"I suddenly had a voice": A qualitative study of patient experiences of violence and treatment in a Dangerous and Severe Personality Disorder (DSPD) Unit

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Thesis submitted for the degree of Doctorate of Clinical Psychology to the Department of Clinical Psychology, University of Sheffield

September 2012

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Declaration

This thesis has not been submitted for any other degree or to any other institution

Structure and Word Counts

Section I: Literature review (excluding references and appendices) **7,999**

Target Journal: completed in accordance with the guidelines of the Journal of Forensic Psychiatry and Psychology (Appendix 1)

Section II: Research Report (excluding references and appendices) **11,946**

Target Journal: completed in accordance with the guidelines of the Journal of Forensic Psychiatry and Psychology

Section III: Appendices **7,213**

Total Thesis Word Count:

Excluding references and appendices:	**19,945**
Including references:	**22,685**
Including references and appendices	**29,898**

Abstract

Literature Review

Narratives give direction, purpose and meaning to people's lives and are a key component in the development of personality. In forensic psychology, violent offending is most often presented as a set of enduring dispositional traits. It is argued, however, that an analysis of narratives may also offer useful insights into what sustains offending and what might lead to change. This review examines the literature on adult offender narratives and their function within correctional cultures and society. It suggests that practitioners may wish to consider incorporating features of what an offender is trying to achieve through their narratives into existing programmes of rehabilitation to ensure future gains are sustained. The implications of this are discussed.

Research Report

This study investigates the personal accounts of patients in a UK Dangerous and Severe Personality Disorder (DSPD) Unit who are engaging in treatment to help them manage their violent / offending behaviour. Ten participants were interviewed and their interviews were analysed using Interpretive Phenomenological Analysis (IPA). Four master themes surfaced: "A dog eat dog world" shows how violence became a legitimate response to early, abusive environments; "No-one really saw that side of me" explores how alterative ways of behaviour were deterred and difficult to relinquish; "Finding a voice" describes participants' experiences of change and what they see as important components of it; and 'Fears for the future' considers the difficulties that still lie ahead. As the DSPD pilot ends, how these experiences might help augment existing clinical treatment programmes are discussed.

Acknowledgements

I would like to thank the patients who agreed to take part in this study and whose memories and experiences of their lives were invaluable. I would also like to thank their key workers, responsible medical officers and other ward staff for helping to facilitate patients' participation in this study.

I am indebted to Lawrence Jones and the staff at the Peaks Unit, Rampton Hospital, for their generous help, guidance and insights. I would also like to thank Dr Andrew Thompson and Professor Michael Barkham for their invaluable comments and suggestions during the latter stages of the research.

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Section I

Literature Review

To what extent are narratives useful in informing our understanding of violent offenders in treatment?

Abstract

In forensic psychology, work to modify an offender's enduring and dysfunctional dispositional traits is judged to be an important function of rehabilitation. Alternatively, narrative approaches suggest that the constitutive nature of narratives can also help to inform our understanding of personality and that offender narratives can offer useful insights into what drives offending and what might lead to change. This review examines the literature on adult offender narratives, their development and their function within correctional institutions. The review suggests that there are tensions between the 'What works?' approaches to offender rehabilitation and other, qualitative approaches that focus on what offenders are trying to achieve through the mechanism of a narrative. The review discusses the implications for the effectiveness rehabilitation programmes to address violent behaviour.

Keywords: Offender (s), Narratives / Life stories, Violence, Desistence, Rehabilitation

Introduction

In the late twentieth century, psychologists recognized that people's life stories could play an important role in providing a deeper understanding of the complexity of human behaviour. A life story or narrative provides an effective means to communicate a subjective experience. Additionally, it helps to create a sense of self. As Ricoeur (1986, p. 132) noted, "the self comes into being only in the process of telling a life story". Bruner (2002) believed there is no such thing as a self that awaiting depiction in words. Rather, in their search for meaning, people construct and re-construct themselves using their memories of past experiences, their present circumstances and their hopes for the future. Such meaning, in other words, is packaged in the form of narratives.

However, narratives are rarely an objective string of facts about a person's life. They draw selectively on events and experiences – emphasising some and omitting others. A narrative is not a copy of events, but offers an essence of those events that are meaningful for the person and which best give that person a sense of being over time and circumstances. Citing Adler (1927, 1930) Singer (2005, p.78) notes that the accounts and memories of our experiences offer a "revealing window into what matters for us now". Therefore, the narratives of our self-defining experiences help to cultivate our personal identity in the present. Additionally, narratives are heavily influenced by wider cultural systems of meaning that influence everyday life. Narrative therapists, for example, argue that these influences are internalised by people, and can be constrictive and blaming. Revising these internalised cultural stories to provide versions that are more favourable to

clients' personal power and responsibility is central to narrative models of clinical psychology.

Narratives therefore have a dynamic quality. Consequently, some commentators believe that personality cannot be entirely fixed and enduring. The process of narration suggests that personality is not an elemental force of nature but a compound subject to change and adaptation. Where scientific accounts present personality as a set of dispositional traits (e.g. the "Big Five") to explain the consistencies of our behaviour, thoughts and feelings across different situations and times (Costa & McCrea, 1994), other theorists suggest that a full account of personality must also incorporate the notion of the life story (McAdams, 2001). Thorne and Nam (2009) believe that while there is a place for traits, life narratives help to inform our understanding of what it means to have such traits. Gabbard, Westen and Baglov (2006) note that a clinically useful theory of personality should be based on both accurate predictions and interpretive understandings. Empiricist and hermeneutic approaches should complement one another in personality psychology. Qualitative methods are thus well placed to explore how people make sense of and derive meaning from their experiences.

Consequently, the inter-woven nature of experience and meaning packaged within narratives helps to enrich the understanding of personality. Can a similar examination of narratives help to illuminate the area of psychopathology? Although Day and Bryan (2007) suggest that treatment focusing on an offender's life narrative may be a necessary condition for change, trait theorists remain sceptical narratives can produce change in a person's

dispositional traits. Consequently, the literature on offender rehabilitation continues to be lead by the "What works?" paradigm. This approach is based on positivist, empirical, science-based tenets aimed at deconstructing offending into specific 'crimogenic' symptoms and risk factors, each of which is the target of specific interventions (Andrews & Bonta, 2003). There is broad agreement that the "What works?" methodology has contributed to noteworthy reductions in recidivism over the last decade. Polaschek (2012, p. 11) notes that the acceptance of evidence-based rehabilitation policies has led to the 'roll-out' of several programmes in the UK, Canada and Australasia that "primarily translate into one style of intervention: structured, cognitive-behavioural closed-group based treatment programmes".

This approach was central to the Dangerous and Severe Personality Disorder (DSPD) pilot programme in the UK (currently being de-commissioned) which was a serious attempt to assess and treat offenders with a history of violence. Its eligibility criteria were that offenders:

- are more likely than not to commit an offence which could lead to serious physical or psychological harm to others and from which their victim would find it difficult or impossible to recover.
- have a severe personality disorder as defined by a Psychopathy Checklist-Revised (PCL-R; Hare, 2003) score of >30 or a PCL-R score of 25 – 30 plus a personality disorder (other than Antisocial Personality Disorder) or two ICD-10/DSM IV personality disorders.
- have a functional link between their personality disorder and the danger they pose.

Considerable controversy surrounds DSPD[1]. Tryer et al. (2010) regard DSPD as an ethically suspect proto-diagnosis as 6 - 8 people could be detained unnecessarily in order to detain one who would satisfy the risk criterion. Additionally, their evaluation of a random selection of case assessments made under the DSPD programme found no support for a functional link between the severity of personality and risk i.e. treating personality provides no guarantee of a reduction in risk. Tellingly, these clinicians note that an iterative approach to violent offending is best adopted "whereby a series of circumstances come together to make the offence likely" (Tyrer et al., 2010, p. 97). Personality disorder is only part of the jigsaw and may only be a "peripheral" one. Additionally, Cooke and Michie (2009) conclude that clinicians should be extremely cautious in any claims about diagnoses, numerical scores and the risk potential based on PCL-R scores. They quote Richters (1997) that "very similar patterns of overt functioning may be caused by qualitatively differing underlying structures both within the same individual at different points in time, and across different individuals at the same time" (p. 271). Individuals, they note, "are violent for different reasons...on different occasions" (p.271).

Morris (2004) acknowledges the contribution of the "What works?" approach in reducing the overall level of risk posed by violent offenders. However, he believes that a reliance on psychometrics, protocols and outcome measures neglects other approaches that can also illuminate how individuals respond to therapeutic programmes and what factors underpin behaviour change. Day, Gerace, Wilson and Howells (2008) suggest that there is possibly

[1] Tyrer (2011) refers to DSPD as "Jack Straw Syndrome" as it is "the only psychiatric diagnosis yet introduced by a politician". See Howells et al (2011) for a counterblast.

too narrow a focus on attempting to eliminate risk factors. They cite Ward and Stewart's (2003) evaluation that the treatment goals of the "What works?" model i.e. the removal of negative behaviours (including attitudes and emotions) may be less effective than promoting goals that seek to establish positive behaviours. The emphasis on the perceived deficits of violent offenders does not help engender feelings of being respected and valued by others (Liebling & Maruna, 2005). This prevents offenders from developing or regaining a sense of self-worth. Maruna and Ramsden (2004) argue that "after rationalizing identities are torn down, clients are left in a state of identity anxiety not knowing who they are any more. In such circumstances it is easiest to revert back to a self-justificatory narrative to preserve one's self-esteem and sense of identity". In other words, rehabilitation programmes could benefit from parallel work to replace deviant narratives that have sustained offending with more adaptive stories that can nourish pro-social living.

Aims of review

This review aims to offer a systematic assessment and a critical summary of the themes evident in the peer-reviewed literature which consider the role of narratives within the field of offender rehabilitation. It focuses on studies that highlight the purposeful quality of narratives given by adult male offenders. Moreover, it is not clear whether and how bridges can be built between the 'medical' model of offender treatment and the use of narratives obtained from qualitative methodologies. This review aims to explore these questions by:

- Giving an account of the predominant narratives voiced by offenders in "correctional" settings and a critical review of the papers reporting those narratives.

- Exploring how the literature on offender narratives may inform therapeutic change and desistence from violent behaviour.

Method

In achieving the above aims, references could be made to several possible offending cohorts: children and juvenile offenders, women, men, ethnic groups, those with or without a mental illness or personality disorder. A broad-brush approach to all possible groups is beyond the scope of this review. The current review is therefore limited to adult male offenders who have committed violent crimes. Studies were of potential interest according to the following criteria:

Inclusion criteria

- The sample focussed on the narrative accounts of adult male offenders within a forensic / correctional setting.
- Studies were included if person(s) were attempting to desist from offending behaviour either within a correctional or after release.
- Qualitative studies that gathered and reported solid data using clearly defined methods.
- Studies were published in the English.

Exclusion criteria

- Were unpublished dissertation extracts.
- Studies that used offender accounts to illustrate general crime patterns or profiles.

Search terms

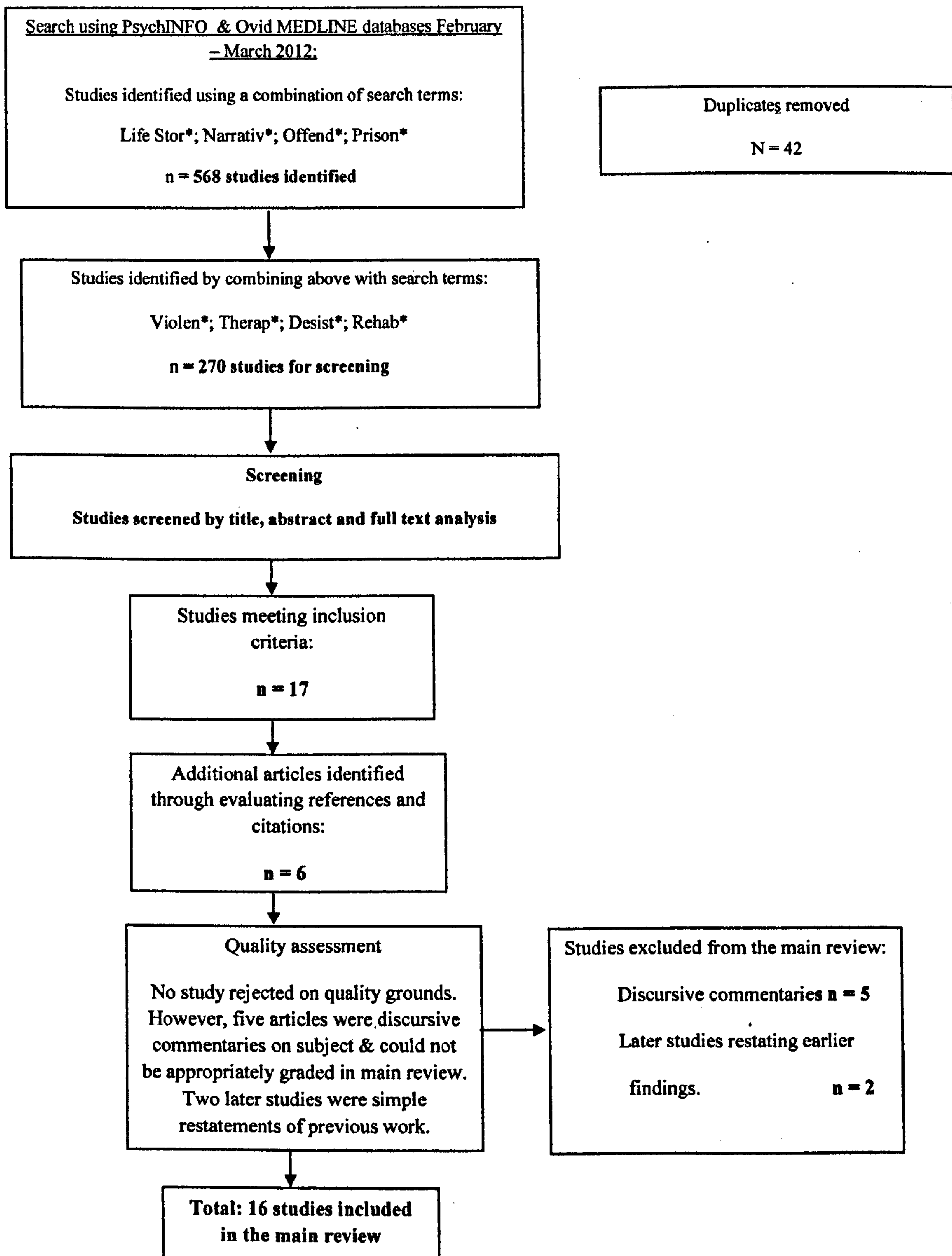
Figure 1 shows a summary of the search procedure. Suitable studies were identified by searching PsychINFO and Ovid MEDLINE databases. The search was made between 14th February and 1st March 2012. The key terms that were used and combined in the search were:

Offender narratives	**Setting**
Narrativ* (43,259)	Violen* (94,026)
Life stor* (2,598)	Therap* (2,262,347)
Offend* (35,169)	Desist* (744)
Prison* (36,478)	Rehab* (166,972)

The results were restricted to peer-reviewed journals written in English. The terms in the first column were searched using Boolean operator 'OR'. This yielded 568 results, from which 42 duplicates were subsequently removed. The remaining 526 studies were

combined with the terms in the second column to give 270 potential studies for inclusion in the review. Screening involved reading the titles, abstracts and in some cases, the full text of a study to ensure suitability for inclusion in the review. Additional searches were made by following up references and citations to verify that other suitable studies were not missed.

Figure 1 – PRISMA diagram of the stages carried out in the literature search



Quality assessment

A total of 23 studies were identified as promising after screening. However, five of these were discursive commentaries on the role of offender narratives and, although illuminating, were not essentially empirical studies of qualitative research (Butler, 2008; Maruna & Ramsden, 2004; Presser, 2009; Vaughan, 2007; Ward & Marshall, 2007). Additionally, two papers were also excluded at this stage (Auburn, 2010; Waldram, 2010) as their sample, analyses and conclusions had been reported in the authors' earlier papers.

The remaining 16 studies were evaluated for quality. Several guidelines are available for assessing the quality of qualitative research (see Elliott et al., 1999; Greenhalgh, 2010; Lincoln & Gruba, 1984; Mays & Pope, 2001; Spencer & Ritchie, 2012). One difficulty faced by the consumers of qualitative research is whether a philosophical rationale exists for evaluating such research, and if so, how (see Campbell et al., (2011) for a useful summary of the debate). They point out that 'extreme relativists' would argue that qualitative work cannot be assessed given the multiple realities of different research styles providing equally valid perspectives. However, qualitative research is increasingly used by policy makers and frameworks have been developed in order to assess the value and impact of this work. For example, the Critical Appraisal Skills Programme (CASP), developed in Oxford in 1993 has developed an evidence-based approach in health and social care and its guidelines, including for qualitative research, are used widely in the NHS. In addition, Spencer and Ritchie (2012) have discerned three broad principles that recur in judging quality: credibility (how convincing can a claim be given the evidence); rigour (the

dependability of research - synonymous with methodological validity); and contribution (the value and relevance of research).

In assessing the quality of the studies in this review the CASP criteria for assessing qualitative research were used (see Appendix 2). This assessment tool provides a series of 10 questions readers ought to ask when reviewing qualitative studies. The CASP criteria also map onto the principles outlined by Spencer and Ritchie above. Using the CASP criteria, the studies were appraised for evidence that they demonstrated credibility and rigour in their recruitment of the samples, data collection and analysis; and considerations around reflexivity and impact. No studies were rejected at this point purely on the grounds of quality.

Shaw (2012) points out that reviewers of qualitative research should bear in mind reflexivity i.e. take into account their own position that could lead the author to detect or reject certain aspects of studies that chimed with or diverged from the authors own views. This was recognised in the present review and permitted the author to appreciate and critically assess all studies presented here. Although not a meta-synthesis, to encourage reflexivity and minimise possible bias, the papers were also read and discussed by the author's research supervisor and the emerging themes were a product of those discussions.

Findings

Sixteen studies were included in this review and are summarised in Table 1. These were critically evaluated and the findings grouped thematically. Fourteen were identified from the original search and screening process with a further two obtained through a follow up of references and citations.

Several key themes emerged from the studies presented in this review. These themes crystallize what appears to be a principal source of tension within the field of offender management, namely whether offender narratives are indicative of deficits that need correction or can be quarried for ingredients that can help an offender's rehabilitation into society. In view of this context, the studies will be examined under the themes of offender narratives and cognitive distortions; offender narratives and the role of language; offender narratives and impression management; narratives and desistence from offending; offender narratives and the impact of early relationships; narrative description. The studies, their context and emergent themes were discussed in-depth with my research supervisor.

Table 1: Summary of articles selected for the review

Theme	Author(s) & country of origin	Aim	Sample	Method	Main findings	Quality Assessment	Contribution
Offender narratives & cognitive distortions	**Auburn & Lea (2003)** **UK**	Critique of concept of cognitive distortions.	(n = 3)	Audio & video recordings of sex offenders in group therapy. Conversational analysis of transcripts.	Cognitive distortions are not something people have but something that people do & revealed in rhetorical devices.	Range of exemplars constrained by offence and situation ('hot seat' sessions). Ethics/consent not clear.	Counterpoint to cognitive approaches based on outcome measures & treatment targets. Cognitive distortions a therapeutic resource for reworking different social & moral positions for offenders. Emphasises therapist training in narrative analysis and reflective practices.
	McKendy (2006) **Canada**	How offenders construct agency in their narratives.	(n=13)	Violent offenders in medium secure facility. Analysis of Life Story interviews.	Pathologising 'correctional' narrative leads to narrative 'debris'. Offenders unable to re-story their lives.	Unclear why only 2 narratives were reported in this study; little information about analysis of narratives or how themes emerged.	Conclusions are vague. There is a pitch for 'transformative re-storying' but little detail on how this can be achieved.
	Waldram (2008) **Canada**	Examination of CBT in offender programmes	(n= 35)	Observation of sex offenders in group therapy.	Treating cognitive distortions leads to false narratives. Prevents offenders from re-emplotting their life stories pro-socially.	Reflexivity not addressed; no contemporaneous recording of observations; no details about how narratives were analysed; limited data on sample.	Rehabilitative work to include focus on offender narratives to facilitate planning for a more 'agentive' way of life.
Offender narratives & the use of language	**Auburn (2005)** **UK**	Fine-grained analysis of offender talk.	(n=3)	Analysis of taped sessions during prison-based sex offender group (SOTP).	Narrative reflexivity deflects the focus from past actions and counters 'face threatening' attributions.	Little detail on exactly how this work can be incorporated within existing SOTP practices.	In understanding treatment processes, therapists to be aware of these 'available-to-everyone' conversational devices.

