort. He did not have this option when working with clients outside prison, which created anxiety for him.

David spoke of how he wanted the prison officers to have a positive opinion of him and his work. He wanted this opinion to be relayed to the prisoners, whom he also wanted to think positively about his work and the benefits of it. He commented that if he had negative interactions or relationships with the prison officers that might get transferred onto the prisoners, which would result in a block in the relationship, and thus not allow him to do his job effectively. Kjelsber *et al.*'s (2007) research validated David's experience. The research found that prison officers' treatment of prisoners had a great effect on their rehabilitation and the atmosphere of the prison. They confirmed that if the officers were respectful and valued the prisoners it greatly reduced tension and violence within the environment. It could be deduced that this would be transferred into the therapy room also; if the prisoners have a positive relationship with the officers, they will be more likely to feel positive towards their therapists.

Steve, who worked in the same prison as David, found the prison officers would mistakenly channel their job dissatisfaction on salary and conditions by negatively treating the prisoners. He described this as a '*malaise within the prison service*'. The longer the officers were a part of the prison institution, the harder their opinions on the institution and prisoners became. This revelation was also found in the literature by Shannon and Page (2014), who found positive

prison conditions had a good effect on everyone. Progressive working conditions and plentiful resources had a positive correlation to the prison officers' attitudes towards the prisoners. The same pattern was true whereby negative conditions led to prison officers' having more adverse opinions towards the prisoners.

Gee *et al.*'s (2015) research found that therapists experienced rigid and formal interactions with prison officers, and at times punitive and aggressive behavior towards the prisoners. These negative interactions led to feelings of uselessness and despair, both for the clients and their therapists. Thus, a huge impact on mental health and daily life was imparted by these relationships. The culture of the prison that David and Steve worked in appeared to be very different from that of John's and Mary's. The culture of an institution is perhaps established based on the working staff and conditions of the facilities. The prison where John worked had a small population whose membership was mostly made up of prisoners serving a life sentence. He explained 'lifers', as they are called, create a calm atmosphere by being respectful and following the rules for an easy life. In contrast, David and Steve's workplace was much more busy and chaotic, and the facilities there may have been worse. They both commented on the smell of the place -- it being bad to the extent that it engulfed you when you entered. There was also an '*air of violence*', whereas John and Mary did not mention smell at all. That may have been due to the type of culture embedded in the prison. Perhaps Gee *et al.*'s (2015) research gives an insight to explain this. Better working conditions lead to a happier work force and thus calmer interactions between staff and prisoners. There is a cyclical effect, with each element contributing to the next.

The purpose of this chapter was to review the results chapter in relation to the literature found on therapy in prison. The common themes of the effect of 'being inside' a prison, forming the therapeutic alliance in a hostile environment and the interactions with prison officers were explored. These themes were found from the qualitative interviews conducted and were related

to commonalities and differences in the existing literature. The final chapter that follows looks at the strengths and limitations of this study, makes recommendations for further studies and considers the implications this study has for the field of psychotherapy.

Chapter 6 – Conclusion

6.1 Summary of findings

The findings from this research support existing research that working in a prison raises unique challenges, coupled with occupational stress and anxiety. The impact of ‘being inside’ prison for delivering therapy meant feeling a sense of enclosure and thus anxiety. This is the essence of the first theme from this thematic analysis study. This feeling of enclosure coupled with the projected feelings of anxiety from the clients due to their lack of liberty meant compounded feelings of anxiety and despair. The barrier of inadequate facilities caused hindrance for the therapists but was not detrimental to the work. The participants felt the institution was in the room during the therapy, which was a reality that needed to be faced. The biggest frustration the participants quoted was the inconsistency of their sessions due to the chaotic nature of the environment.

The client-therapist relationship was the second theme extracted from the data. The therapeutic relationship was not always achievable for some therapists, due to the clients attending for reasons other than therapy. This created a frustration for the therapists or caused them to feel overly responsible for their clients’ lives when they did engage in extra tasks on their behalf. The therapists viewing their clients as victims meant their crime did not affect them in a negative way. Their strong compassion for each client meant they viewed the crime in the ‘*context of their lives*’, and as a consequence of previous traumas and troubled childhoods. In addition to the compassion in the relationship, the therapists held hope for them, holding the aspirations and wishes to a better life.

The final theme captures the differing relationships between therapists and prisoner officers. The difference of relations appeared to depend on the culture of the prison -- the calm prisons having positive relations throughout the prison, and the hectic prisons having more strained relations. The culture of the environment therefore seems dependent on the conditions of the

institution. If staff are unhappy with their working environment, that negativity and dissatisfaction gets projected on to others. Therapists found their work with clients was easier to conduct when they had positive working relations. There was a sense of reduced anxiety when they officers were on their side.

6.2 Limitations of study and future research

The limitations of this research project are many due to the space constraints and scope of the project. Only therapists working in male-populated prisons were interviewed due to available contacts. In order to get a full picture of what prison therapy is like it would have been beneficial to have included therapists working in female prisons. However, there is a much smaller female prison population (115 females and 3,035 males in prison in 2015²), therefore it would need to be representative of the population.

There is a lack of Irish research on therapists working in prisons therefore research from other nations was used for the literature review and discussion. Similarities were found in the data collected and the studies however.

Only one type of therapy was included in this research. There are many other mental health therapies that take place within prison such as group work and CBT. It would be interesting to uncover and understand what the experience of facilitating group work in prison is like.

Had the interviews taken place within prison, in the room where the therapist works, it would have given the researcher first-hand experience of the sense of enclosure and the charged atmosphere. This then would have suited an Interpretative Phenomenological Analysis qualitative research project by allowing the researcher to make interpretations on the meaning of the environment and the effects of such.