	Lea and Auburn (2001) **UK**	Explores the narratives of a convicted rapist.	(n = 1)	Discourse & conversational analysis of a (SOTP) group.	'Practical ideologies' used to construct a version of events making the role and motive of the victim and perpetrator ambiguous.	Questionable whether data from one case can be viewed as indicative of other similar offenders.	Sexual violence to be conceptualised as part of gendered relations of power. Current programmes fail to recognize the way language constructs social action. Treatment to be informed by a theoretical base that accounts for this rather than pathologizing sex offenders.
Offender narratives & impression management	**Brookman, Copes & Hochstetler (2011)** **UK**	Explores impact of sub-cultural 'formula stories' or 'street codes' in identity construction.	(n = 118)	Semi-structured interviews with a purposive sample of convicted violent offenders. Coding of transcribed audio material.	Street codes guide managing interpersonal affronts. Used 'after-the-fact' to make sense of behaviour & constrict identity.	No information on the coding process. Research sets out to find pre-existing examples of the code. Future research and implications for change left vague.	Study attempts to mesh concept of street codes and narrative identities with biologically inherent dispositions. Points out that violent offender can have a repertoire of narratives.
	Green et al (2006) **UK**	Explores label 'dangerous' on identity construction.	(n=26)	Coding of audio taped i transcripts. Analysis informed by grounded theory.	Neutralization techniques lead to 2 distinct narratives: 'not-my-fault' & 'good-at-heart' linked to an essential moral self.	More details needed on their revised coding scheme.	Service users found practitioners who were attuned to these narratives provided more valuable support. But few implications for rehabilitation and/or reform.
	Porgrebin, Stretesky, Unnithan Venor (2006) **US**	Analysis of the narratives of violent gun offenders.	(n=73)	Semi-structured interviews. Analysed by grounded theory.	Justifications & excuse making to counter threats to identity.	More details needed on data analysis. Neutralizing techniques identified ahead of analysis.	Little commentary on how this work can be built upon or implications for rehabilitation.
	Presser (2004) **US**	Self-construction via story making in research interview.	(n= 27)	Theoretical sample. Unstructured interviews with violent offenders.	Narratives position offenders as moral selves. Meaning co-produced in interview.	Little detail of coding process.	Useful material on reflexivity in qualitative research. Considers impact of role of researcher.
Narratives & desistence from offending	**Gadd & Farrall (2004)** **UK**	Analyses narratives of men desisting from violence & the role of the unconscious.	(n = 2)	In-depth case analysis. Sample chosen to provide theoretically interesting material.	Unconscious meanings important in desistance. Defences reproduced in social discourses.	Highly interpretative. Prospect for multiple interpretations of data.	Complements cognitive approaches to desistance. Argues that a fuller account of change must include a psychodynamic perspective.

	Herrschaft et al (2009) US	Comparative analysis of narratives about change from 4 'stigmatised' groups.	(n=37)	Web-based survey & content analysis.	Gender differences in narratives about transformation.	Conclusions not definitive. No background on why this method used. Offenders only small part of web-based sample; no details of coding scheme in the text; Few opportunities for rich accounts to emerge.	Implications for're-entry' practices. Call for more client-centred services. Little detail about what this actually means.
	Maruna (2001a) UK	Explores the concept of 'generativity' in rehabilitation	(n = 50)	Theoretically interesting sample of 20 persistent & 30 desisting offenders identified through ethnographic field work. Content analysis of narrative accounts.	Those who change whereby they re-cast their offending pasts to facilitate more positive contribution to society. Responsibility is taken for themselves and the next generation.	Questionable a sample can have pure 'desisters' or 'persisters'. Those who express a desire to change may dip in and out of offending.	Socio-cognitive approach. Focus is on <u>how</u> offenders change criminal behaviour in the face of social challenges. Interested in 'false positives' i.e. those who should persist in crime given their socio-economic backgrounds but do not.
	Maruna (2001b) UK	Explores different 'scripts' that contribute to persistence and desistance from offending.	(n = 50)	As above.	Persistent offenders show a 'condemnation' narrative; ex-offenders a 'redemption' one - offending due to deleterious circumstances they have overcome.	As above.	Fuses sociological and psychological levels of explanation. Change requires sensitivity to the continuity of offenders' self-narratives & not in their deconstruction.
Offender narratives & early relationships	**Adshead, G (2011) UK**	A narrative approach to psychodynamic group work with men who have killed.	(n = 7)	Extracts from weekly psychodynamic reflective groups.	Psychodynamic group work addresses incoherent 'cover stories'. These persist by dampening shame.	No information on sample. No follow-up on those who leave the group. Unclear about precise mechanisms of change.	Good discussion on attachment & narrative identity building. Promotes an approach where 'cover stories' are dismantled & rebuilt.
	Evans and Wallace (2008) UK	Explores the masculinity narratives of male prisoners	(n = 9)	Transcribed audio material from semi-structured interviews. Narrative analysis based on Agar & Hobbs (1982) concept of 'coherence'.	Men convey 3 distinct narratives about masculinity. Psychodynamic perspective on how masculinity can be transformed. Turning points trigger realization that internalized codes of conduct 'fatally flawed'.	Would benefit from more information on type of narrative analysis used.	Positive loving relationship with a father figure can be enough to ensure the survival of gentler, albeit hidden versions of masculinity. Rehabilitation practices to recognise men could be more open to exploring and challenging their private emotional worlds.

	Moertl, Bucholz &Lamott (2010) Germany	Assess the impact of early parental dynamics on sex offender narratives.	(n=11)	Analysis of videotaped sessions of group therapy. Modified grounded theory.	Sex offenders constructed a range of narratives to account for their victims based on early parental dynamics.	Poor grammatical style in reporting findings. Raises questions about why those with similar dynamics do not become sex offenders.	Highlights impact of early family relationships. But study is unclear about future implications of this research.

The studies contained samples drawn mainly from the UK, US and Canada. One study was conducted in Europe. Eleven studies drew their samples from incarcerated offenders. Of these, seven studies reported samples with direct experience of rehabilitative programmes (Auburn & Lea, 2001, 2003 2005; Adshead, 2011; McKendy, 2006; Moertl, Bucholz & Lamott, 2010; Waldram, 2008). Three studies reported data from offenders who may have experienced rehabilitation programmes though this was not clear from the demographic data (Brookman, Copes & Hochstetler, 2011; Evans & Wallace, 2008; Porgrebin, Stretesky, Unnithan & Venor, 2006). One study (Green, South & Smith, 2006) used data from both incarcerated and released offenders. The remaining studies used samples with recent experience of prison or who were subject to probation restrictions (Gadd & Farrall, 2004; Herrschaft, Veysey, Tubman-Carbone & Christian, 2009; Maruna, 2001a and 2001b; Presser, 2004). A variety of qualitative methodologies were used in these studies. Most studies used interview data though Herrschaft et al. (2009) used a web-based survey. Different methods of analysis were used to analyse the data: grounded theory (3); in-depth case analysis (2); discourse analysis (3); content analysis (3); narrative analysis (1). Four studies purported to use qualitative methods in analysing transcripts or interview notes, though there was little detail about the methodology upon which this was based. Overall the strength of these papers' arguments was undermined by methodological weaknesses and a lack of precision about how they are underpinned.

Themes and review

Offender narratives & cognitive distortions

Several studies (Auburn and Lea, 2003 & 2001; McKendy, 2006; Waldram, 2008) concluded that the offender rehabilitation literature rejects narratives as strategic, inauthentic and evidence of enduring cognitive distortions (denial of responsibility, blaming victims, minimising the harm done). Cognitive-behavioural techniques aim to challenge and correct these fundamental defects in a perpetrator's personality. However, Waldram (2008, p.436) argued that any new understandings an offender learns are "false narratives" and not a true shift in cognition i.e. offenders "learn what sense they are supposed to make" by working out what the prevailing treatment narrative requires. McKendy (2006) found that offender narratives could not be explored and understood within the confines of the 'master' correctional narrative. Prisoners' narratives are deliberately silenced because to hear their stories risks humanizing them and making their punishment harder to impose. Whilst of interest, these studies lack rigour e.g. there is no detail on the data were coded or how researcher influence was managed. This seems imperative as McKendy only gives the reader examples from two of his thirteen participants.

For Auburn and Lea (2003, p. 295) cognitive distortions are socially constructed drawing on "culturally available ...rhetorical devices to help [an offender] manage...blame" i.e. offenders use narratives to pre-empt potentially inaccurate versions of the offence and themselves e.g. that the offender was a dangerous predator. Asking offenders to acknowledge their 'cognitive distortions' and high-risk behaviours means interventions are incapable of conceptualizing acts of sexual violence as part of gendered power relations

and fails to recognise how language constructs social action (Auburn & Lea, 2001). Caution is needed in drawing firm conclusions from these studies. Data for this research was gathered from SOTP 'hot seat' sessions. It is perhaps unsurprising that participants deployed language in the way they did given this potentially hostile environment.

Offender narratives and the role of language

The specific role played by the language of narratives is further emphasized by Auburn and Lea (2005). They argue that, traditionally, cognitive approaches view language as the shortest pathway into psychology processes (attitudes and beliefs) that underpin behaviour. However, they identify a recurring rhetorical device in offender narratives called 'narrative reflexivity' which monitors and discounts any cognitive distortions attributed to them. Specifically, narrative reflexivity allows the offender to deflect his audience away from any potentially face-threatening suppositions. McKendy (2006) argues that self transformation depends on an offender's ability to think about and re-story their narratives. This cannot be done within the constraints imposed by correctional systems. The 'narrative debris' which characterise prisoners' narratives (fragments, false starts, pauses, inconsistencies, repetition, and various oral stumbling) do not indicate poor oral skills but offender's powerlessness as they manoeuvre within a dominant rehabilitation narrative. Yet the nature of this imposing correctional narrative is not spelled out. Evans and Wallace (2007) support the notion of 'narrative debris'. Their participants' narratives showed little temporal structure, an inability to identify causal factors in the development of beliefs and a tendency to struggle with questions asking them to reflect on the self. Auburn and Lea (2001) question the view that sexual violence is limited to a few abnormally "sick" men" and that research should look beyond personality traits to the 'practical ideologies' that maintain

gendered power relations thereby providing a context for rape and the development of rape myths (e.g. women who dress in a certain way are asking for trouble). Using discourse analysis, they conclude that perpetrators may use these practical ideologies to generate ambiguity about their motives, their character and that of the victim. However, can the conclusions of one (albeit in-depth) case study transfer to other similar cases?

Offender narratives and impression management

Several studies (Brookman et al., 2011; Green, South & Smith, 2006; Pogrebin et al., 2006; Presser, 2004) note that offenders select narratives in order to construct a moral character. Their narratives de-emphasise the offence and lessen attributions of a deviant identity thereby subverting and challenging their ascription to a criminal group. Presser's (2004) interviews with violent offenders revealed this subterranean moral decency as offenders signalled a transformation *back* to the essentially good person who existed before the offence or they point to their steady moral character before a lapse, perhaps due to circumstances beyond their control. Narrators are involved in a heroic struggle against internal foes (mental illness and addiction) and external ones (the environment, other people and authority). Pogrebin et al. (2006) sees violent gun offenders as no different from non-offenders in drawing on a "repertoire of accounts in explaining untoward acts" (p.17). Offenders engage in 'impression management' to protect a cherished identity that became tarnished through violence. Offences are presented as atypical of a true overwhelmed by circumstances. Again, these studies provide scant detail about how their interlocutors'' narratives were coded. Critically, Pogrebin et al's study reads as if the

theory is already well-established with the research used as an exercise to trawl for evidence to fit it.

'Dangerous' offenders in Green, et al.'s (2006) study were characterised by two narratives - "not my fault" (depicting a life out of control through the impact of early abuse and uncaring social structures) or "good at heart" (an otherwise responsible person). The label of dangerous is undeserved and unrepresentative. Regrettably, there is no detail about the coding of the data even though the researchers devised their own scheme informed by grounded theory. Moreover, having argued for the central role of narratives in identity, the authors fatally undermine their case suggesting that narratives are an inadequate medium for study being unreliable and selective!

Brookman et al. (2011) showed that offenders' narratives are formulaic plots built around a sub-cultural context of respect. Formula stories embody acculturated patterns of thinking and acting and are used to make sense of behaviour and to help the offender manage how he presents himself to others. Violence is part of his sub-culture where everyone knows the rules of the game. Violent offenders can, therefore, construct positive identities as respectable people who uphold accepted patterns of beliefs. Victims are positioned as disrespectful by flaunting the rules which they know. This justifies the harm done to them. Formula stories can also incorporate an individual's inherent tendencies towards violence. Several interviewees believed there was something in their natures that made these stories "salient and accessible". One interviewee said his violence resulted from a "call" or physiological appetite for violence which meshed with the plot formula. Others

acknowledge a personal cognitive weakness that engenders their propensity for violence. Whilst this attempt to mesh narrative identity with inherent dispositions is interesting, the authors are equivocal when drawing clinical implications from their research. Whether to target the biological dispositions or the process of narrative construction (or both!) is left unresolved.

Narratives and desistence from offending

Studies emphasise that a narrative approach can help offenders attempt to desist from crime (Gadd & Farrell, 2004; Herschaft et al, 2009; Maruna, 2001a, 2001b). Maruna argues that narratives that emphasise a moral self can have important implications. Change is presaged by an ex-offenders' ability to retrieve a non-offending authentically decent self and to perceive offending as the response to difficult, often hostile environments. Maruna (2001b) compared the narratives of ex-offenders going straight and those who do not and notes radical differences. Persistent offenders live according to a 'condemnation script' determined either by intolerable past events or by being victims of circumstance. These men often recount "pawn stories" (Maruna citing de Charms, 1968) i.e. a narrative that positions the author as a victim of society, unfairly treated by the authorities. Interestingly, Maruna suggests that "pawn stories" inoculate the teller against shame by emphasising that abject failure is less psychologically damaging than trying to change and then failing. By contrast, those desisting forge a 'redemption script' i.e. negative past experiences are reinterpreted to provide a positive way of living and a new identity. This transformation is embodied in generative commitments which fill a void in the offender's life providing a sense of purpose and meaning, allowing him to redeem himself and legitimizing his claim to having changed (Maruna, 2001a). But significantly desisting ex-offenders do not admit

personal responsibility for their past offences but account for it in terms of situational factors, not enduring internal attributes or traits. This allows them to eschew stigma and diminishing self-worth and improve their chance to re-orient their lives.

Herrschaft et al.'s (2009) sample of released offenders attributes change to key turning points in their lives e.g. employment and/or education. The authors used a short email survey of potential recruits from lists from several US federal treatment / care organisations. Recruits were from 'stigmatised' groups - the mentally ill, addicts, victims/survivors and offenders. Data was used from 37 respondents (out of a possible 406). Disappointingly, there was no information on how their data were coded. Additionally, it is difficult to follow their conclusions e.g. what is a 'holistic approach' to rehabilitation (rather than single-issue programmes) and what would this actually mean in practice? Their short survey is perhaps an unsuitable method to provide the richness of data that this subject warrants.

Gadd and Farrall (2004) acknowledge Maruna's work in showing the importance of narratives in (ex)-offenders' successfully desisting from crime. However, they wish to look in more detail at what happens to the concept of identity when accounts of change are narrated – why is the idea of investing in the next generation so important to these men? Gadd and Farrall point out that Maruna's content analysis falls foul of a difficulty evident in other approaches including the "What works?" approach which is that researchers are dependent on an "uneasy mixture of self-reports, practitioners' impressions and reconviction records" (p. 139). Consequently, any claims about offender careers should be

treated with considerable caution. Gadd and Farrall favour getting beneath the surface of manifest data (used in Maruna's work) to explore the latent or unconscious meanings of narratives. They argue that what makes someone persist or desist from offending can only be resolved through engaging on specifics using an in-depth case interpretative analysis. Such work is more important than the "actual words, narratives or discourses used" (p. 148).

Offender narratives and early relationships

Moertl, Bucholz and Lamott (2010) believe early relationships with care-givers can have a lasting impact on the narratives of child sex offenders. Parental dynamics shape an offender's identity and his beliefs about his victims. An offender whose mother was dominant may come to feel insignificant and submissive. The abuse of children allows him to redress this imbalance by winning back the 'male' qualities of decisiveness and power. Women are blamed for devaluing and rejecting his sexual needs which leads to his deviancy. Alternatively, an offender with a dominant (often abusive) father may either identify with the aggressor and construct a narrative in which women have brought violence on themselves through their naivety, or he may see women as vulnerable needing protection. This is achieved to the detriment of his own need for love which he seeks through child abuse. It is not entirely clear why other men with similar early family dynamics offend or what this analysis means for future therapy. This study is also dogged by a general lack of clarity as the translated English grammar leaves the reader working hard to follow their arguments.

Adshead (2011) contends that offenders come to psychodynamic group therapy with 'thin' or incoherent narratives or 'cover stories' that draw heavily on early 'insecure' attachment dynamics - enmeshed (preoccupation with past attachment figures in which their own voice is silenced); dismissing (early experiences are discounted and the offender works hard to keep his own feelings out of conscious awareness); and disorganized (containing both insecure attachment styles but redolent with unresolved grief and distress). Adshead (p. 181) believes offender cover stories "represent only part of the narrative identity of self that speaker is conscious of...or can bear to articulate". Group therapy draws these attachment experiences to the surface where a narrative can be dismantled and rebuilt. Incoherent stories become "richer and more self reflective". This can increase an offender's sense of agency as a forerunner of change. Reminiscent of McKendy (2006), Adshead criticises rehabilitation programmes that asphyxiate an offender's attempts at telling their story and states that neutralizing language surfaces when we are accused and/or feel defensive. Therapists should not 'try' the offender's case a second time in the 'therapeutic court'.

Violence can authenticate a sense of manhood according to Evans and Wallace's (2007) study. The practices surrounding masculinity "can function to keep the man locked away within his own mind, unable to find any emotional release or support" (P.494). A key finding was that early experiences of violence and exclusion meant that men internalize narratives surrounding security, vigilance, respect and retaliation where "life is a battle... to avoid being crushed and humiliated" (p. 496). Showing emotion risks losing the battle, particularly in prison. However, the experience of loving paternal relationships is enough to stop masculine codes from becoming fully internalized. They note that certain turning point experiences (imprisonment, children, new relationships etc) prompt some men to re-

think and take a more balanced view of their own masculinity. Such experiences lead eventually to the collapse of the "false self" (Winnicott 1960) as contradictory evidence is offered to counter the view that "men do not feel scared, moved, or emotional and that the way to solve problems is through domination, violence, and power" (p. 502). Internalizing a caring male "object" keeps alive the gentler side of the person into adulthood.

Discussion

These studies sit within a broader context on the care and rehabilitation of offenders. They reveal a debate about the efficacy of offender rehabilitation programmes which focus on the removal of 'pathological' behaviours versus approaches that emphasise the promotion of positive behaviours. Based on a medical model, a 'deficit' approach proposes that offenders are driven by deeply embedded beliefs and perceptions. A range of instruments and treatments are aimed at accessing, deconstructing and eradicating this distorted thinking. Advocates of alternative approaches face major obstacles. Empirically (perhaps intuitively) therapy with those legally detained and labelled dangerous requires that offending is challenged and treatment decisions focus on containing risk. The emphasis on personal narratives which shift the focus away from correcting pathological thinking to a consideration of situational factors e.g. poverty, abuse, racism (which many offenders have experienced from childhood) seems unlikely to encourage both clinician and public confidence that these can provide a vehicle for change.

Nevertheless, there is disquiet that there is too narrow a focus on the removal of risk factors (Day et al., 2008). Nee (2004, p.3) signals a re-assessment of this approach in remarking

that "as researchers we focus on analysis of large data-sets and statistical modelling without much reference to the raw material of our subject". The raw materials in this case are offenders' life narratives. Offenders will often neutralize overwhelming feelings of shame and existential despair by developing a "shield" of self-justificatory narratives (Maruna & Ramsden, 2004). These narratives restore a sense of self-esteem and a sense of identity. Maruna and Ramsden note that there has been little emphasis within treatment programmes on developing positive, redemption scripts which help desistence once these shields are eventually dismantled. It is within this context that an examination of offender narratives is useful.

Methodological limitations

On balance, although narratives "provide a unique insight into an individual and capture a depth and quality of personality that may not be captured by traditional measures of personality trait change" (Lodi-Smith et al, (2009, p.680) this review has revealed several difficulties that proponents of narrative reconstruction need to address before it can be considered a useful addendum to established approaches to offender rehabilitation.

The main goal of this review was to identify and evaluate the present literature on offender narratives. Whilst the author has tried to accurately reflect the conclusions of this literature it is important to note that this review is an example of what Shaw (2012) terms a 'third order' perspective of the data. It is an appraisal of this author's appreciation of the original sampling data. There is, therefore, an inherent distance from the data which means that the themes outlined here may be judged misrepresentative. Furthermore, Presser (2009)

wonders about who are, ultimately, the authors of narratives as a researcher will inevitably affect what is told by giving order and meaning to the account that may be different from those the narrator intended. A further key consideration is whether narratives can ever be a reliable tool to reveal and explain the psychology of their creators. Gadd (2003) notes that "what people say about their lives can only ever be partially true. Narratives are...constantly reworked as they are retold during research and everyday life" (p.318). Additionally, the participants in the studies reviewed here are drawn from Western societies. It should be borne in mind that studies from other cultures and correctional regimes could yield different interpretations than those reported here.

Critically, when drawing implications (theoretical or otherwise) from these studies it would have been helpful to have had an indication of the authors' values and assumptions to give a context for judging the interpretations that surface i.e. details on how the narratives were coded would have been useful and would ensure that these interpretations are grounded in participants' accounts and not the researcher's prejudices. Regrettably, rarely were these concerns addressed by the studies under consideration. These key weaknesses in quality control need to be addressed in future studies into offender narratives for subsequent readerships to be confident of the rigour and contribution qualitative research can make to the debate.

Clinical implications

The studies reviewed here suggest that narratives are not merely a record of the events in offenders' lives but are fashioned in order to promote a particular moral version of the self

before a particular audience. Although these studies are able to mark a territory where possible improvements in offender treatment could be built, they are less successful in clarifying the practical considerations involved in taking this work forward. This is a major weakness given that some studies advocate abandoning activities that aim to deconstruct deviant narratives. Less weight should be given to several studies (Brookman et al., 2011; Green et al, 2006; Herrschaft et al., 2009; McKendy, 2006; Moertl et al., 2010; Pogrebin et al., 2006) that are ambiguous about the implications of their work and their contribution to future practice. For example, McKendy (2006) believes initial work with existing narratives can lead to the construction of empowering self-narratives that can replace the 'toxic scripts' which drive destructive behaviours. But how this happens is not explored. Waldram's (2008) contention that ready made 'correctional' narratives generate treatments that are imposed on offenders is never resolved.

Maruna and Mann (2006), however, maintain that it is their context and circumstances that influence people's behaviour but that "it is ironic that these sorts of basic criminological understandings are deemed to be evidence of pathology when offered by offenders themselves". Maruna (2001a & 2001b) believes clinicians should not work to eradicate what are deemed to be 'subversive' narratives but should help offenders to re-work their narratives according to a redemption script that offers them an increasing sense of control over an unknown future. Auburn and Lea (2003) argue that, akin to family therapy, treatment should help offenders develop new narratives which bestow "different social and moral identities or positions for the narrator and other narrative characters" (p. 296).

Personal narratives could play a more prominent role in a positive psychological approach to offender rehabilitation by placing a greater emphasis on promoting positive change in offenders' lives (Ward & Stewart, 2003; Day et al, 2008). This approach supplements rather than replace approaches aimed at addressing risk and pathological behaviour. The identification and reduction of risk will remain a permanent and necessary feature of offender rehabilitation. To this end, work to address and manage risk factors (impulsivity, drug abuse, anger, interpersonal style, criminal thinking patterns) remains important. Indeed, many studies reviewed fail to tackle the immediate difficulties clinicians face in working with violent offenders and which may have physiological / biological underpinnings. However, an attention to offender narratives could reinforce the gains made in rehabilitation within a broader narrative of reform and renewal.

For example, the Good Lives Model (GLM) of offender rehabilitation is a strengths-based approach that places greater weight in helping offenders realise their personal goals and needs (termed primary goods) through changing their, often maladaptive, strategies in pursuing them[2]. People (including offenders) construct particular narrative identities to account for their success or failure in attaining these primary goods. Consequently, antisocial behaviour and maladaptive narrative identities develop when these goods cannot be secured pro-socially through a lack of internal resources (skills, attitudes, abilities, gender) and external ones (family, peer group, learning history, and opportunities), termed secondary goods (Barnao et al., 2010; Ward & Marshall, 2007). For example, in seeking the primary good of relatedness a child sex offender's narrative could position him as a caring and loving individual concerned for the life of his victims. His (albeit pernicious)

[2] For a fuller discussion of the Good Lives Model see Barnao, Robertson and Ward (2010).

narrative directly shapes and maintains his sexually abusive behaviour. Ward and Marshall (2007) suggest that therapy will include discovering, accepting and reaffirming the importance of offenders' primary goods and their associated narrative identities, whilst equipping the offender with the skills and attitudes needed to achieve these goods in socially acceptable ways. In the GLM, narratives become pivotal in supporting long term desistence from offending.

One difficulty with this approach is the contention that offenders with significant psychopathic traits ought to be excluded from this model. Constructing new narrative identities with such individuals, it is argued, may supply them with further resources to manipulate and victimize others. But falling back on trait-based arguments potentially excludes many offenders from this treatment model as countless offenders (not just those in secure hospitals) will have diagnoses of at least one personality disorder. Notably Ward and Marshal (2007) use sex offenders (who may or may not have personality disorders) in their example to illustrate the application of the GLM and yet wish to exclude other offenders who have personality disorders but who may demonstrate similar behaviour patterns e.g. manipulation, callousness and lack of remorse. It is inconsistent to apply the GLM to one group and exclude the other, when there is a likelihood of at least some overlap of behaviours between the groups.

The focus away from seeing offenders as dangerous "disembodied carriers of risk" (Ward & Maruna, 2007) to individuals with needs and goals also chimes with the principles of the recovery movement (see Anthony, 1993). This approach to mental health difficulties

encourages individuals to pursue a "satisfying, hopeful and contributing life" emphasising "self-management and empowerment, the reclaiming of identity, self-acceptance, and the maintenance of hope" (Mezey, Kavuma, Turton, Demetriou & Wright, 2010, p. 683). Mezey et al. studied the experiences of mentally ill and dangerous forensic psychiatric patients in a medium secure unit. This work shows that these patients do not simply view recovery as a removal of symptoms but making a useful contribution to their community, settling down to an 'ordinary' life and experiencing greater self-esteem. As Maruna and Ramsden (2004, p. 131) indicate, narrative reconstruction can provide a means to "escape from [the] chimera of deviance and shame". Recovering from these feelings does not involve a comprehensive replacement of one identity for another, but a way for offenders to mine "their own pasts for buried themes and alternative interpretations" (p. 139). Self-worth and change flows from offenders being helped to retrieve some purpose from their deviant pasts and promoting the belief that "something good has emerged from something bad".

In conclusion, those offenders who regard themselves as no longer a risk are nevertheless fearful of their reception and acceptance by their communities due to their past mistakes (Mezey et al, 2010). In a sense, narrative reworking needs to extend beyond offenders and into the outside world. As Maruna and Ramsden (2004) point out for narrative re-authoring to be successful such an approach must be supplemented by "sustained efforts to change public and cultural narratives that...support...criminality".

References

Adler, A. (1927). *Understanding human nature.* New York: Greenberg

Adler, A. (1930). *The neurotic constitution.* New York: Dodd, Mead.

Adshead, S. (2011). The Life Sentence: using a narrative approach in group psychotherapy with offenders. *Group Analysis 44 (2),* 175 – 195.

Anthony, W. A. (1993). Recovery from mental illness: the guiding vision of mental health system in the 1990's. *Psychosocial Rehabilitation Journal, 16 (4),* 11 – 23.

Andrews, D. A., & Bonta, J. (2003). *The psychology of criminal conduct* (3rd Edn). Cincinnati, OH: Anderson.

Auburn, T., & Lea, S. (2003). Doing cognitive distortions: A discursive psychology analysis of sex offender treatment talk. *British Journal of Social Psychology, 4,* 281 – 298.

Auburn, T. (2005). Narrative reflexivity as a repair device for discounting 'cognitive distortions' in sex offender treatment. *Discourse & Society, 1,* 697 – 718.

Auburn, T. (2010). Cognitive distortions as social practices: an examination of cognitive distortions in sex offender treatment from a discursive psychology perspective. *Psychology, Crime & Law, 16,* 1 – 2, 103 – 123.

Barnao, M., Robertson, P. & Ward, T. (2010). Good Lives Model Applied to a Forensic Population. *Psychiatry, Psychology and Law, 17 (2),* 202 – 217.

Brookman, F., Copes, H. & Hochstetler, A. (2011). Street Codes as Formula Stories: How inmates recount violence. *Journal of Contemporary Ethnography, 40(4),* 397 – 424.

Bruner, J. (2002). The narrative creation of self. In L. E. Angus & and J. McLeod (Eds.), *The handbook of narrative and psychotherapy.* London: Sage Publications.

Butler, M. (2008). What Are You Looking At? Prisoner confrontations and the search for respect. *British Journal of Criminology, 48,* 856 – 873.

Campbell, R., Pound, P., Morgan, M., Daker-White, G., Britten, N., Pill, R., Yardley, L., Pope, C. & Donovan, J. (2011). Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. *Health Technology Assessment 2011, 15, 43.*

Cooke, D. J., & Michie, C. (2009). Limitations of diagnostic precision and predictive utility in the individual case: a challenge for forensic practice. *Law and Human Behavior, 34,* 259 – 274.

Costa, P. T., & McCrae, R. R. (1994). Set like plaster? Evidence for the stability of adult personality. In T. F. Heatherington & J. L. Weinberger (Eds.), *Can personality change?* (pp. 299 – 314). Washington, DC; American Psychological Association.

Day, A., & Bryan, J. (2007). Personality change and personality disorder: Some initial thoughts on the application of McAdams' triarchic model to the treatment of personality disorder. *Psychology, Crime & Law, 13*, 19 – 26.

Day, A., Gerace, A., Wilson, C. & Howells, K. (2008). Promoting forgiveness in violent offenders: a more positive approach to offender rehabilitation. *Aggression and Violent Behavior, 13,* 195 – 200.

de Charms, R. (1968). *Personal causation: the internal affective determinants of behavior.* New York: Academic Press.

Elliott, R., Fischer, C.T., & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215–299.

Evans, T., & Wallace, P. (2008). A Prison within a Prison? The masculinity narratives of male prisoners. *Men and Masculinities, 10(4),* 484 – 507

Gadd, D. (2003). Making criminology good: A response to Shadd Maruna. *The Howard Journal, 42,* 316 – 322.

Gadd, D. & Farrall, S. (2004). Criminal Careers, Desistance and Subjectivity: Interpreting men's narratives of change. *Theoretical Criminology, 8(2)*; 123 - 156

Green, G., South, N. & Smith, R. (2006). "they say that you are a danger but you are not": representations and construction of the moral self in narratives of "dangerous individuals. *Deviant Behavior, 27*, 299 – 328.

Greenhalgh, T. (2010). *How to read a paper: The basics of evidence-based medicine.*

Wiley Blackwell; 4th Edition.

Herrschaft, B. A., Veysey, B. M., Tubman-Carbone, H. R., & Christian, J. (2009). Gender differences in the transformation narrative: Implications for revised rentry strategies for female offenders. *Journal of Offender Rehabilitation, 4,* 463 – 482.

Lea, S. & Auburn, T. (2001). The social construction of rape in the talk of a convicted rapist. *Feminism & Psychology 11 (1),* 11 – 33.

Liebling, A. & Maruna, S. (Eds.) (2005). *The Effects of Imprisonment.* Cullompton: Willan Books.

Lincoln, Y. S., & Gruba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, Ca: Sage Publications.

Lodi-Smith, J., Geise, A., Roberts, B. W., & Roberts, R. W. (2009). Personality processes and individual differences: Narrating personality change. *Journal of Personality and Social Psychology, 96,* 679 – 689.

McAdams, D. P. (2001). *The person: an integrated introduction to personality psychology.* (3rd Ed.) Fort Worth, Tx: Harcourt.

McKendy, J. P. (2006). "I'm very careful about that": narrative and agency of men in prison. *Discourse Society 2006; 17*, 473 – 502.

Maruna, S (2001a). Work, generativity and reform. In S. Maruna, *Making good: how ex-convicts reform'and rebuild their lives*, (pp. 117 – 130, xix, 211 pp). American Psychological Association, Washington, D.C.

Maruna, S. (2001b). Making good: The rhetoric of redemption. In S. Maruna, *Making good: How ex-convicts reform and rebuild their lives*, (pp. 85 – 108, xix, 211 pp). American Psychological Association, Washington, D.C.

Maruna, S. & Ramsden, D. (2004). Living to tell the Tale: Redemption Narratives, Shame Management and Offender Rehabilitation. In A. Lieblich, D.P. McAdams & J. Josselson (Eds.) *Healing Plots: The Narrative Basis of Psychotherapy.* Washington, DC: American Psychological Association.

Maruna, S., & Mann, R. E. (2006). A fundamental attribution error? Rethinking cognitive distortions. *Legal and Criminological Psychology, 11*, 155 – 177.

Mays, N., & Pope, C. (2000). Quality in qualitative health research. In N. Mays and C. Pope (Eds.), *Qualitative research in health care (2nd edition)* (pp. 89-102). London: BMJ Books.

Mezey, G. C., Kavuma, M., Turton, P., Demetriou, A. & Wright, C. (2010). Perceptions, experiences and meanings of recovery in forensic psychiatric patients. *Journal of Forensic Psychiatry & Psychology, 21, 5,* 683 – 696.

Moertl, K., Bucholz, M. B., & Lamott, F. (2010). Gender constructions of male sex offenders in Germany: Narrative analysis from group psychotherapy. *Archives of Sexual Behavior, 39*, 203 – 212.

Morris, M. (2004). *Grendon's work in community, culture and change, 15*. Jessica Kingsley Publishers, London and Philadelphia.

Nee, C. (2004). The offender's perspective on crime: Methods and principles in data collection. In A. Needs & G. Towl (Eds.), *Applying psychology to forensic practice* (pp – 3 – 17). Oxford: BPS Blackwell.

Pogrebin, M., Stetesky, P. B., Unnithan, P. & Venor, G. (2006). Retrospective accounts of violent events by gun offenders. *Deviant Behavior, 27*, 479 – 501.

Polaschek, D. L. L. (2012). An appraisal of the risk-need-responsivity (RNR) model of offender rehabilitation and its application in correctional treatment. *Legal and Criminological Psychology, 17,* 1 - 17

Presser, L (2004) Violent offenders, moral selves: Constructing identities and accounts in the research interview. *Social Problems, 51,* 82 – 101.

Presser, L. (2009). The narratives of offenders. *Theoretical Criminology, 13*, 177 – 200.

Richters, J. E. (1997). The Hubble hypothesis and the developmentalist's dilemma. *Development and Psychopathology, 9,* 193 - 229

Ricoeur, P. (1986). *Time and narrative* (vol. 2). Chicago: University of Chicago Press.

Shaw, R.L. (2012). Identifying and synthesising qualitative literature. In D. Harper & A. R. Thompson (Eds.). *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for students and practitioners.* John Wiley & Sons Ltd.

Singer, J. A. (2005). *Personality and Psychotherapy: Treating the whole person.* The Guilford Press.

Spencer, L. & Ritchie, J. (2012). In Pursuit of Quality. In D. Harper and A. R. Thompson (Eds.). *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for Students and Practitioners.* Wiley Blackwell.

Thorne, A. & Nam, V. (2009). The storied construction of personality. In P. Corr (Ed.), *The Cambridge handbook of personality psychology.* Cambridge, UK. Cambridge University Press.

Tyrer, P., Duggan, C., Cooper, S., Crawford, M., Seivewright, H., Rutter, D., Maden, T., Byford, S., & Barrett, B. (2010). The successes and failures of the DSPD experiment: The assessment and management of severe personality disorder. *Medicine, Science and the Law, 50,* 95 – 99.

Tyrer, P. (2011). From the Editor's desk: Blowing in the wind. *The British Journal of Psychiatry, 198,* 502.

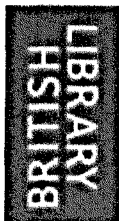
Vaughan, B. (2007). The Internal Narrative of Desistance. *British Journal of Criminology, 47,* 390 – 404.

Waldram, J. B. (2008). The narrative challenge to cognitive behavioral treatment of sexual offender. *Culture, Medicine & Psychiatry, 32,* 421 – 439.

Waldram, J. B. (2010). Moral agency, cognitive distortion, and narrative strategy in the rehabilitation of sexual offenders. *Journal of the Society for Psychological Anthropology, 38,* 251 – 274.

Ward, T., & Stewart, C. (2003). The relationship between human needs and criminogenic needs. *Psychology, Crime and Law, 9(3),* 219-224.

Ward, A., & Marshall, W. (2007). Narrative identity and offender rehabilitation.



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Appendices

Appendix 1 - Approval for target journal: the Journal of Forensic Psychiatry and Psychology

Appendix 2 - Critical Appraisal Skills Programme – Qualitative Research Checklist

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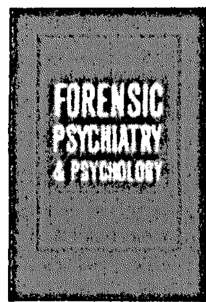

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Published By: Routledge
Volume Number: 22
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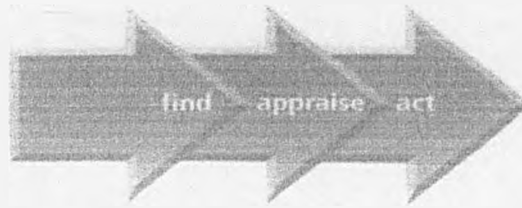
APPENDIX 2.

CRITICAL APPRAISAL SKILLS PROGRAMME

Making sense of evidence about clinical effectiveness



10 questions to help you make sense of qualitative research

These questions consider the following:

Are the results of the review valid?

What are the results?

Will the results help locally?

A number of italicised prompts are given after each question. These are designed to remind you why the question is important. There will not be time in the small groups to answer them all in detail!

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Screening Questions

1. Was there a clear statement of the aims of the research? *Consider:* • *What the goal of the research was* • *Why is it important* • *Its relevance*	
2. Is a qualitative methodology appropriate? *Consider:* • *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*	

Detailed questions

3. Was the research design appropriate to address the aims of the research? *Consider:* • *If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?*	
4. Was the recruitment strategy appropriate to the aims of the research? *Consider:* • *If the researcher has explained how the participants were selected* • *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study* • *If there are any discussions around recruitment (e.g. why some people chose not to take part)*	

5. Were the data collected in a way that addressed the research issue? *Consider:* • *If the setting for data collection was justified* • *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)* • *If the researcher has justified the methods chosen* • *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?* • *If methods were modified during the study. If so, has the researcher explained how and why?* • *If the form of data is clear (e.g. tape recordings, video material, notes etc.)* • *If the researcher has discussed saturation of data*	

6. Has the relationship between researcher and participants been adequately considered?
 	
Consider:
• *If the researcher critically examined their own role, potential bias and influence during:*
  o *Formulation of the research questions*
  o *Data collection, including sample recruitment and choice of location*
• *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design*	

7. Have ethical issues been taken into consideration? *Consider:* • *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained* • *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)* • *If approval has been sought from the ethics committee*	

8. Was the data analysis sufficiently rigorous? *Consider:* • *If there is an in-depth description of the analysis process* • *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?* • *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process* • *If sufficient data are presented to support the findings* • *To what extent contradictory data are taken into account* • *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation*	
9. Is there a clear statement of findings? *Consider:* • *If the findings are explicit* • *If there is adequate discussion of the evidence both for and against the researcher's arguments* • *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)* • *If the findings are discussed in relation to the original research question*	
10. How valuable is the research? *Consider:* • *If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature?* • *If they identify new areas where research is necessary* • *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*	

Section II

Research Report

"I suddenly had a voice": A qualitative study of patient narratives about violence and change in a Dangerous and Severe Personality Disorder (DSPD) Unit

Abstract

Background

Within psychology (and society) widely circulating narratives suggest that offenders with severe personality disorder are untreatable, that improvements in their behaviour and thinking are strategic and what they say about their experiences should be treated with scepticism. An ever burgeoning use of psychometric tests strives to arrive at an ultimate, objective judgement of risk.

Aims

This research aims to investigate the experiences of adult male patients in a DSPD unit reported to be showing change according to measures of future risk of violent offending.