² http://www.irishprisons.ie/wp-content/uploads/documents_pdf/12232-Irish-Prison-Service-AnnualReport2015-v7-2.pdf [Accessed 25/06/2017]

6.3 Implications for psychotherapy

Hopefully this study will help raise awareness of the experience of therapists working within prisons and outline some implications for the field of psychotherapy. By understanding the working lives and understanding the barriers that these therapists experience, there are useful insights as to what therapists considering working in prisons will need to prepare for, as well as for improving prison facilities and ultimately the rehabilitation of prisoners. Having more consistent sessions, and thus an increase in therapeutic work, by developing a better way for clients to be delivered to the rooms would increase job gratification and provide prisoners with better therapy. Achieving a therapeutic alliance in difficult circumstances is challenging, therefore by changing how clients are delivered to rooms would enhance the chances of therapeutic work. This research also supports previous research showing evidence that therapy in prison does work by enabling people to change and by reducing the likelihood of re-offending. Therefore, this outlines a strong need for such opportunities in prison for the betterment of the prisoners and for society at large. This research outlines the need for assessments of those who request therapy, as those who do not want to engage in a therapeutic relationship but for other reasons result in job dis-satisfaction for those therapists.

Given that the environment is so different in prisons compared to the public sphere, perhaps benefit could be made by sharing information from experienced therapists prior to less experienced therapists working there. It may help therapists understand their motivation for such work and enabling them to better prepare for the sense of enclosure. The participants spoke of their deep compassion for their clients, instead of seeing the darker side of humanity, they saw victims. This finding may help people choose their professional path with insight.

The prison officers' behaviour and attitude within the prison appeared to have a significant impact on the therapists and prisoners. The culture of the environment pervades in all the relationships within prison, which stems from the facilities and resources. A prison with a calm

and respectful atmosphere, like where John worked, translated to respectful relations with all. The opposite was also true as David and Steve's workplace was chaotic with an '*air of violence*', and thus the relationships between staff and prisoners were strained and fragile. This qualifies for a need of better resources for prisons and the elimination of over-crowding, which would result in easier access to therapy, better working relationships, and thus prisoner rehabilitation and recidivism.

There appeared to be a need for prison officers to understand therapy and the relevance of it within prison. Perhaps this can be achieved through the mental health training currently being provided by the Irish Prison Service. Lastly, it is important to reiterate and recognise that therapy does work within prisons. This needs to be appreciated by all in the Irish Prison Service. Hopefully, the message that therapy is offered in prisons and that it can be effective will be more widely propagated, and this should lead to it being made more readily available to all who are ready and wanting to change.

6.4 Future research

It is hoped there would be more research conducted in Ireland on mental health interventions in prison. Understanding therapist's experiences gives a unique insight to the lives of prisoners and what they need for positive change. A study on a larger scale than the current research would be welcomed including other types of therapy and the women's prison. There needs to be research conducted after the Irish Prison Services rolls out the mental health training programme. How the information and training changed attitudes and behaviours of prison staff needs to be examined.

Understanding the relevance and impact of having assessments on clients before they engage in therapeutic work would be beneficial to know. The assessments would be looking for indicators of readiness to change. This research could see if those who present as being ready

for it do actually achieve better outcomes than those who are just put forward as being most in need.

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Appendix I - Information Sheet

My name is Lisa Reilly and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with therapy in Prison. I will be exploring the views and lived experience of people like yourself who work in prisons offering therapy to inmates.

What is involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, being a prison therapist. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Confidentiality

All information obtained from you during the research will be kept anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. Audio recordings and transcripts will be made of the interview but again these will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) _____

Signature _____

Date / /

What is it like to practice psychotherapy in prison?

An exploration of therapists' experiences.

Please answer the following questions

Gender:

- Male Female Other

Age:

- 20-30 31-40 41-50 51 – 60 61-70

Qualification:

- PHD Masters Postgraduate Diploma Undergraduate Other

Orientation:

- Psychoanalytical Humanistic Integrative Other

Number of years working in a prison:

- 0-3 years 4-6 years 7-9 years 10-15 years 16-20 years
 20-30 years Other

Appendix III - Consent Form

Protocol Title:

What is it like to practice psychotherapy in prison?

An exploration of therapists' experiences.

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

Yes No

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

Yes No

I understand that my identity will remain anonymous at all times.

Yes No

I am aware of the potential risks of this research study.

Yes No

I am aware that audio recordings will be made of sessions

Yes No

I have been given a copy of the Information Leaflet and this Consent form for my records.

Yes No

Participant _____
 Signature and dated

 Name in block capitals

To be completed by the researcher.

I the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

Signature

Name in Block Capitals

Date

Appendix IV - Questions for interviews

- 1 Can you tell me what led you to this work?
- 2 What's the room like where you work?
- 3 What are the working relationships within prison? How do you manage these?
- 4 Can you tell me about how people are chosen to see you? Follow on question - who gets to decide who you see?
- 5 What types of mental illnesses are most prevalent/evident?
- 6 Can you tell me about the confidentiality aspect in your work? What's the therapeutic contract?
- 7 What impact, if any does 'being inside' have on the work?
- 8 What does a therapeutic relationship look like in prison? Is it different inside prison compared to outside?
- 9 What are the challenges to the therapeutic alliance? Are these challenges unique to prison?
- 10 What boundaries do you enforce in the therapeutic space?
- 11 Does the crime committed ever come to light? If yes, how does this impact on you?
- 12 If you haven't mentioned them all, can you please explain what the fundamental differences are between therapeutic work in prison and are outside?