Methods

Interpretive Phenomenological Analysis (IPA) was used to analyse ten patient interviews.

Results

Four master themes were identified that centred around the origins of violence; how alterative ways of behaviour were deterred; what participants see as important components of change; and the difficulties that still lie ahead.

Conclusions

Paying attention to participants' experiences can play a useful role in rehabilitation by helping patients to construct more adaptive narrative identities in pursuit of their personal goods; strengthening effective therapeutic relationships; and allowing patients to effectively reintegrate their violent pasts and make sense of the future.

Introduction

In high security hospitals a significant number of patients are detained under the Mental Health Act (2007) with a diagnosis of one or more Personality Disorders (PDs). Patients diagnosed with severe PD pose a high risk of sexual and / or violent re-offending when there is a functional link between their PD and their offending behaviour (Kirkpatrick et al., 2010). This link is encapsulated in the diagnosis of Dangerous and Severe Personality Disorder (DSPD). The DSPD programme, a joint Ministry of Justice and Department of Health pilot project established in 2001, evaluates and treats patients who risk re-offending due to severe PD. In the UK, the programme has offered around 300 places in DSPD units across four sites: Whitemoor and Frankland Prisons and Rampton and Broadmoor High Security Hospitals.

Within these institutions violence is likely to be a feature of a patient's behaviour. Violent incidents accounted for 63% of the 5,658 incidents recorded at Rampton Hospital between June 2007 and September 2008. The highest number occurred in the Women's Directorate (2,657) followed by the DSPD Unit (948), the Personality Disorder Directorate (758), the Learning Disability Directorate (739) and the Mental Health Directorate (556) (Uppal & McMurran, 2009). These incidents ranged from threats of violence and verbal abuse to assault without a weapon and sexual assault. As Daffern et al. (2005) point out many patients come to forensic units with well-established repertoires of aggressive behaviour, honed in environments such as prison where violence and aggression can fix disputes or afford status.

Studies show that psychopathic patients demonstrate significant levels of aggression, poor interpersonal functioning and adjustment during hospitalization. They are a great challenge for services (see Chakhssi, de Ruiter & Bernstein, 2010). Maltman, Stacey, and Hamilton's (2008) account of patient perspectives of admission to Rampton Hospital's DSPD unit highlighted widespread personal safety concerns among patients prior to admission due to perceptions of high levels of institutional violence. However, some patients later moderated their worries during the course of their stay. Ryan et al., 2002[3] showed that when questioned about service development the majority of detainees diagnosed with severe personality disorder traits preferred treatment in a high security hospital rather than a prison.

For some time, the Department of Health has actively sought feedback from service users in order to improve health services (Department of Health, 2001). However, assessing the experiences of those with severe personality disorders linked to violence is problematical. Ryan et al. (2002) argue that most users of services for offender-patients with personality disorder can give constructive views on service provision. However, Milton et al. (2005) found that psychopathically-disordered patients at Rampton Hospital consistently underestimated their 'worst' qualities and overestimated their 'best' ones and that there were significant differences between professional and patient ratings. This 'discordance' leads Milton et al. to question whether PD patients in forensic settings really are "experts regarding their own psychopathology" and are capable of working in partnership with health professionals. Professionals are warned to be cautious of the views and experiences

[3] There is considerable debate among clinicians about whether DSPD is a diagnosis. Reference here is therefore made to persons with severe personality traits.

of those with severe personality disorders as it is likely they will seek to conceal certain characteristics e.g. they may seek to conceal dominance or coerciveness for personal gain e.g. to try to move to a less secure setting.

Cowburn (2006) draws attention to a pervasive difficulty within forensic psychology which is that "the opinion of the offender is treated with suspicion". Consequently, he points out that practitioners within forensic psychology seek to increase the amount of psychometric testing in order to draw the correct conclusion about a patient's risk of re-offending and to ensure that offenders / patients can not only "talk the talk" but "walk the walk". Such analyses are seen as the most appropriate way to arrive at an objective judgement about an offender's predisposition for future risk. However, the prominence of neutralization techniques (Sykes and Matza, 1957) seen as evidence of cognitive distortions means that practitioners can never be fully satisfied that offenders will "walk the walk". There is, therefore, a requirement for increasing and more refined psychometric evaluation (Morris, 2004, Cowburn, 2006). As Gadd and Farrell (2004) remark risk-based criminal careers literature is "so preoccupied with statistical prerogatives that it often makes generalizations that are either vague or not typical of any particular case existing in reality".

Furthermore, McKendy (2006) notes that the views and experiences of long-term prisoners are purged in correctional institutions because to hear detainee stories could lead to their 'humanization' making it more difficult to punish them. Suppressing these stories may have adverse consequences for rehabilitation by interfering with offenders' capacity to think about, re-story and transform their lives. Lodi-Smith, Geise, Roberts and Roberts

(2009) observe that life stories capture a depth and quality of personality that traditional measures of personality trait change may miss. Thorne and Nam (2009) believe that the stories offenders tell are psychosocial constructions that do not seek objective truths, but attempt to make sense of an individual's life and should therefore feature more prominently as a basic unit of personality. Whilst there is a place for traits, the experiences and accounts of those experiences can help to inform our understanding of what it *means* to have such traits.

Rationale for the current study

There is a case, then, for a deeper analysis of the experiences of detainees with a history of violence. Patients within high security hospitals who have been assessed and are receiving treatment for their difficulties might provide a suitable population to test McKendy's contention. Canter and Youngs (2009) argue that offenders construct narratives throughout their lives and blend an offender's experiences and their interpretation of those experiences. This approach downplays the usefulness of personality traits as an explanation for criminality in favour of a person's interpretation of experience when constructing their criminal narrative. From this perspective, it would be instructive to study the experiences of patients with severe personality disorder in treatment and their interpretation of those experiences. In particular we might ask in what circumstances patients' experiences of violence developed. What impact might these experiences have on patients' identities? Can a violent past be reconciled with patients' current experiences? Are there clues that might be used by clinicians to help patients re-construct a new narrative or story about how they wish to be seen in the future?

Moreover, the DSPD pilot programme is now being de-commissioned and its resources to be re-invested in a new offender pathway led and managed by the criminal justice system which includes earlier identification and assessment of severe personality disorder and intervention and treatment moved to category C and category B prisons (Joseph & Benefield, 2012). One of the key principles in the development of this nascent pathway is that services must take "account...of the experiences and perceptions of offenders and staff at different stages of the pathway" (Jospeh & Benefield, 2012, p. 212). As a contribution to this goal, this study canvasses the experiences of patients who have undergone management and treatment in a DSPD unit.

Aims of the study

This study aims to explore the experiences of male patients in a DSPD unit currently undergoing treatment and reported to be showing change according to measures of violent / offending behaviour. The study specifically aims to explore what participants regard as the key elements of therapeutic engagement and recovery and the key obstacles to be faced. Patient experiences could help to inform the development of new services for those with a history of violence and diagnosed with severe personality disorder.

Method

Given the above aims, this study used Interpretative Phenomenological Analysis (IPA), a qualitative methodology developed to provide an in-depth investigation of lived experience

Smith, Flowers and Larkin, 2009). The principal assumption behind IPA is a phenomenological one: that people are inspired to act according to their perceptions of their circumstances rather than by the circumstances themselves. IPA seeks to understand how people perceive and make sense of their experiences. IPA is further influenced by hermeneutics i.e. that another's experience is accessed through interpretation. Meaning is, however, an inter-subjective act. It is rarely possible for the researcher to avoid a role in facilitating interpretations and meanings (Heidegger (1962). It was therefore important to use a qualitative methodology that acknowledged this. IPA therefore contains a 'double hermeneutic' with the researcher interpreting the participant's interpretations of their own lived experience. IPA is an idiographic level of analysis i.e. particular cases are the focus of analysis rather than the general (Larkin and Thompson, 2012).

Several other qualitative methods suggest themselves in this study including narrative analysis. Though there are some similarities between IPA and narrative analysis, the researcher, in this instance, was less interested in making a story and its elements (plot, characters, structure, impact of the social context etc) themselves the object of the research than the participants' efforts at meaning making. The researcher wanted to try to uncover the 'authentic' voice of participants – narrative analysis suggests that this can never be achieved as reality is always shaped by power relationships and co-created.

Recruitment

This study was conducted at The Peaks (DSPD) Unit at Rampton Hospital which aims to "assess, manage and treat individuals with a severe personality disorder (PD) who present a

high risk of sexual or violent offending" (Kirkpatrick et al., 2010). Participants were sampled according to IPA principles (Smith et al, 2009). A purposive sample was used (i.e. those who could offer a meaningful perspective on the research question). It was also homogeneous (i.e. participants could offer insights from a position of shared experience or expertise). The participants were male offenders who had been transferred to the DSPD Unit for treatment. To ensure participants met these criteria the following inclusion criteria stipulated:

- Offending histories included acts of violence.
- Violent behaviour and thoughts were prominent on arrival at the unit.
- Participants were receiving treatment to address their difficulties.
- Clinician and file reviews to ensure current suitability.

A clinical file review was conducted to focus on a pool of potential participants. Particular emphasis was placed on positive changes in patient behaviour as recorded on the Violence Reduction Scale (VRS), a 26-item violence risk assessment which uses a review of file information and a semi-structured interview to assess the level of violence risk, identify a client's readiness for change and targets for treatment and any post-treatment improvements (Wong & Gordon, 2006).

The VRS uses a modified Transtheoretical Model of Change (Prochaska et al., 1992) which proposes that people progress through five stages when changing their behaviour with each

stage characterised by specific behaviours. Those in the pre-contemplation and contemplation stages have neither the insight nor intention to change or may acknowledge a problem but show no substantive indications of relevant behavioural change. Those in the preparation stage combine intentions to change with relevant behavioural changes, although these changes may be recent and unpredictable. People actively modify their behaviours and attitudes and commit to change in the action stage. In the maintenance stage, relapse prevention techniques are used to consolidate gains made previously. Participants in the 'preparation' stage of change on the VRS were approached first. This stage had the potential to capture a range of possible participants – those for whom the prospect of change was novel, those who may have reached this stage some time ago and were working towards the next stage and those who may be finding it difficult to maintain whatever gains they had made to date.

It was critical to verify the suitability of those identified as possible participants with key members of their clinical team including their Responsible Medical Officer (RMO), named nurses and other key workers. Patients were excluded if the clinical team thought they were too distressed by their experiences and /or that they could not cope with interviews. Patients on acute wards or those undergoing initial assessments upon arrival at the unit were excluded as were patients in seclusion for violent behaviour or those who presented with serious and on-going management difficulties. However, violence within forensic mental health environments tends to be cyclical (Stefanakis, 2000). Consequently, patients who were in treatment but who may have displayed some aggression or violence in recent weeks or months prior to the study were not automatically excluded.

Once suitable participants were identified, it was agreed that the initial approaches to the patient would be made by his named nurse or key worker. Copies of the Research Protocol were distributed to the clinical team and the researcher met with the team to answer any questions. Patient Information Sheets (Appendix 4), Consent Form (Appendix 5) and a draft Interview Schedule (Appendix 6) were also provided to the team for background. Following discussions with the patients, a series of meetings were arranged between the researcher and the patients themselves to discuss the study and matters arising from the Patient Information Sheet. If the patient agreed to participate in the study a Consent Form was also handed over. However, it was stressed that the patient did not have to make an immediate decision on whether to participate in the study but could take a day or longer to consider a response. If the patient wanted to take part in the study he could return the completed Consent Form to the researcher's office via the ward staff. The researcher and the clinical team stressed that if a patient declined to take part in the study this decision would not in any way prejudice current or future treatment and would have no adverse effects during their time at the unit.

Participants

Fifteen potential participants were identified using the inclusion criteria. Ten participants finally agreed to take part in the study. The participants' ages ranged from 30 to 60 (median age = 43). The length of time since their admission to the DSPD Unit ranged from 3 years to 10 years (median = 5 years). The participants' index offences included serious assault, attempted murder, wounding and violent sexual offending, some in the commission of theft or burglary. Further demographics and precise details of offence history are not

recorded here to strengthen participant anonymity. All participants spoke English as their first language. To ensure anonymity the participants were assigned a pseudonym.

Ethical approval

Approval for the project was given by the Peaks Academic and Research Unit (PARU) committee (Appendix 1). Ethical and research governance was given by the appropriate NHS ethics committee and research governance bodies before the study began (Appendices 2 & 3).

Data Collection

Semi-structured interviews were conducted according to an Interview Schedule which was developed in consultation between the researcher, Peaks Academic and Research Unit (PARU) and guidelines in the literature (Smith & Osborn, 1993; Smith et al, 2009). The schedule contained several broad questions and possible prompts to extract participants' experiences and to allow them to talk fully without direction down pre-determined avenues. The schedule was not intended to be prescriptive and was rarely used in its entirety - rather it acted as a guide to facilitate reflection. The schedule aimed to cover areas such as the participants' early experiences of violence; how their use of violence made them feel; how violence shaped their life and character; and their current reflections on their transfer to and treatment at the unit. As the interview developed it was neither possible nor desirable to cover all the areas outlined. The interviews were scheduled to last 60 minutes and were audio-taped. The researcher transcribed the interviews on site as it was not permitted to

remove the interview material from the hospital. The interviews were transcribed verbatim. After the interviews, participants were consulted about whether they would like feedback on the results of the study. Additionally, the researcher made a series of notes about the process and impact of the interviews in their reflective diary.

Analysis

The data were analysed using IPA methods (Smith & Osborn, 2004; Smith & Eatough, 2006; Smith, Flowers, & Larkin, 2009). Each line of the transcripts was numbered. Each transcript was read several times along with the audiotape to get a broad sense of the data and to check for accuracy. These initial readings of the text allowed the researcher to develop a feel for possible emergent ideas and to identify and bracket off preconceptions. These were noted in a reflexive diary.

The main text of a transcript was sandwiched between two wide margins. Phenomenological coding was conducted in the left-hand margin and interpretative coding in the right-hand column. Phenomenological coding involved a close, line-by-line analysis of the experiences, cares and concerns of the participant. This process was essentially descriptive and focused on what the participant found significant and meaningful in his narrative. This stage of analysis also included any initial questions about the stance of the participant in developing his account. The right-hand margin was reserved for the identification of emergent patterns within the experiential data. Essentially, this involved drawing upon psychological knowledge and ideas about what participants' experiences may

mean for them within a particular context. For example, did a particular topic keep recurring and if so, why? This stage of analysis involved turning embryonic notions into concrete themes. An extract from an interview and the analysis is at Appendix 7.

Subsequent reviews of the data revealed that themes could be abandoned, refined or connected and labelled. Clusters of common sub-themes were extracted. By moving to higher levels of abstraction, the analysis left fewer overarching, super-ordinate themes. A table was drawn up linking each super-ordinate theme to its sub-themes together with quotes from the text (see Results section). This process was repeated for all ten interview transcripts. A cross case analysis was then conducted. This involved organising the material in a format which allowed the coded data to be traced through the analysis – through initial codes on the transcript, via initial clustering and thematic development into a final structure of themes.

Quality

Several studies highlight the importance of quality throughout the qualitative research process (Larkin and Thompson, 2012; Smith et al., 2009). Quality was a principal consideration in this study and steps were taken to ensure this by checking that emerging themes were both grounded in the data and could be independently traced back to the data by others. Accordingly, the researcher supervisor read coded interview transcripts. Emerging themes and opinions were compared and discussed in detail during supervision meetings which were held throughout the analysis. Themes were refined and cross-case

comparisons considered. This process contributed to, as far as possible, the transparency of the final list of master themes.

Furthermore, IPA acknowledges the potential impact that the researcher's own position can have on the research process in terms of their personal assumptions, opinions and preconceptions. Quality in quantitative research is a design that minimises bias and therefore enhances internal validity which, in turn, ensures an arrival at the 'truth'. One of the epistemological underpinnings of qualitative research takes the position that there is no objective reality independent of the researcher. As Larkin and Thompson (2012) point out researchers using IPA do not access experiences directly but that findings are the result of inter-subjective meaning-making. Therefore, in place of objectivity, qualitative methods (including IPA) promote reflexivity so that researchers can show integrity in their interpretations of participants' experiences. As Fade (2004) notes rather than eliminating researcher beliefs as biases, IPA promotes reflexivity as a tool to makes sense of others' experiences. To strengthen this approach in the current study, the researcher kept a reflexive diary throughout to record his own experiences and opinions.

Consequently, IPA suggests that such personal characteristics be acknowledged and made transparent. The researcher is a 48 year-old white male originally from a working-class socio-economic background. His first career was in the Whitehall civil service. The majority of his experience in clinical psychology is in work with older adults but he also has experience of working with people with enduring mental health difficulties including psychosis. He has experience of working with several different psychological models, but

has a strong interest in both psychodynamic and narrative psychology and an interest in how cultural and social contexts impact on a person's psychological make up. He also has a great deal of experience of working on a voluntary basis with ex-offenders with mental health difficulties in the community in London. This, and a work placement at Rampton Hospital, has led him to read extensively about forensic psychology and rehabilitation issues. It is important to disclose these contacts and research interests given their likely impact on the nature of the interview material and the way it was interpreted.

Results

A summary of master (or super-ordinate) themes and sub-themes is given in Table 1. These are described and illustrated by verbatim extracts from participants' accounts. Pseudonyms have been used throughout and names, places and other possible identifying references have been removed.

Table 1: *Summary of super-ordinate and sub-ordinate themes*

Super-ordinate themes	**Sub-ordinate themes**
1. A "dog eat dog world"	i) Survival ii) Violence as a tool
2. Being locked away: "no-one really saw that side of me"	i) Exclusion & defectiveness ii) The impact of prison iii) Drugs
3. Finding a voice	i) Staff support ii) Understanding and managing the past iii) Learning coping strategies
4. Fears for the future	i) Dysfunctional relationships ii) The impact of social discourses

Theme 1: A "dog eat dog world"

1. (i) Survival

Participants gave harrowing accounts of their childhood. Their early lives were characterised by both witnessing and being victims of abuse. The perpetrators were often those purportedly in a position of care whether within the family, care homes, school and, later, prison.

> *"He* [Step-father]*...broke bones and things like that...he literally sexually abused my mother in front of me... raped her on several occasions and made me watch"*[Jim, p. 2].

> *"I was very slow...not able to understand things. With instructions I couldn't quite take them in. Pneumonia and meningitis as a child... left me with physical problems...and when other children see that...you know...there wasn't much PC around in them days"* [Barry, p. 3 – 4].

> *"I was in care at 5 ½...I kept running away. I went to my mum's and she would just chuck me out the door, not give us anything. I went to my nan's, and got food there"* [Charlie, p.2].

These formative experiences meant that participants were preoccupied with surviving these actions. It also meant that inappropriate codes of conduct were ingrained at an early age. Some participants were praised for using violence. Alternatively, if participants showed weakness or failed to respond violently to bullying this would often result in violent punishment from their fathers.

Violence was seen as a legitimate way to settle disputes. Survival in one children's home meant learning to use violence effectively.

> *"...the staff always said that if we ever wanted to fight each other because we had problems then they would take us over to the big sports field and basically all the lads would form like a box and we would be in the middle and fighting each other with the staff watching. And it would be broken up if one lad been declared to have had enough"* [Matthew, p.3].

Luke encapsulates the significant role played by violence in protecting him from physical harm:

> *"I don't think people realise how much of a fucking dog eat dog world it is and that you are either with or against people in prison- there's no in between. You can't go about your own business a lot of the time and be on your own because people will fucking have you... and if you're against them that's it you're either a very seriously injured or a fucking dead person"* [Luke, p. 21].

- **Notes from reflexive diary:** *"This strikes me as pretty extreme. Sceptical - there would surely be more deaths/injuries in prison than there actually are! Will this be a common thread with other participants? However, what about the figures for violence at Rampton? Do these include verbal aggression – check!"* I felt these comments showed the importance of stepping back from the material and not

allowing initial reactions to colour or seek to corroborate the data. IPA is about allowing the participant's voice to be heard.

1. (ii) Violence as a tool

Violence was used by participants to acquire goods. But it could also provide more significant social goods such as status, respect, control and a sense of belonging. Participants talked about how acquiring material goods brought the trappings of success and afforded status and respect – in stark contrast to their early experiences of rejection and humiliation. Violence was a tool that helped participants overcome these disadvantages and realise needs that other young people took for granted. Jim sums this up as follows:

> *"... You're working and got a mortgage. Well, I've got a house and there's no mortgage on that. My car is probably worth more than your house...oh and by the way I've got a BMW. It was a desperate bid on my part to feel worthy...get that, young guy from a council estate, no experience, no qualifications, and no job prospects..."* [Jim, p. 27].

Participants who used violence gradually built a reputation for hardness and acquired respect among their peers. Respect augmented participants' survival strategies and was often enough to dissuade others from planning and carrying out assaults. However, repeated acts of violence were necessary to replenish that reputation as others sought to test it.

"I became someone without realising it! I used to love it walking into the tea room knowing that if I walked to the back everyone would move away so I could sit where I wanted" [Matthew, p.11].

Mocked and rejected because of a learning disability, Barry was often at the mercy of others. Violence was a means of wresting back control:

"...there was this sense of an all powerful...all powerful...this...I don't know...it's hard to describe...the situation I was in at that time ... It's all about power and control..." [Barry, p. 11].

Luke's need for control went to extraordinary lengths. Despite leading to acute self-harm, his actions have logic and can be understood in a child's context in the wake of severe abuse:

"I used to lie on graves for hours on end and I used to think that I could get the power off these dead people and then go and confront my step father and beat him up because I'd have more brain power and I'd be stronger than him and be as strong as the man that was dead underneath me. I used to eat firelighters and drink paraffin because I used to think it'd make me stronger. I used to see it make fires and I equated that with making things stronger and powerful... and all it ended up doing was making me very ill"[Luke, p. 8 – 9].

Luke achieved his desire and became physically strong later in life. Yet this led to constant challenges from others. Subsequently, he 'deconstructed' himself through self-mutilation and weight loss. Violence made possible a sense of belonging for some participants which they had lacked in childhood. Will found a surrogate family among his peers at Borstal which contrasted with years of previous bullying and intimidation:

> "*... all I wanted really, was to feel part of a normal family... longing for that sort of love and affection and upbringing to the one that I had. I felt almost happy for the first time in my life for being part of something and having friends...*" [Will, p. 8].

The inherent pleasure of violence was rarely expressed as a reason for engaging in it. Nearly all participants claimed to deplore violence and claimed they did not like using it. They stressed that it was a necessary evil used to protect them and overcome discrimination. However, some participants did admit that they favoured violence eventually over other forms of offending and even enjoyed it:

> *"I knew I'd found something...a buzz ...just the colours, the lights, the sounds, the taste it's all there jumbled up together"* [*Norman*, p. 12].

> *"I was an animal. [Violence] became an instinct. I never thought of the consequences or how other people would feel or anything. It just naturally seems to evolve in me. I got a thirst for fighting in the end"* [*Matthew*, p. 5].

> *"I thought if I fight with one of the lads, it's exciting, you know be like uh, I thought it would be like uh this you know like hero kind of thing like coz like*

I'm fighting an all that and one of the lads and all that, and it just stuck with us all the way" [Charlie, p.5].

Violence, therefore, brought survival, financial rewards and life style, respect, control and pleasure – it is perhaps unsurprising that some participants found the prospect of losing this tool difficult to contemplate:

> *"I was not prepared for how hard hitting Rampton would be. I fought against it. My natural side of me was "get out of here quick...this is going to destroy you". I saw it as taking something away from me...control"* [Matthew, p. 19].

- <u>**Notes from reflexive diary:**</u> *"Reminiscent of Duggan (2008) whose interpretation of anti-social personality disorder is the need to be in control and using untamed aggression to maintain control. These remarks raise the issue of whether violence is dispositional or situational"* This comment perhaps spotlights how theory can impinge on the researcher's thinking and analysis. Am I pre-disposed to look for such a sub-theme given my previous knowledge of personality theory?

Theme 2: Being put away: "no-one really saw that side of me"

2. (i) Exclusion and defectiveness

The participants spoke of their experiences of rejection both within the confines of the family or institutions and more widely in society. These experiences were shaped by social discourses about their identity and abject circumstances. Participants who spent their early years in children's homes were treated like outcasts in the local community. Similarly, participants whose families lived in poverty drew similar contempt from their peers. Participants from both these backgrounds were frequently bullied. Moreover, these environments had a damaging impact on participants' mental health. Charlie catalogued a number of moves he had made within care homes, young offenders institutions, prisons and forensic mental health units.

> *Yeah it was chaotic. My grandparents kept me for a while uh, but my mum didn't like it so she put me in a home. I've been in places all over, care homes. I went to XXXX and I tried to hang myself, but the hospital wing was getting done up so they shipped me over to XXXX and from there I went to XXXX. I was settled, but then they moved me to a different place. I got into fights so they put me in an RSU in XXXX. I tried to set it alight, so they shipped me to the Medium Secure XXXX Unit. I knew I was coming here before I got shipped out to XXXX. Later I got shipped out to Rampton. It's mad isn't it?* [Charlie, p.11][4].

- **Notes from reflexive diary:** *"Charlie's use of the word 'shipped' strikes me as important. It does sound as if he is nothing more than human cargo – a commodity to be traded within the criminal justice system. The objectification of his 'being'*

[4] Use has been made of XXXX in quotations in order to preserve a participant's anonymity.

perhaps contributed to his violence within institutions and his suicide bid". A fine grained analysis of the text using a different research method could generate a different perspective from the one emerging here. Nevertheless, this section of the interview nicely summarises the exclusion many participants experienced.

2. (ii) The impact of prison

Violence enabled participants to survive destructive childhoods. In addition to acquiring monetary gain, violence became a way for participants to obtain 'primary goods' such as respect, status, relatedness and mastery (Barnao et al, 2010; Ward & Marshall, 2007). The acquisition of these goods often occurred in an institutional context such as prison. But a recurring theme in participants' accounts was that prison not only punished them for their offences but also cut them off from feelings other than anger and the need for revenge. Though relationships could be forged, showing empathy or compassion was a sign of weakness. Attempts to do so put participants under an uncomfortable spotlight. On learning the news that a close friend had died Matthew felt sadness, but still had to wear the 'armour':

> *"No one really saw that side of me because I hid it or tried to hide it. You'd see chinks of my armour open at times but generally no prisoner would see me weak"* [Matthew, p. 13].

Physical isolation led to psychological isolation. Participants' acute senses of threat in prison lead to thoughts about how they could keep themselves safe:

"I stayed in my cell, I hardly came out and when I did come out I was silent, passive aggressive not talking to people. I'd terrible thoughts about what I'd do to people including staff... people became frightened of me..." [Jim, p. 12].

"I needed help, but it was very difficult to get help because of how isolated I was in the cell. I think inside myself, I just found there was no hope here. I just thought I need to get through it and the only way I can do that is to keep myself to myself. To make sure that I don't let myself get into any danger" [Toby, p.12].

- **<u>Notes from reflexive diary:</u>** *"A difficult interviewee. Kept normalising experiences – made things sound like no big deal even though his experiences must surely have been distressing!!" Toby is both amiable and bright. – psychopathy? Or are things too difficult to talk about?"* An example of me 'reading between the lines' and not allowing the material to speak for itself. Important it seems not to be deflected by previous knowledge of theory or untutored first impressions.

Prison was experienced as an unsafe place for therapeutic interventions. Jim recalls a conversation with one of his prison therapists:

"They said that for an hour or two whilst we've got you in this room you become calm and normal but as soon as you walk out of the room your whole persona changes, your body structure changes...we can actually see

it, you metamorphosise into this other. Well it's very difficult to address your issues and get help when all the time you're worried whether someone is going to stab you. It's marvellous when you're offered this and that, but I'm thinking how am I going to survive the day." [Jim, p. 17 – 18].

Additionally, therapeutic work could be undermined by the attitudes and practices of prison staff:

"The officers used to find it actually amusing if they had a prisoner who did their head in... they had a bit of fun by coming up to me and said " listen we got that guy giving us a problem..." You become something - a tool of the system in the end, because they see that and they say we can use that to... run the wings the way they want" [Matthew, p.11].

2. (iii) Drugs

Drug use (both prescription and illicit) prevented some participants from addressing their violent behaviour. Drugs had a deadening effect on their ability to reflect upon the consequences of their actions:

"I know it's wrong to go and rob people in their houses and steal stuff and steal cars and assault people -that's wrong- but you are not a person when you're on drugs, you just do it to get by to the next day and that's why I never felt guilt or remorse or any form of shame or anything like that..." [Colin, p. 23 – 24].

> *"I didn't feel anything. I didn't think anything... I was on a lot of medication which numbed me. Some medications made me worse. Yeah, it was just numb, just no thoughts no feelings, no nothing"* [Luke, p.17 – 18].

- **<u>Notes from reflexive diary:</u>** *"All transcripts are suffused with 'excuse-making' and attitudes highlighted in neutralisation theory (Sykes & Matza, 1957). We all do this though. Perhaps unfruitful to dwell on this thought. But need to be aware."*

Theme 3: Finding a voice

3. (i) Staff support

The hospital offered both a place of safety where participants could attempt to reappraise their lives and set the tone for patients' future engagement in therapeutic work. Some participants noticed a new approach upon arrival at hospital:

> *"...When they had me in the gate lodge ... the staff here said "can you remove the cuffs please?" And they* [prison officers] *went "we are not removing the cuffs until someone signs for the body". The guy looking at me lifted his head up above me and went "you are talking to my patient; do not ever refer to him like that again". They tried to treat me as an individual and not as a number like the prison service does...And I'm like this is weird..."* [Matthew, p. 20 – 21].

This ethos allowed practitioners to begin to draw out patients' voices which participants viewed as an important first step.

> *"I suddenly had a voice. And they listened. I ranted and raved for 18 months and threatened and huffed and puffed and did everything I could do to try to force them away to see if they would do what everyone else had done and abandon me. And they didn't"* [Jim, p. 14].

Charlie had spent the least amount of time at the hospital but his thoughts about a new self were beginning to take shape:

> *"I can talk now, I feel like I can get my opinion across... medications helped me a little bit, but most of all, really the staff, the way they've explained things to me in a way I can understand and I feel happy about... Instead of taking it in my own hands, I try to sort of talk to staff"* [Charlie, p. 14].

Importantly, participants welcomed the resilience shown by staff and believed this made a considerable contribution to helping find their voice. At times, patients felt like conceding defeat in their attempts to change. These feelings were prominent on admission and during periods in seclusion. However, even then, participants admired the way staff showed patience and encouragement in getting them to engage and explore their feelings and thoughts (*"trying to get a bit of a spark going"* - Matthew, p. 27). This resilience was also shown (and respected by participants) in the way challenging behaviour was managed:

> *"...when you've been used to prison and upping the ante...in here it means nothing because they have seen it all before and they can control it. After a while it just sinks in that you can't get your own way, you just can't do it,*

they're that resilient here they just won't bow to nothing... and I threw everything at them..." [Colin, p. 26].

Not only did participants find these professional responses new, they provided them with suitable models of how situations can be managed calmly, sympathetically and effectively.

3. (ii) Understanding and managing the past

Participants needed to understand the past and put it into context. They were engaged in a struggle to reconcile their violent pasts with the possibility of a new future:

> *"...I was carrying a... massive weight behind me. I had plans in my head for years - what I wanted to do to him because of what he did to me. I decided I wanted to get to know about him, what his childhood was like and how he was treated. Don't get me wrong I never forgave him... but I understood why he did what he did and that made a hell of a lot of difference, it didn't make me angry anymore... I thought it was unfortunate that he was brought up that way"* [Luke, p. 30].

These understandings led to sadness and feelings of loss. Jim articulates what he feels has been a wasted life:

> *I look back at my life and think how different it could have been if I hadn't been tortured or sexually abused in the care system. I've lost my children, I've lost people in my life and I thought what a wasted life. That made me sad. I feel bereavement...like mourning for that little boy that never had a chance. But for me it's been in this environment that has allowed me time out to look at all that.*

They said to me you're feeling remorse. Well, these were words weren't new, but I didn't know the feeling. That's when I realised that perhaps I wasn't such a monster". [Jim, p. 21].

Participants were, however, tentative about making bold statements about the future because of the weight of the past. They were apprehensive when incidents occurred on the ward lest these re-waken past conflicts and/or test their ability to respond in appropriate ways.

"...you know sometimes I'm still full of that defectiveness and shame. At times I need to be back in control, you know, I need to take back control, so that's when I started being more passive aggressive with people to let them know if you like I'm still around..." [Will, p. 26].

Participants gave passionate accounts about where the ultimate responsibility for their violent pasts lay:

*"I was saying "people like you did this to me...how dare you judge me" (they weren't judging me but I was venting my venom on these therapists). "You talk of society...I hate society...I've been punished for what I've done, no-one's been punished for what they did to me...I've been created by the society that you now want me to re-join...*why?" *There was so much hatred"* [Jim, p. 14 – 15].

Participants felt let down by those in authority, especially those with a duty of care for them. It had been a long road to start trusting people. Consequently, whilst participants recognised they had to take responsibility for their past actions and the decisions they made, they could not completely divest themselves of the belief that others (families, care agencies and institutions) might like to take a share of that responsibility. Luke no longer believed his violent lifestyle was a product of 'the system' but was, instead, a rational choice.

> *"... I'm a product of what I have made myself. I had a choice of who I wanted to be or how I wanted to be and I took a certain route and that's why I became the way I became..."* [Luke, p. 28].

This, however, did not prevent him from questioning what has happened to him during his journey towards recovery. Speaking of his diagnosis of personality disorder diagnosis, Luke argues that it is a tool by which society can leverage control over him:

> *We've all got personality disorders, the only difference is that I crossed the line and broke the law... When I first got nicked these labels weren't around. It was only when it came to my time to be out...the only way to keep me in was to give me these labels..."* [Luke, p. 25 – 26].

For Luke, violence was not the result of inherent personality traits but stemmed from a rational choice given the environment in which he grew up – a choice for which he is now taking responsibility. It seems then that a key challenge for the participants (and their key workers) will be the way issues such as blame and responsibility are handled as they prepare for life away from a high security setting.

3. (iii) Learning coping strategies

Participants were now able to think about their reactions to potentially challenging future circumstances. There was a consensus that disagreements were natural part of everyday interactions and that it was necessary to take a more balanced approach when they arose. Participants remarked that often these disputes ought not to be taken personally and recognised the need to take a broader perspective e.g. if a participant was the subject of negative comment by another patient it may be that that patient was themselves having a tough time. In the interview, participants talked about the steps they were taking to apply the strategies they were learning in therapy. The 'language' of rehabilitation was routinely used throughout their accounts of this. For example:

> *"...it's recognising your schemas and triggers... as well as about childhood trauma and what effects that trauma has on your life..."* [Will, p. 25].
>
> *"Now when I get angry I do my Stop, Test, Obtain process, yeah, that's what I try to do all the time... and I try to analyse what I'm thinking and my negatives and where my thinking errors are"* [Seb, p. 25].

- **Notes from reflexive diary:** *"The use of language learned in treatment. Anecdotal evidence is that this makes some professionals uncomfortable i.e. treatment & expansion of vocabulary just makes patients better 'adjusted' psychopaths? Arguably, knowing strategies and techniques to rein-in anger might be a good thing. Using associated language seems unavoidable. Am I colluding with the participants to put a positive 'spin' on the interview text?"* There can be different interpretations of the data. I might have interpreted these remarks differently given

my own experiences and opinions. This (and other reflexive notes) highlights the need to flag-up the researcher's own biases.

Seb lobbied for a Social Learning Group which he believed would make a valuable contribution to the ward as it was a suitable environment to discuss and resolve disputes.

> *"I said, well, you bring us here for antisocial personality disorder and part of personality is to deal with a situation in an appropriate way. There's a lot of things that go off on that ward...you can come to a resolution or compromise but you can't do it on the shop floor, on the ward because that is not the correct place..."* [Seb, p. 28].

Theme 4: Fears for the future

4. (i) Dysfunctional Relationships

Some participants often experienced entanglement in inappropriate relationships which served to perpetuate violence. Speaking of a relationship with a former girlfriend Colin reported that:

> *"...it got to the point where she'd say if I didn't do something then she'd say that I'd hit her...or she'd tell everyone I was gay... if you don't get enough money so I can get these things then I'm going to go to the police and say you've raped me. I didn't know what to do, so then I start lighting more fires..."* [Colin, p. 9 – 10].

Significantly, these tainted early relationships which had often led to violence were re-experienced in current relationships:

> *"...I had these preconceived ideas in my mind that these [relationships] weren't going to last anyway, so you know it was self sabotage... I'd gone full circle...from being this lonely child with no friends, to having friends and then went back to not having any friends and even destroyed relationships and that's when all the violence and constant drinking, constant fighting...I think that sometimes I used to just go out and fight just to get out of myself..."* [Will, p. 17 – 19].

4. (ii) The impact of social discourses

Participants recognised that a powerful discourse among some clinical commentators and practitioners is that those with a personality disorder cannot be treated. Colin revealed that one prison assessment concluded that his disorder:

> *"...is not amenable to medical treatment and that's what the Doctors had said before my sentence. They said there is something fundamentally wrong with me, fundamentally"* [Colin, p. 20].

He therefore believed he had "nothing to lose" from maintaining his violent behaviour. Indeed, he used his diagnosis to create the impression he was "crazy" thereby keeping peers and officers "off his back". This discourse of 'un-treatability' has important practical and policy implications. Staff may feel de-motivated and de-moralised and it is a major reason

preventing the movement of patients from high to medium secure facilities. A further discourse in forensic psychology is that in which patients deploy extracts from treatment protocols in order to manipulate situations and position themselves favourably in treatment. This discourse judges this behaviour as further evidence of anti-social personality disorder and cautions that treatment simply creates better adjusted, more manipulative offenders (also see Collins and Nee, 2010 for therapist attitudes towards sex offenders).

Norman echoed the widely held belief in society that those who perpetrate violence must be fundamentally flawed from an early age. He suggested that if early opportunities to acquire a sense of right and wrong are missed, then the individual's behaviour is fixed for the rest of his life. Norman worried about how far this was true:

> *"We are born without morals but we do learn them...I don't think I'd learned these things"* [Norman, p. 19].

If a patient perceives his life as pre-determined it increases a sense of powerlessness and a conviction that change cannot be made.

> *"I'm looking forward and sort of trying to get a normal life, and learning how to lead a normal life. Because the life that I've led is the only life I've known. It's totally alien to me as... you know I've spent probably about 27 years in institutions"* [Will p.25].

Discussion

Summary

This study examined the experiences of patients living in a highly secure mental health setting who are working to transform their violent behaviour. Where previous studies of offenders have examined what it is like for people to 'go straight' on release into the community, participants in this study were men with personality disorder who will be released back to lower security units after treatment. Meanwhile, they live on wards with men with similar violent histories some of whom may not be at the same stage in the treatment process and may not yet have developed the abilities to implement new skills acquired during treatment. Participants invariably had spent many years in prison and other custodial settings. None had experienced opportunities to participate in crime-reducing career projects or experienced significant social bonds which might have produced meaningful 'turning points' heralding change (Aresti, 2010; Sampson & Laub, 2003).

As children, the participants suffered painful and degrading treatment from adults charged with their care. They were labelled as "outsiders" and "deviant" (a status perhaps reinforced when their violent behaviour was "medicalised" under the diagnoses of severe personality disorder or the label DSPD). This study supports Corey's (1996) reasoning that labels tend to form part of a participant's "narrative consciousness". Some participants (absorbing wider social discourses) also perceived themselves as outcasts and defective. The study therefore examined the experiences of stigmatised individuals as they tried to create meaning from a myriad of conflicting and damaging early experiences. This is important as the outcome of such meaning-making are self-narratives that shape and guide

future behaviour because individuals "act in ways that agree with the stories or myths they have created about themselves" (McAdams, 1985). Self-narratives are increasingly important tools in informing practitioners about an individual's personality and inner self (Gillet, 1999; Maruna, 2001; Singer, 2005; Ward & Marshall, 2007). In investigating why participants might change their behaviour it is necessary to understand what violence meant to them in the past and what it means now. This study examined these questions by allowing participants to give voice to their experiences.

Shame

A picture emerged showing that violence originated and persisted because it served a function within abusive and powerful pro-offending social networks. Participants' lives were characterized by victimization where violence became a logical response to extremely damaging, formative backgrounds. Abusive and stigmatizing encounters were shameful. Shame originates from an absence of a nurturing environment and limited opportunities to use non-violent means to overcome damaged, low self esteem (Gilligan, 1992). Indeed, as Gilligan notes, shame is so corrosive that violence serves to diminish its intensity by substituting it with its opposite – pride. The acquisition of wealth, status and power served to counteract the shameful experiences associated with childhood suffering. Several participants provided powerful accounts about "hardness", the cutting off emotions such as empathy or compassion lest it increase their vulnerability, or as Gilligan puts it, left them exposed to the painful prospect of confronting their shame. Whilst shame is a powerful driver of violence, it is unlikely to provide a complete explanation of violence. Whilst most participants abhorred their acts of violence, they did, at the time, enjoy the benefits these

acts brought. However, some offenders did admit that they came to enjoy violence for its own sake. It is important to remember that the conditions that help to establish the use of violence can be very different from the conditions that later maintain violence in a person's repertoire of responses.

Challenges to recovery

Despite their histories, participants were beginning to question the role violence played in their lives. This recognition, however, was tempered by the knowledge that difficult challenges lay ahead. As a result, participants refrained from making solid predictions about successfully changing their coping behaviour. Their experiences of attempts at reform in the past, prior to their arrival at the unit were emasculated by the practicalities of preserving safety and standing. Episodes that had generated appropriate affects were kept secret – cracks in the 'armour' were quickly covered up. In prison, therapeutic work to help participants manage their violence was essentially dead at birth. Stories about reform could never fully compete with those required to help them police their environment and expunge shame. Moreover, why should they abandon violence when it conferred several benefits (not simply financial) and its surrender would involve a significant loss in the face of everyday challenges? As Presser (2004) notes, offending depends not on "essential criminality but on the basic need to survive". The DSPD programme is currently undergoing re-evaluation with the recommendation that the delivery of its interventions be allocated to prisons in a bid to achieve value for money. Critically, in this study, participants' experiences of the efficacy of therapy in prison suggest a caveat about whether changes against this backdrop can be sustainable.

Moreover, sustaining a non-violent lifestyle is increasingly difficult given the discourses about offending circulating widely in society. Labels such as "bad", "mad" or "insane" enable a society to avoid listening to and understanding violent individuals (Gilligan, 1992). Participants in this study said that acquiring a 'voice' was a significant factor in their progress. Formerly, the (limited) 'voice' they had reflected their manoeuvrings within the confines set by society's labels - either resisting them or adopting them (e.g. 'monster', 'predator' or 'ill'). Consequently, participants lacked any sense of personal validation in their lives either through experiencing close and trusting relationships or within institutions charged with their care. Instead they experienced betrayal, personal insignificance and worthlessness. The subsequent psychological pain increased the risk of violence which became the principal route to personal validation.

The ability to give 'voice' to or narrate their lives was important to these participants. Why might this be the case? What transient thoughts participants had about reform may also have been encumbered by broader psychological difficulties. For example, Benjamin (2003) suggests that violence can be a deeply embedded product of early relationships with significant others i.e. dysfunctional behaviour patterns that were learned from important early figures while growing are repeated as a way to try to (fruitlessly) connect with and receive love from these people. These difficulties may obstruct offenders' ability to engage in an 'internal moral conversation' (Vaughan (2007) in which they explore alternatives to criminality and may conclude that it is "incompatible with the person they wish to be" and their life must take a different course. However, offenders' abilities to do

this are constrained by the lack of voice and confusion. Dimaggio and Semerari's (2004) analysis of the narratives of patients with borderline personality disorder shows that patients related confusing and incomprehensible stories with a plethora of competing characters and voices "struggling to get heard." These individuals exhibited severely disorganised narratives loaded with extreme judgements about the self and others. The DSPD unit may have allowed the participants in this study to find their own voice unencumbered by the strictures imposed by an abusive and invalidating past.

Redemption

Participants spoke passionately about what happened to them in the past. Whilst recognising the harm they had done to their victims, they indicated that due weight should be given to their life experiences. This study revealed that for many on the road to reform, past memories can remain toxic and destructive. Some participants continue to feel unworthy and that they owe a debt which can never be quite repaid or are undeserving of a worthwhile life. Reconciling and re-integrating past experiences of violence within present narratives to establish coherent future identities will be important if offenders are to achieve human goods in socially acceptable and sustainable ways (Ward & Marshall, 2007). To re-integrate the past effectively, there must be a degree of distance from it. Contrary to the 'what works?' approach, neutralization techniques can be useful in permitting desisting ex-offenders to reshape their narrative of what happened in the past in a way that is favourable to present self-concepts (Mischowitz, 1994; Stefanakis, 1998).

Maruna (2001) observes that desisting ex-offenders develop a 'redemption script' that enables them to "rewrite a shameful past into a necessary prelude to a productive and worthy life" thereby forging a new identity. In contrast persistent offenders live according to a 'condemnation' script i.e. there is little they can do to change their lives or themselves. They become entangled in a pre-determined process of criminalization over which they feel powerless. In this study, a picture emerged of participants reflecting on new ways to approach conflict which had the flavour of a redemption script. Seb's proposition for a Social Learning Group on his ward is an example of the emergent narrative identity of someone coming to terms with adversity but doing so to the benefit of his fellow patients and staff. Indeed, the development of the therapeutic communities approach in rehabilitation (see Rapaport, 1960), with its accent on communal patient responsibility where patients can contribute meaningfully to the treatment of their peers sits comfortably with the concept of rewriting or using a shameful past in the service of a worthy future.

This study showed participants attempting to shape new roles for themselves as reflective individuals with the strength of character to make sense of the past, to put it into context in a bid to turn their lives around. But does change require reaching back and re-discovering an "old me" rather than the fashioning of a "new me" through treatment? Rotenberg (1987) contends that desistence requires a narrative of an essentially good individual who later succumbed to threatening and oppressive forces. Interestingly, in this study some participants drew attention to occasions when non-violent roles and/or moral selves were visible e.g. a conscientious student; husband; father; uncle; friend; hero / protector; or 'conqueror' of oppressive and abusive milieus. Participants mined their experiences for instances of an "old me" who was not the deviant, outcast or animal of wider cultural

discourses. Matthew's account of hearing the news that a boy he had taken under his wing and treated like a son had died at another prison and his inability to show sorrow shows an individual with "redeeming personal integrity" – no matter how fleeting or unimportant the manifestation of such integrity may have been (Maruna, 2001).

Some participants might re-discover an "old me" others would fashion a "new me". Jim's "old me" was dead, but in coming to terms with that, in grieving and feeling remorse (*"these were words that weren't new, but I didn't know the feeling"*) Jim came to realise that perhaps he was not such a monster. Exploring participants' accounts thus seems a fruitful way of distilling experiences that can form a new therapeutic and post-therapeutic identity which will help these individuals to sustain the gains they have made on the unit.

Narratives

Participants offered what Maruna (2001) citing de Charms (1968) calls "pawn stories" which position the teller as having been unfairly treated by the authorities. In a forensic setting these accounts are evidence of 'cognitive distortions' and the target for correction. Yet as Maruna points out, "pawn stories" inoculate "those with a vulnerable or shame-prone sense of self" and allows them to feel that being a "pawn" and failing in life is less painful and psychologically damaging than striving to achieve something and then failing. These accounts function to preserve a coherent sense of self and allow someone to re-gain some control of his/her life. Arguably then, a key aim of treatment might include work not only to correct underlying distorted thinking but also the replacement of "pawn stories"

with the development of more positive stories if offenders are to carry forward improvements made in rehabilitation.

Maruna and Mann (2006) note that taking responsibility is an over-rated treatment goal and that many techniques to deny criminal behaviour are not evidence of dispositional flaws. Consequently, some critics argue that the aim of CBT to correct cognitive distortions does not lead to any new understandings representing a true shift in cognition but merely leads patients to 'make the sense' they are supposed to make within the prevailing treatment narrative (Waldram, 2008). Offenders fear straying too far from the treatment template in case they put in jeopardy future decisions about release. Maruna and Mann (2006) contend that although non-offenders use a host of external and internal factors to account for behaviour "we pathologise prisoners for doing the same". Moreover, offending resulting from a set of enduring dispositional traits implies that a person has little control over how these traits govern their behaviour. It suggests that an offender's choices are constrained. However, at the same time offenders are asked to take full responsibility for their choices and agree that offending was a choice that they could have avoided.

Although not explicitly stated, this researcher's reflexive notes reveal this tension in participants' accounts. Some participants were keen to claim responsibility for their violence yet became unsure later in the interview and believed others should shoulder some responsibility. Given that treatment / correctional narratives contest neutralization techniques, were some participants simply paying lip-service to a dominant, yet "false",

treatment narrative in which they are required to take responsibility? Future work might wish to explore this in greater detail

Staff support

Winnicott (1946) pointed out that the function of custodial institutions is to protect the offender from society's desire for revenge. Stein (2006) believes this powerful 'revenge narrative' can be re-enacted in custodial settings as professionals reinforce participants' narratives of defectiveness and failure. These settings replay participants' abusive childhood environments. Collins and Nee (2010) show how practitioners in a UK prison engage with their clients according to pre-determined labels such as 'risky', 'manipulative', 'untrustworthy', and 'unpredictable' and the negative impact this has on instilling hope during therapy. This study revealed that participants on arrival at Rampton appeared primed to respond to this 'revenge' narrative and saw Rampton as yet another stage on a long and meandering journey through the criminal justice system. Shamblin (1986) argued that patients need to test the integrity of the system as they "cannot at first believe that an honest situation...which values the patient could exist". A patient's initial behaviour may be designed to do this by making staff dislike or reject the patient. Colin's early experiences at Rampton ably demonstrate Shamblin's point. A key finding from participants' accounts is that a turning point is reached when participants feel confident that staff behave in a way contrary to the participants' expectations. Staff at Rampton, through their resilience, patience and humanity encouraged participants to develop their voices and have provided them with a new language with which to begin to explore change. Staff also

play an important role in validating and testifying to progress in participants' developing sense of self.

Limitations

Idiographic in nature, this study did not aim to be typical of all patients detained in high security settings or at other treatment facilities. Participants' were asked to provide an account of their experiences of violence. These experiences have possibly been influenced by the passage of time and the reliability of memory. Moreover, as Anderson (2004) points out an original experience might never be communicated remaining either "locked inside or effectively quashed and replaced with a hand-me-down narrative in which experience is bartered away for social acceptance - the supreme currency in any culture". If participants have been instructed that violence is the product of bad people with impaired thinking and personality traits then some accounts of violent experiences may well be downplayed, promoted to impress or deflect the interviewer. Indeed, as stated in some of my reflexive notes (extracts provided in the results section) it is very likely that my previous experiences working in the community with released offenders with mental health difficulties has shaped the themes I regard as important. Of any group of people with mental health difficulties, these have the cards stacked against them in terms of recovery. Although one can never be impervious to the disturbing offences these individuals have committed, I believe that it is better to put aside these concerns in the interest of more effective long-term rehabilitation which can bring future benefits to the offender and more importantly to the wider community. This belief will have coloured my analysis of the data and the experiences / language quoted in the body of the report. Hopefully, IPA's stipulation to

present a background context and a reflexive stance can permit readers to judge the veracity of the findings.

Getting at the truth is an important consideration for those charged with the care and reform of the participants in this study. Many of these participants have diagnoses of anti-social personality disorder which include factors such as manipulation, charm, eloquence, repeated deceitfulness in relationships e.g. lying or conning others for profit or pleasure. Whilst, some participants provide lucid, cogent accounts of their experiences it should be borne in mind that not all did, and the exemplars used here cover a range of participants. The eloquence and ease with which participants recounted their experiences might simply be a function of their repeated telling rather than a symptom of an underlying pathology. Again, it is for readers to judge how authentic these voices are given the contextual information provided in this study. But it is worth asking can there ever be progress in offender rehabilitation (not just for those diagnosed with personality disorders) if we start from the premise that they all engage in deception?

The inclusion of behaviours such as deceitfulness as part of a diagnosis of severe personality disorder may render expressions of remorse or change as empty. However, these patients are deemed 'treatable' and will move into less secure units. How can this circle be squared? The standard answer to this is triangulation whereby clinicians can look at a range of different sources of information e.g. (importantly) observed behaviour, self report, psychometric data and, in some cases, physiological information. The key is to discover consistency across domains and situations. However, the accounts given by the

participants can only ever be one element in arriving at an overall assessment of future behaviour. Yet the stories of their experiences can function as much more than a series of chronological events and ought not to be neglected.

These findings may not be representative of other patients in this DSPD unit or elsewhere. The sample consisted of predominantly white, working-class men and is unlikely to reflect the experiences of other groups who have used violence. Obviously, those individuals who were eligible to take part in the study but did not may have had very different views and experiences to those presented here.

Clinical Implications

There is increasing recognition that helping patients develop adaptive narrative identities and life-stories should be a prominent part of forensic rehabilitation programmes (Day & Bryan, 2007; Ward & Marshall, 2007). Ward and Marshall (2007) argue that throughout their lives individuals seek out 'primary goods' i.e. an experience, activity, or situation that is sought for its own sake and is conducive to living a fulfilling and satisfactory life. Attempts to secure these goods in the face of adversity can result in antisocial behaviour. Moreover, narrative identities are constructed from the pursuit and achievement of primary personal goods. For example, if someone's narrative identity focuses on achieving the primary good of intimacy which becomes implicated in, say, sex offending behaviour, therapeutic work might aim to foster empathy techniques and socially acceptable ways that "resonates with the offender's attempt to achieve the goal of intimacy and close relationships" (Ward & Marshall, 2007). In this study, some participants achieved the

need for belonging by becoming involved, through violence, in gangs or other antisocial networks. A key therapeutic task might be to develop with the participant a 'good lives plan' to ensure that there are opportunities to join pro-social groups and equip him with the skills needed to achieve this good in socially acceptable ways. A positive aspect of the participant's narrative identity, or personal story, would then be reaffirmed.

Additionally, exploring patient narratives might bring benefits on another level. It appears that when considering patients with severe personality disorder with histories of violence an audience sees a narrative about irredeemably damaged individuals beyond hope. They are labelled with the characteristics associated with their diagnoses – risky, manipulative, untrustworthy, unpredictable and violent. Collins and Nee (2010) show how this narrative even encroaches on therapists' efforts to develop effective therapeutic relationships with such patients and to instil hope in them. Yet what is less clear is the stories about how such patients have arrived at this point in their lives. We do not often see a full picture but a fractured narrative. By dismissing patient narratives about their violence as unimportant or irrelevant or by being overly prescriptive in what patients should narrate, it is arguable that professionals contribute to this fractured sense of self. If professionals took a narrative approach sincerely they might begin to help heal these fractures.

Clearly, a range of interventions are required to help patients manage their violence and to realise their goals of living more fulfilling lives. Yet although participants in this study talked about change there was a sense that some of them were doubtful they could deliver it. Interventions which fail to effectively reintegrate past and present experiences about

violence may leave the patient struggling to make sense of the future. A better understanding of the potency of the narrative accounts of experiences could be a useful addition to on-going treatments. Work would not only focus on the content of that narrative – important though that is – but also on questions of process: why has a patient chosen that aspect to account for that experience over other aspects? Why is that important to them? Why now? What are they seeking to achieve? What does it tells us about their future? Can therapists use these experiences to help patients develop more adaptive stories?

This study also shows that significant bonds have been established between participants and their clinical teams. This was remarked upon by participants. Nevertheless, the wards in high secure settings remain challenging environments. Further work might spotlight how (inevitable) relapses and concomitant challenges to participants' credibility are handled and incorporated into emerging patient narratives.

Day and Bryan (2007) pose the question to what extent can changes in a person's life narrative produce changes in dispositional traits. Most personality theorists argue that the direction of influence is firmly the other way i.e. it is only changes in stable, dispositional traits that produce changes to life narratives. However, as Day and Bryan suggest interventions that take account of life narratives can help to engage patients in treatment and could be therapeutic "in their own right".

References

Aresti, A., Eatough, V., & Brooks-Gordon, B. (2010). Doing time after time: an interpretative phenomenological analysis of reformed ex-prisoners' experiences of self change, identity and carer opportunities. *Psychology, Crime & Law, 16,* 1919 – 210.

Anderson, T. (2004). "To tell my story": Configuring interpersonal relations within narrative process. In L. E. Angus, & J. McLeod (Eds.), *The Handbook of narrative and psychotherapy: practice, theory and research.* Sage Publications Inc.

Barnao, M., Robertson, P. & Ward, T. (2010). Good Lives Model Applied to a Forensic Population. *Psychiatry, Psychology and Law, 17 (2),* 202 – 217.

Benjamin, L. S. (2003). *Interpersonal reconstructive therapy: promoting change in nonresponders.* New York: Guilford Press.

Canter, D., & Youngs, D (2009). Personality and crime. In P. Corrs (Ed.), The *Cambridge handbook of personality psychology.* Cambridge, UK: Cambridge University Press.

Chakhssi, F., de Ruiter, C., & Bernstein, D. (2010) Change during forensic treatment in psychopathic versus nonpsychopathic offenders. *The Journal of Forensic Psychiatry & Psychology, 21,* 660 – 682.

Collins, S. & Nee, C. (2010). Factors influencing the process of change in sex offender interventions: Therapists' experiences and perceptions. *Journal of Sexual Aggression, 16,* 311 – 331.

Corey, F. C. (1996). Personal narratives and young men in prison: Labelling the outside inside. *Western Journal of Communication*. Salt Lake City, 60, 57- 64.

Cowburn, M. (2006). Constructive work with male sex offenders: male forms of life, language games and change. In K. Gorman, M. Gregory, & N. Parton (Eds.) *Constructive work with offenders* (pp. 159 – 176). London, Jessica Kingsley.

Daffern, M., Howells, K., Ogloff, J., & Lee, J. (2005). Individual characteristics predisposing to aggression in a forensic psychiatric hospital. *The Journal of Forensic Psychiatry & Psychology, 16,* 729 – 746.

Day, A. & Bryan, J. (2007). Personality change and personality disorder: Some initial thoughts on the application of McAdams' triarchic model to the treatment of personality disorder. *Psychology, Crime & Law, 13*, 19 – 26.

de Charms, R. (1968). *Personal causation: the internal affective determinants of behaviour.* New York: Academic Press.

Department of Health (2001). *The expert patient – a new approach to chronic disease management for the 21st century.*

Dimaggio, G. & Semerari, A. (2004). Disorganized narratives: The psychological condition and its treatment. In L. E. Angus, & J. McLeod (Eds.) *The handbook of narrative and psychotherapy,*

Duggan, C. (2008). Why are programmes for offenders with personality disorder not informed by the relevant scientific findings? *Philosophical Transactions of The Royal Society, 363,* 2599 - 2612

Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition and dietetic research: a practical guide. *Proceedings of the Nutrition Society, 63,* 647 – 653.

Gadd, D., & Farrall, S. (2004). Criminal careers, desistence and subjectivity: Interpreting men's narratives of change. *Theoretical Criminology 2004, 8,* 123.

Gillett, G. (1999). *The mind and its discontents.* Oxford: University Press.

Gilligan, J. (1997). *Violence: reflections on a national epidemic.* NY: Vintage Books.

Heidegger, M. (1962). *Being and time.* New York: Harper & Row.

Joseph, N., & Benefield, N. (2012) A joint offender personality disorder pathway strategy: an outline summary. *Criminal Behaviour and Mental Health, 22,* 210 – 217.

Kirkpatrick, T., Draycott, S., Freestone, M., Cooper, S., Twisleton, K., Watson, N., Evans, J., Hawes, V., Jones, L., Moore, C., Andrews, K., & Maden, A. (2010). A descriptive evaluation of patients and prisoners assessed for dangerous and severe personality

disorder, *The Journal of Forensic Psychiatry & Psychology, 21,* 264 – 282.

Larkin, M. & Thompson, A. R. (2012). Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research. In D. Harper and A. R. Thompson (Eds.). *Qualitative Research Methods in Mental Health and Psychotherapy: A guide for students and practitioners.* John Wiley & Sons

Laub, J., & Sampson, R. J. (2003). *Shared beginnings, divergent lives.* Cambridge, MA: Harvard University Press.

Lodi-Smith, J., Geise, A., Roberts, B. W., & Roberts, R. W. (2009). Personality processes and individual differences: Narrating personality change. *Journal of Personality and Social Psychology, 96,* 679 – 689.

McAdams, D. (1985). *Power, intimacy and the life story.* New York: Guilford.

McKendy, J. P. (2006). "I'm very careful about that": narrative and agency of men in prison. *Discourse Society,* 17, 473.

Maltman, L., Stacey, J & Hamilton, L. (2008). Peaks and troughs – an exploration of patient perspectives of dangerous and severe personality disorder assessment, *Personality and Mental Health, 2,* 7 – 16.

Maruna, S (2001). *Making good: how ex-convicts reform and rebuild their lives.* American Psychological Association, Washington, D.C.

Maruna, S., & Mann, R. E. (2006). A fundamental attribution error? Rethinking cognitive distortions. *Legal and Criminological Psychology,* 11, 155 – 177.

Milton, J., McCartney, M., Duggan, C., Evans, C., Collins, M., McCarthy, L., & Larkin, E. (2005). Beauty in the eye of the beholder? How high security hospital psychopathically-disordered patients rate their own interpersonal behaviour. *The Journal of Forensic Psychiatry & Psychology,* 16, 552 – 565.

Mischkowitz, R. (1994). Desistance from a delinquent way of life? In E. G. M. Weitekamp, & H. J. Kerner (Eds.), *Cross-national longitudinal research on human development and criminal behaviour* (pp. 303 – 327). London: Kluwer Academic.

Morris, M. (2004) *Dangerous and Severe - Process, Programme and Person - Grendon's Work (Community, Culture and Change).* Jessica Kingsley Publishers.

Presser, L (2004). Violent offenders, moral selves: Constructing identities and accounts in the research interview. *Social Problems, 51,* 82 – 101.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: applications to addictive behaviours. *American Psychologist,* 47, 1102 -1114.

Rapoport, R.N. (1960) *Community as doctor.* London: Tavistock Publications.

Rotenberg, M. (1987). *Re-biographing and deviance: psychotherapeutic narrativism and the midrash.* London: Praeger.

Ryan, S., Moore, E., Taylor, P. J., Wilkinson, E., Lingiah, T & Christmas, M. (2002). The voice of detainees in a high security setting on services for people with personality disorder. *Criminal Behaviour and Mental Health, 12,* 254 – 268.

Shamblin, W. J. (1986). Inpatient treatment of antisocial youth. In W. H. Reid, D. Dorr, J. I. Walker, & J. W. Bonner III, (Eds.) *Unmasking the psychopath: antisocial personality and related syndromes.* New York: Norton.

Smith, J.A., & Osborn, M. (2004). Interpretative phenomenological analysis. In G. Breakwell (Ed.), *Doing social psychology* (pp. 229-254). Oxford: Blackwell.

Smith, J. A., & Eatough, V. (2006). Interpretative phenomenological analysis. In G. Breakwell, C. Fife-Schaw, S. Hammond, & J. A. Smith, (Eds.), *Research methods in psychology.* (3rd ed) London: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method, research.* London: Sage.

Stefanakis, H. (2000). Desistence from violence: Men's stories of identity transformation. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 02 2000, vol./is. 60/8-B(4308),* 0419-4217.

Stein, A. (2010). Overturning convictions: Language, belief and rewriting the criminal narrative. *The Journal of Psychohistory, 37*, spring, 2010.

Sykes, G. & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review*, 22, 664-670.

Thorne, A. & Nam, V. (2009). The storied construction of personality. In P. Corr (Ed.) *The Cambridge handbook of personality psychology*. Cambridge, UK: Cambridge University Press.

Uppal, G., & McMurran, M. (2009). Recorded incidents in a high-secure hospital: A descriptive analysis. *Criminal Behaviour and Mental health, 19*, 265 – 276.

Vaughan, B. (2007). The internal narrative of desistance. *British Journal of Criminology, 47*, 390 - 404

Waldram, J. B. (2008). The narrative challenge to cognitive behavioral treatment of sexual offenders. *Culture, Medicine & Psychiatry, 32*, 421 – 439.

Ward, A., & Marshall, W. (2007). Narrative identity and offender rehabilitation. *International Journal of Offender Therapy and Comparative Criminology, 51*, 279.

Winnicott, D. W. (1946). Some psychological aspects of juvenile delinquency. In C. Winnicott, R. Shepherd, & M. Davis (Eds.). *Deprivation and delinquency*. Tavistock Publications.

Wong, S. C. P., & Gordon, A. (2006). The validity and reliability of the violence risk scale: a treatment friendly violence risk assessment tool. *Psychology, Public Policy and Law*, 12, 279 -309.

Section III

APPENDICES

Contents

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Appendix 2 – Research Ethics Committee Approval

Appendix 3 – Nottinghamshire Healthcare Trust Research Management & Governance approval.

Appendix 4 – Patient Information Sheet

Appendix 5 – Patient Consent Form

Appendix 6 – Interview Schedule

Appendix 7 – Example of interview transcript analysed according to Interpretative Phenomenological Analysis (IPA)

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The following has been excluded at the request of the university

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APPENDIX 2

National Research Ethics Service

Derbyshire Research Ethics Committee
1 Standard Court
Park Row
Nottingham
NG1 6GN

Telephone: 0115 8839435
Facsimile: 0115 9123300

13 November 2009

Mr Gary Tebble
Trainee Clinical Psychologist
Sheffield Care Trust & University of Sheffield
The Peaks Unit, Rampton Hospital
Retford
Nottinghamshire
DN22 0PD

Dear Mr Tebble

Study Title:	**Exploring Violence Reduction in a Forensic Mental Health Setting**
REC reference number:	**09/H0401/22**
Protocol number:	**6**

Thank you for your letter of 12 November 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk. *Where the only involvement of the NHS organisation is as a Participant Identification*

Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Letter from Sponsor		22 January 2009
Participant Information Sheet	3	18 October 2009
Participant Consent Form	3	01 October 2009
Response to Request for Further Information		12 November 2009
Interview Schedules/Topic Guides	3	05 January 2009
Peer Review		05 January 2009
Protocol	6	01 December 2008
Investigator CV		05 January 2009
REC application	13613/19860/1/734	22 December 2008
CV - Other Key Investigator - KH		
CV - Academic Supervisor		
Letter from Sponsor		12 August 2008
Confirmation of Scientific Review - University of Sheffield		

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

09/H0401/22	**Please quote this number on all correspondence**

Yours sincerely

Mr Phil Hopkinson/Mrs Lisa Gregory
Chair/Committee Coordinator

Email: lisa.gregory@nottspct.nhs.uk

Enclosures: "After ethical review – guidance for researchers" *SL- AR2*

Copy to: *Mr Richard Hudson, University of Sheffield*
R&D office for NHS care organisation at lead site – Nottinghamshire Healthcare NHS Trust

APPENDIX 3

E-mail: jayne.simpson@nottshc.nhs.uk

Research Management and Governance
Institute of Mental Health
2nd floor, Duncan MacMillan House
Porchester Road
Mapperley
Nottingham
NG3 6AA
Tel 0115 9691300 ext 10661/01663

Trust research study ref: FOR/10/02/10
(please quote in all correspondence)

10th February 2010

Mr Gary Tebble
Trainee Clinical Psychologist
The Peaks Unit
Rampton Hospital
Retford
Notts
DN22 0PD

Dear Mr Tebble

I am writing to confirm that the following study is authorised to take place within our Trust:

Title: Exploring violence reduction in a forensic setting
Directorate(s): DSPD, Rampton Hospital

Start Date: 10th February 2010 **End Date:** 31st July 2011

Outline: initial survey of patient files, to identify those who have become less violent over time. Semi structured interview lasting about an hour, with up to 12 patients.

We wish you well with your work. In accordance with the Research Governance framework, The Trust RMG Department follows up such work to assess its impact and influence on practice and policy. You will receive a brief progress report form to complete six months after the start of your study which will provide you with the opportunity to let us know of any problems you may be having. We will also ask you for some information at the end of your study.

Please keep this letter with you during the course of your research to confirm that you have Directorate and RMG Dept. approval, to gain access to the areas where your research is taking place. If you or others have

concerns they can contact the RMG department on 0115 9691300 ext 10663 or mobile 07747 030196 or by email to jayne.simpson@nottshc.nhs.uk.

Yours sincerely

Jayne Simpson MSc
On behalf of Prof Chris Evans and Trust RMG Department

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Nottinghamshire Healthcare NHS
NHS Trust

Positive about mental health and learning disability

Information Sheet – 19th October 2009

Title of research project: Exploring violence reduction in a forensic mental health setting

Researcher: Gary Tebble, Trainee Clinical Psychologist, University of Sheffield

What is the purpose of this study?

Although a great deal of research has been done into why people engage in violence in the community, prisons or mental health services, not much research been done into why people stop. This study will try to find out why patients in a forensic mental health setting stop engaging in violent acts during their stay. To investigate this, the study will try to understand patients' experiences during their admission.

Who will it involve?

The researcher will talk to patients who have changed aspects of their behaviour since admission to the forensic services and who now show that violence is no longer a principal feature of their behaviour.

What do I have to do?

Talk to with the researcher for about an hour about your experiences. The researcher will tape these conversations. The information you give will remain confidential, unless the researcher believes that some disclosures indicate potential harm to yourself or others or might lead to a significant breach of hospital rules. When the research paper is written your name and those of others you mention will be changed. Only the research team will listen to the tapes. Once the researcher has conducted all the interviews and has studied patients' experiences, he will contact you again to discuss the findings and to ask for your views and suggestions before he writes the final paper.

Do I have to take part?

No. This is not part of any therapy or programme you may be on (or about to start). Your participation in this study will not affect any treatment you have now or in the future. Your participation will be entirely voluntary. If you do take part, you will be given a consent form to sign. However, you may withdraw from the study at any time and you do not have to give a reason for doing so.

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To find out more contact 0115 993 4567 or visit www.nottinghamshirehealthcare.nhs.uk

Head Office: The Resource, Duncan Macmillan House, Porchester Road, Nottingham NG3 6AA
Chair: Professor Clair Chilvers, Chief Executive: Mike Cooke

What if I find it difficult to talk about my experience?

If you find it upsetting to talk about your experiences, you may stop the interview. You can choose whether you want to start again after a break or whether you want to re-consider your participation in the study. If you do become distressed during the interview, a member of your clinical / nursing team will be on hand to help you with this.

What if I wish to complain about the way in which the study has been conducted?

The researcher will make very effort to ensure that you feel safe and comfortable when talking about your experiences. NHS staff will also be on hand should you wish to talk to them about your feelings. However, if you have *any* cause to complain about *any* aspect of the way in which you have been approached or treated during this study, you may use the normal National Health Service complaints mechanisms (you are not compromised in any way because you have taken part in a research study).

Additionally, you can raise your concerns with the project co-ordinator, Gary Tebble. Otherwise you can contact Dr Kevin Howells (see below) - or you can use the University complaints procedure and contact the following person: Dr David Fletcher, Registrar and Secretary's Office, University of Sheffield, Firth Court, Western Bank, Sheffield S10 2TN.

Contact for further information

Gary Tebble, Cheviot Ward, The Peaks Unit, Rampton Hospital, Retford, DN22 0PD

Dr Kevin Howells, The Peaks Academic and Research Unit, Nottinghamshire Health Care NHS Trust, Rampton Hospital, Retford, DN22 0PD.

Thank you for taking time to reading this sheet.

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Patient Identification Number for this research: ....

Title of Project: Exploring violence reduction in a forensic mental health setting

Researcher: Gary Tebble, Trainee Clinical Psychologist, University of Sheffield

Please initial box:

1. I confirm that I have read and understand the information sheet dated 19th October 2009 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and receive satisfactory answers. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. Withdrawal will not affect my medical care or legal rights being affected. ☐
3. I understand that relevant sections of my medical notes and data collected during the study may be seen by the researcher, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. ☐
4. I agree to the medical staff involved in my care and treatment being informed of my participation in the study. ☐
5. I understand that my interviews will be recorded and that quotations may be included in the study on an anonymised basis. I consent to this. ☐
6. I confirm that I understand the specific circumstances under which confidentiality might need to be broken as outlined in the Patient Information Sheet. ☐
7. I understand that any research data from the study will only be transferred to my clinical notes only with my consent. ☐
8. I agree to take part in this study. ☐

Name of Patient	**Date**	**Signature**

Name of person	**Date**	**Signature**

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Interview schedule (Version 3) – 2nd August 2010

Introduction

1. **Can you tell me a little bit about your upbringing?**

2. **Was it a difficult childhood?**

3. **Can you tell me how you got into offending?**

(A) ***Violence / Aggression***

4. **Can you tell me about how violence played a part in that offending?**

5. How would you characterise your life at this time?

Prompt: how did you feel about getting involved in violence / aggression?

6. Did violence / aggression affect your everyday life?

Prompts: work, relationships, interests.

7. Did violence have any positive aspects?

8. Did you feel responsible for your acts at this time?

Prompt: Did you feel your actions were caused by other things?

(B) ***Identity***

9. ***How do you think you cope with being classified as someone who was violent / perhaps uncontrollable?***

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Prompt: How do you feel as someone to be feared / classified by a PD?

10. In what ways are you different now compared to before you (came to Rampton, started therapy)? How would you say you have changed?

11. What about how other people see you: staff, fellow patients, family, and friends? Has this changed?

12. What is the most important thing that has made a difference in how you have changed?

Prompt: Previous attempts at change – what worked? What did not work?

13. Encouraged to take responsibility for your actions but life characterised by lack of power i.e. where responsibility was taken out of your hands? How do you cope with that?

(C) Coping

14. What does violence / aggression mean to you now?

15. On a day-to-day basis, how do you deal with daily frustrations?

Prompts: Tell me about your most recent experience of violence / aggression? What happened? How did you feel during this incident? (Physically, emotionally and mentally) What happened to you afterwards?

16. What things make it easier to cope with your frustrations?

17. What things make it difficult to cope your frustrations?

17. Who was the name before Rampton and who is the name now?

At the end of the interview, the researcher will ask the interviewee if they wish to cover anything else and what they thought about the range of questions asked. The researcher will also check that the interviewee is feeling well and that the experience of the interview has not had any negative effects. The interviewee will be told they will be contacted again in a few months with the themes identified from the study and permission to use quotes if necessary.

APPENDIX 7

	Interview: track 7	
1 2 3 4 5 6	Thanks for taking part. I just wanted to get some background in the first couple of minutes and I wonder if you could just tell me a little about your childhood...upbringing?	
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 *Unable to* 25 *speak about* 26 *abuse.* 27 28 29 30 31 *Extreme* 32 *violence*	I was second of 4 children. I had an elder brother. Then there was me and then a younger brother by a year and a sister who was 5 years younger than me. I was born in 19[redacted] in [redacted] Parents - mother and father. And went through a similar background to most people who are in establishments, prisons. My parents separated when I was about 6. I became...it was around about that time I was sexually abused by a stranger and I always felt my parents splitting up was my fault...in those days, it was the 60s - nothing was ever discussed. I was quite badly abused and almost died. So shortly after that attack on me by a stranger – a farm worker coz we lived in the country in [redacted] er...my parents separated and a couple of years after that my mother got together with another guy. He	

33 34 35 36 37 38 39 40 *Quiet* 41*withdrawn* 42 43 44 45 46 *It frustrated* 47 *him* 48 49 50 51 52 53 54 55	was extremely abusive – violent - on a scale of violence he was probably the most extreme – broken bones and things like that. So I endured that and I was a particular target of his because I was very much like my biological father – I was very quiet, withdrawn (probably more quiet and withdrawn because of the abuse I suffered) and I was very unemotional. I was very controlled even at that age. And it frustrated him. He came from ...erm...he's [redacted] and came from the care system himself in [redacted]. He'd been in children's homes run by priests and he'd been subject to abuse I later found out. But he literally sexually abused my mother in front of me raped her on several occasions and made me watch.	*Coping – cutting off* *Striving and achieving control. A way of fighting back*
56	Horrendous childhood.	
57 58 59 60 61 *Stoicism*	Yes horrendous. Really extreme. Crazy, crazy stuff he'd do. I had a little dog and he strangled that in front of me. To try and get a reaction. To get me to cry.	*Being stoic – but at what cost? Difficulties later in life.*
62	Did you cry?	
63	No. No.	

64	You described being controlled.	
65 Emotionally 66 detachment 67 68 69 70 71 72 73 74 75 Appearing 76 cold 77	Yeh. I think I was almost emotionally detached. I think even from that early age I didn't realise at the time I suppose you get more insight since I've been at Rampton and I think I was almost traumatised by what had happened and so my way of dealing with it was to cut off what emotions I had and appear quite distant and cold you know. Yes, so my formative years were very much surrounded by violence.	*As a defence – a way of coping.* *Distancing himself and its impact on future behaviour.*
78 79 80 81	Ok. Can I then go on to your first offences you committed? Was violence very much a part of those initial activities?	
82 83 84 85 Acquisitive 86 87 88 89 90 Does not like 91 violence 92 93 I've created 94 a persona 95 96	No it wasn't. Violence wasn't it. It was more for monetary gain or food or things like that. I'd steal. It was acquisitive offending. I would break into houses or places to steal food because I was hungry. I never had any more. I was very poor. Er...in the back of my mind...I actually don't like violence; I really don't like violence. Violence frightens me. But over the years I've managed to create a persona...er...almost that I could be violent to people. It's a sort of shield for me. I have	*Function of violence.* *Where does this language come from?* *Another self? Though distancing him from actual offences, is there a core self more reasonable but which was suppressed through necessity?* *Construction of identity at work here.* *How that construction work has a function as a protection from violence.*

97 *98* *99* *100* *101* *102* *103* *104 I wouldn't* *105 go out of* *106 my way to* *106 fight...* *108*	obviously used violence in my criminal career that included in my sexual offending. Physical violence against the police but usually when I was being arrested or attacked. I was once attacked by the police so I fought back. Things like that. So I wouldn't go out of my way to start a fight with anybody...beating people up or stabbing people for no reason. I'm not like that.	*The implication is that fighting / violence is not representative of a true or fundamental self.*
109 *110* *111* *112*	I suppose when you got into institutions like prison this persona was a way of defending yourself.	
113	Very much so.	
114 *114*	I wonder if you had to dish it out in order to bolster that persona?	
115 *116* *117* *118* *119* *120 Threat* *121* *122* *123* *124* *125 Strange* *126* *127 Encourage*	I saw people that did dish it out. If you look back through my prison record you'll see very little...er...violence. But what I did do is that I realised that the threat of violence could be just as effective as the use of violence. So from quite an early age people sort of left me alone because I was quiet and they thought I was a bit strange. And I encouraged that...I encouraged that. I encouraged the belief in people	*Positioning himself* *Had to use violence, at least initially, to construct a reputation of strangeness so people would leave him alone. The implication is that violence would lessen as people got the message.* *This 'strange' narrative is encouraged as it worked so there's no reason to abandon it.* *An alter ego being nurtured.*

128 beliefs *129* *130* *131* *132* *133* *134* *135*	that if you mess with me you will, literally, have to kill me. If you don't, that is what I will do to you...to hunt you down and kill you. And I also tried to believe that I was capable of that. And people pick that up and I was left alone.	*A narrative of the hunter to give his story legs. This narrative recurs in his offences.*
136 *137* *138* *139*	How did that...er...was that a conscious decision that you made about creating this sort of aura about yourself?	
140 It evolved *141* *142* *143* *144* *145* *146* *147* *148* *149* *150* *151* *152* *153* *154* *155* *156* *157* *158 Life as* *159 worthless* *160 Not afraid* *161 of death*	I think it evolved really. I don't think it was ever a conscious decision. As I say I was always frightened of violence. I have used violence usually when I'm being attacked, then I will lash out and then I will resort to extreme violence of using any sort of weapon. And, again, for me it was always a sort of protective thing – I wouldn't dream of going out and starting a fight with anybody. If I was out and someone attacked me there'd be no Queensbury Rules. They'd have pulled a bit off more than they could chew because I think I viewed my life as so worthless anyway that...I know it sounds a bizarre thing to say but death didn't frightened me. I was always dead anyway. My life had	*Evolution rather than conscious decision.* *This belief helps bolster his violent Identity.* *Part of the narrative of protection. But what is there left to protect?* *The narrative of a life taken away*

162 163 164 165 166 167 168 169 170 171 172	been taken away from me and I think that came over. I was once described as someone with dead eyes especially when I'm angry. And it's almost like...bring it on. But you would have to do the job properly...if you don't you are never going to be safe from me. And that's how I genuinely feel and that has kept me safe. I'm now 50.	*or a dead self has extreme implications for future offending. There's nothing to lose.* *This persona is functional.*
173 174 175 176 177 178 179 180 181 182 183	So those threats against you took place against you as a very young child. You saw the world in terms of a threat really and as adults posing as a threat (you didn't have any nurturing relationships with adults (IL: No. No at all) so you were kinda on your guard and that...the prison system heightened that awareness of threat.	
184 *Brutal* 185 *prison* 186 *system.* 187 188 189 *coming* 190 *here saved* 191 *his life* 192 193 194 195	I think the prison system brutalises you even more and I've been in the prison system since 1976 and I got to the stage where I believe coming here certainly saved my life but also it certainly saved someone else's life. I got to the stage where I'd become paranoid about things and the prison system is changing now...there's a lot more violence in prison - gang culture – and	*Prison takes the place of the violent step-father and other abusive figure during his childhood. But his response seems to have changed. However, he can remain silent and brooding in certain situations.*

196 197 198 199 200 Prison 201 culture 202 203 204 205	there's more despair now you've got people doing 35 years minimum tariffs...er...young kids who are 22 or 23 they've got nothing to lose. They see people like me – an old man – and they think well bring it on. And that's part of the culture now. So I was very lucky to get out when I did really.	*Influence of sub-cultures such as prison.*
206 207	So that sense of paranoia is fed in prison.	
208	Very much so.	
209 210 211 212 213	And you talked about these feelings of deadness. I was just wondering did that continue with you from childhood into adolescence and adulthood.	
214 215 216 217 Disaster 218 219 220 Feelings 221 never 222 discussed 223 224 225 226 227	Yes. Also...avoid...like to reach out to people. I had relationships I fathered children. All my relationships ended disastrously because of my behaviour. I was so insecure...erm...I never discussed my abuse, I never discussed, say, my feelings towards my parents, especially my mother. I later went on to commit several rapes and they were carbon copies of the acts that I was exposed to...the same...exactly the same what I	*Detachment in relationships. Being cold and cut-off. Part of that protective function has leached into relationships.* *Explanations of sexual violence.*

228 229 230 231 232 233	did to my victims as to what I was forced to watch at 8 years old. I never could really see the connection until I came here. I couldn't see that I was replying these until I came here.	
234 235 236	So there have been times when you weren't in prison and times when you had jobs etc.	
237 Crime as a *238 career.* 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 *254 "fair game"* 255	No. I've never had a job in my life. I was a criminal that's what I did...I was a criminal. And I've been one since I care to remember. It was a life of stealing, robbery, doing what I could do really. Buying and selling. Living outside of society's rules really. Not being part of that society allowed me to...I used to talk about it in terms of hunting. That's what it felt like. My job was to get money and I didn't care who I hurt...I didn't rob off some people like children or the very elderly: vulnerable people I couldn't do that, but everyone else was fair game. And I was not a very nice character at all.	*An outsider. Being apart. Abuse made him an outsider as a child* *The hunter narrative. What else are the characteristics of a hunter? Stealth, secretiveness, alone against danger.*
256 257 258 259 260	So violence had a function. It helped to protect you and gave you this sort of aura so that people would not leave you alone, not mess with you that kind	

261 *262* *263* *264* *265* *266*	of thing. The threat of violence was also there in those acquisitive crimes and you wouldn't use it, you didn't like it, but if it was necessary (IL: it could be called upon). Yes.	
267 *268* *269* *270* *271 A bit of a* *272 coward* *273* *274* *275* *276* *277* *278* *279* *280* *281* *282*	You know from a very early age I carried a knife probably from the age of about 14. It made me feel secure. It made feel safe because by nature I think I'm a bit of a coward. So having a weapon made me feel that I had the edge. Obviously as I got older and I moved into more serious criminal circles the knife was replaced by a gun. And you know the threat of a gun pointed at you does wonders (I/V: I'm sure). I've had it done to me and believe me you comply. Very quickly (I/V: absolutely).	*Appeals to a nature which is different from the person he presents in his account.*
283 *284* *285* *286* *287* *288* *289* *290* *291* *292*	How did you feel about yourself in a way…er…you talked about the feelings of deadness but I just wondered if there was anything that gave you a boost to your self esteem or anything like that maybe being a hard type character or that others perceived you as hard gave you a sense of…	
293	Ooh. Actually I think in some	

294	respects it was the opposite. I	Wanted to be normal like everyone else. But childhood experiences meant another identity was constructed perhaps overlaying something else.
295 Wanted to	desperately wanted to be like	
296 be some-	everybody else. I wanted to be a	
297 one else	normal person. But from a very	
298	early age I realised I was not	
299 Longed for	normal in the sense that I had	
300 normality.	been in the care system, I had	
301	been abused, I'd been in custody	
302	when I was very young, prison	
303	and that and society treated me	
304 But grown	differently. People treated you	Had grown apart through his experiences. There is a sense that this is / was irretrievable. But the sense of belonging was still there.
305 apart from	differently. I'd no links with	
306 society.	people my own age as I'd grown	
307	apart from them so when I	
308	returned home from a stint in	
309	prison or a spell in care they'd	
310 Felt	moved on. I felt very isolated and	Isolation no sense of stability to explore other alternatives.
311 isolated	I think that came out in a lot of my	
312	anti-social behaviour. And the	
313 Violence as	threats of violence was in a sense	Violence as more than a means to an end or protective function. A mode of communication.
314 expression	a way of expressing myself and	
315	frustration and wanting to belong	
316	and knowing that I couldn't. The	
317	more you feel that way, the more	
318	you act in exactly the way that	
319 Reinforced	separates you from people. It	Separation reinforced through violence – a vicious circle.
320 separation	distances you and it frustrates	
321	you…you don't really	
322	know…most people would go out	
323	get a job, get a nice girlfriend but	
324 Another	of course I ran with gangs. They	Influence of sub-culture who became his family.
325 family	were my family.	
326	Yes. Like a substitute.	
327 People I	Very much so. They were people	Gang gave what a normal family should have provided e.g. safety, non-judgemental position.

Sense of delaying

328 *was safe* 329 *with* 330 331 332 333	I was safe with. They didn't abuse me. They didn't really judge me. They only judged me on how loyal I was to the group and you know whether I could be called upon.	*Cost was loyal to the group and adopting its norms and values. A cost worth paying?*
334 335 336	You mentioned Rampton saved you're life in a way. How long have you been at Rampton?	
337	I've been here now for [illegible] years.	
338 339 340 341 342 343	Could you tell me about you're thinking before you came here...in the run-up to coming here. Did you have feelings that you wanted to change your life in some way?	
344 345 346 347 *Mental* 348 *health* 349 *deteriorate* 350 351 352 353 356	I did. I'd come to the attention of in-reach mental health services whilst I was in prison. My mental health started to deteriorate quite rapidly probably about three or four years before I came here. I came to think that people were against me and out to hurt me and in my mind I had a mental list of people that, if necessary, I would to kill.	
357 358 359 360 361	I started to verbalise the violence to the therapists. I'd actually tell them that I was thinking about...about slitting people's throats because I felt under threat	

362 363 364 365 366 367 *Withdrew* 368 369 370 371	and I couldn't understand where the threat was coming from. I think I became quite ill and seen everything as a plot against me and the only thing I knew was to withdraw. I stayed in my cell, I hardly came out and when I did come out I was silent, passive aggressive not talk to people. I'd terrible thoughts about what I'd do to people including staff.	Influence of prison *Replaying his childhood responses to threat.* *How he coped. Old style coping which had never left him.*
372 373 374 375	Did that build up gradually or was there a sort of breakdown. Presumably you didn't feel like that during the early years.	
376 377 378 379 380 381 382 383 384 385 386 387 *A cry for* 388 *help* 389 390 391 392 393 *Threaten-* 394 *ing stance.*	Well, I wouldn't say suddenly. It sort of crept up on me. I think like all sorts of illnesses you don't see them coming and I wouldn't be able to put a time and date on it. But my behaviour had become so extreme in the sense that I'd become withdrawn and isolated people became frightened of me. I was frightened of me as well. It wasn't something I enjoyed. It was almost like a cry for help. I wanted the attention, I wanted them to come to me and talk to me, but of course, all they could see was someone sitting there and staring at them silently and watching their every move as they were walking around and	*Afraid of what he had / was becoming.* *Unable to speak in order to seek help. No language to ask for help. First step in bringing through a new identity.* *This mirrors his childhood responses.*

395 396 397 I couldn't 398 articulate	that was threatening. I really wanted someone to reach out to me but I couldn't articulate to anybody what was going on.	No words were coming.
399 400 401 402 403	There was that feeling that you wanted help. Obviously with your mental health but also about your life in general, what you'd done in the past?	
404 405 406 407 408 Living a lie 409 410 411 412 admit to 413 myself	I did. It was easy to say...with the rapes I'd taken the stance that I'm not guilty, I didn't do it and I'm not discussing it. And all the time I was lying to myself. I knew...I'm reasonably intelligent lad and I knew that the day would come when I'd have to look at that and to admit to myself what I had done and try to understand it.	Knew that the dominant personality or identity was a lie – albeit functional. How change might start.
414 415	And that was very difficult for me, very, very difficult.	
416 417 418 419	I was just wondering if there was any turning point...any key event in your life that made you...sort of accelerated that process?	
420 They kept 421 seeing me. 422 423 424 425 426	Speaking to [redacted]. They kept seeing me initially – a woman called [redacted] who was nurse for [redacted] and the next thing I know I was seeing therapists every week. When I asked them why...why was I getting so much	Turning points. Not being rejected. Gaining trust.

427	attention they said because you	Finding a voice. No voice hitherto means no narrative to explore change. Having to learn a new language.
428 *A voice*	need it. And I took it at that I	
429 *emerges*	suddenly had a voice. And they	
430	listened to it and I ranted and	
431	raved for 18 months and	
432	threatened and huffed and puffed	
433	and did everything I could do to	Testing trust.
434 *Try to force*	try to force them away to see if	
435 *away.*	they would do what everyone else	
436	had done and abandoned me.	
437	And they didn't. They stuck at it	
438	and eventually broke through to	
439	me that I could trust somebody.	Non-judgemental stance helps to give voice.
440	That they weren't going to judge.	
441 *Speak.*	I could go in there and speak	
442	about the most horrendous	
443	things.	
444	You must have been sceptical at	
445	first [illegible]: very much so). But also	
446	extremely distressing for you	
447	because I'm guessing you	
448	pushed those early horrendous	
449	events away, didn't think about	
450	them and kept them under lock	
451	and key.	
452	They were the first people who I	
453	ever spoke to. Remember I was	
454	in my mid-40s (I'm [illegible] next	
455	month) and it came tumbling	
456	out...it came out almost	
457	venomously like was almost	
458	blaming them as well. I was	
459 *Expression*	saying like "people like you did	
460 *very*	this to me...you sit there, how	A very emotional re-telling. A cathartic moment.

461 <u>emotional</u> 462 Anger 463 Venom 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485	dare you judge me"...They weren't judging me but I was venting my venom on these therapists. You know: "you sit there and talk of society..."I hate society"..."I've been punished for what I've done, no-one's been punished for what they did to me..."..."I've been created by the system...the society that you now want me to re-join...why?" And there was so much hatred. And if I'd been released, well, you know, you probably read about me in the papers there was nowhere that I would ever have been safe to be released in the prison setting. Because there was no...there was just a complete rage inside, a burning rage inside me. All I could think about was to wreak havoc on society in general and I would have gone straight back to crime without any hesitation at all.	*There is a sense of resistance to the emergence of change.* *Perhaps this is required – getting it out into the open.* *A rage had built up. A sense that his coping strategy of control, stoicism was simply allowing rage to bubble under the surface.*
486 487 488 489 490 491 492 493	So as you went through the therapy process, again ...as you say...it sort of evolves...you gradually come to realise that "hang on a minute...yeh, may be they've got a point" – was there that kind of realisation as you went through the process?	
494	Yeh. I think because I been seen	

495	quite regularly. I had a lot of	
496	therapists. There was a	
497	psychiatrist I saw quite regularly	
498	Dr [redacted] and several...well Dr	
499	[redacted] and nurse [redacted] and all	
500	different kinds of therapists they	
501 *Persistence*	all stuck with me through the 3	
502	years I was actually seen. There	
503	was a realisation...erm...and I	
504	remember speaking to one of my	
505	therapists and I looked at her one	
506	day (and I must have been	
507	traumatic for them as well...and I	
508 *"I'm a*	said to her one day "I'm a	*Predominant self as a monster – where does the monster construction come from? Defectiveness, separateness, predator. Doing what it takes to survive.*
509 *monster"*	monster aren't I". And they said to	
510	me no you're not a monster. And I	
511	actually felt that I was a monster	
512	and I didn't deserve anything	
513	because the realisation of what	
514	I've done, not just on the index	
515	offences, but throughout all my	
516	life people I had come into	
517	contact with...and I could not	
518 *Perspective*	think of anybody I had made a	*This is perhaps something new and a sign of a change. Stepping into other's shoes.*
519 *taking*	good impression on if you met	
520	people I'd come into contact with	
521	they would say well he wasn't a	
522	particularly nice person, he did	
523	that to me or did this, or he	
524	threatened me with this or that,	
525	and so there was a lot of shame	
526	and I'd just had enough. I realised	
527	that I had to change somehow.	
528	Somehow I had to change. I knew	
529 *I couldn't*	I couldn't do it on my own. I didn't	
530 *do it on my*	have the first inkling of how to do	*Asking for help. ZPD?*

531 own 532 533 534 535 536 537 538 539 540	it. And because of the frustration I felt I just kept thinking about violence because I just wanted to lash out…and as I say I was very lucky because in their opinion was that I would never recover in a prison environment and that I needed to be hospitalised. So I trusted them to do what they thought.	*Trust.*
541	And you came here shortly after?	
542 543 544 545 546 547 548 549 550 551 552 553 554 555 What 556 happens 557 out of room 558 559	About a year after they initially told me I they would like me to be hospitalised because they said that your condition will deteriorate and we have a duty of safety not only to you but to the safety of other people and this environment you are in has brutalised you and is brutalising you everyday. They said that "for an hour or two whilst we've got you in this room you come calm and normal but as soon as you walk out of the room your whole persona changes your body structure changes…we can actually see it, you metamorphosise into this other…	*The impact of other cultural narratives* *Prison environment locks a person into a particular narrative and way of behaving. This lock makes change difficult.*
560 561 562 563	I/V: The threat is still out there…your whole life was you've been prepared for…your life was revolving around threat and	

564 565 566 567	protection and dealing with that from happened to you as a child so yes your the environment must have...	
568 569 570 571 572 573 574 575	Well it's very difficult to address your issues and get help when all the time you're worried whether someone is going to stab you. It's marvellous when...oh yes...you're offered this and that, but I'm thinking how I am I going to survive the day.	*How survival takes precedent*
576 577 578 579 580 581 582 583 584 585 586 587	The environment here on the ward is, I guess, is probably a bit different from what you've experienced before, but it still is an unusual situation like prison is...it's not outside...I suppose testing how you've changed "how can I test how I've changed" all the pressures you get in an institution must be intolerable at times and so you're changing but you've got to deal with...	
588 589 590 591 *Evidence of* 592 *change* 593 594 595 596	Dealing with very similar people to myself. I mean a year ago I threatened to kill several people in here. And rather than do it I reported it to staff. Now that would never, ever have happened...At the time I was angry that staff had made such a big song and dance about it	*Speaking up and using new language*

597	because it was a sort of gypsy's	
598	(sic) warning because I was	
599	saying "look these people are	
600	pissing me off and if you continue	
601	to allow it to happen you can	
602	explain yourself to the judge". It	
603	was setting out a warning, but at	
604	the same time asking for help.	
605	You know "these people are	
606	bullying me, what are you going	
607	to do about it?" and "if these	
608	people continue I'm not going to	
609 Need for	mess around, I'm going to do	Old ways of coping continue to emerge.
610 protection	whatever I have to do to protect	
611	myself". That was only a year	
612	ago. And rather than put it into	
613	practice I went to [redacted] and	
614	[redacted] who is actually on duty	
615 Said this is	today and said this is how I feel,	Change. A new way of coping coming through.
616 how I feel	this is what these people are	
617	making me feel like and...or I'm	
618	allowing them to make me feel	
619	this way...this is the force that is	
620	going through my head. And I	
621	want to get on top of things. Now,	
622	there was no way I'd ever	Evidence of how he might change. And how the environment helps.
623	admitted that ever in another	
624	environment. I felt safe here to	
625	say it. I knew there'd be	
626	repercussions, but the	
627	repercussions wouldn't be like	
628	what there'd be imprison where	
629	the door would be kicked in at	
630	lunch time and there'd be a load	
631	of people there with shields,	
632	taking me to a segregation unit,	

633 634 635 637 638 639	with a few kicking's on the way because I'd said I was going to take that person out because they were picking on me. You know...just wouldn't have happened.	
640 641 642	So it's having that safe environment to actually talk and...er	
643 644 645 646 647 648 649 650 651 652 653 654 655 656 *Just been* 657 *luck* 658	I've grown up, as I said to you, in the prison system. I've been brutalised and it's allowed me to brutalised other people. And that's included violently assaulting people sexually and physically; threatening people with guns; threatening to murder people quite coldly and dispassionately and feeling nothing for it. Erm...touchwood I've never actually had to do it, but I think I'm more than capable of doing it, it's just been luck really that I've never actually been pushed to pull the trigger.	*Influence of prison* *Blaming that for being able to brutalise others.* *Coldness appeared first in reaction to childhood abuse. Did this style become the default position?* *Luck. It could have been worse.*
659 660 661 662 663	And looking back on that from the standpoint of now how do you feel about yourself when you were making those kind of threats?	
664 665	I look back now as if...it's almost like I'm looking at another person.	

666 Someone I	It's almost like somebody I don't	*A new person*
667 don't	recognise. But the feeling I feel –	
668 recognise	one, I feel a lot of shame, plus I	
669	feel almost like a bereavement.	
670 Bereave -	A...you know...bereavement that	*Bereavement narrative.*
671 ment	I...I could have done those sorts	*Entails mourning and loss for the child.*
672	of things. That I could have hurt	
673	people that much, threatened	
674	people that much. I look back at	
675	my life and think how different it	
676	could have been if as a young	*Child and the opportunities of childhood cannot be brought back.*
677	child I hadn't been led away to	*The loss of innocence.*
678 How differ -	those woods. How different it	
679 ent	would have been if I hadn't been	
680	tortured by my step-father, or	
681	sexually abused in the care	
682	system and I...It's almost like	
683	mourning for that little boy that	
684	never had a chance. It's quite	
685	selfish looking back at it that way.	
686	But there was a genuine, for the	
687	first time twinges of something	
688	that I couldn't understand and it	
689	was only here that they said to	*What can be brought back to life?*
690	me "you're feeling empathy",	*A new perspective.*
691	"you're feeling remorse". These	*Coming to terms with loss and his violent past.*
692	were words that weren't new, but	
693	I didn't know the feeling. That's	
694	when I realised that perhaps I	
695	wasn't such a monster: that I had	*He is therefore perhaps not a monster.*
696	become a victim of my own	*Feelings sad, loss, remorse. Not the feelings of a monster.*
697	circumstance almost. And that	
698	made me sad and made me	
699	realise what I had lost. You	
700	know, a [redacted] year old man I've lost	*What he has also lost in the present.*
701	my children, I've lost people in my	

702 703 704 705	life and I thought what a wasted life. But for me it's been in this environment that has allowed me time out to look at all that.	
706 707 708	And how do you see the story developing in the future? How do you see your story...	
709 *Fear of* 710 *prison* 711 712 713 714 715 716 717 718 719 *re-created* 720 *persona* 721 722 723 724 *What* 725 *normality* 726 *might look* 727 *like* 728 729 730 731 732 733 734 *Totally* 735 *empty...*	Erm. Well my biggest fear is returning to prison. I could either go back to prison or could go through the mental health route – the RSU. I know my probation officers and people like that want me to go through that route because, probably like me, they are convinced that if I went back to prison it would only be matter of time before I...re-created that persona to defend myself again, and all this would have been, in some ways, a waste. If I was given the chance, I would, quite honestly like to live quietly on my own somewhere away from the previous life style that I had. Even if it meant stacking shelves in the local Tesco, coming home a night and I got a pet cat and that's it. I had a very nice life style when I was outside. I had a home, several very nice cars...you know... a very good life style and I was totally empty inside. It wasn't me. I just want to wake up	*Fear is that the work done to recover (?) a new sense of self will be undone in that environment.* *A personality is constructed according to the situation?* *Normal experiences – an unemotional and sedate lifestyle. But unrealistic? How would he cope with life's ups and downs?* *Normality would include avoiding situations in which the old self re-emerges?* *Are selves context-specific?* *Had advantages but they didn't mean much.*

736 *737* *738*	in the morning and not have the police come smashing through the door.	
739	A degree of normality it seems...	
740 *741* *742* *743* *744 Supportive* *745* *746* *747* *748* *749* *750* *751* *752* *753* *754* *755* *756* *757 Reconnect* *758* *759* *760*	Yes. Well I come from a family. Despite all the things, my two surviving siblings...I've got a very, very large family and are supportive of me. None are criminals. They haven't even broken the law. I'm the only one. They visit me regularly here. They've supported me through this. I mean most families would have found it difficult to support anybody especially the offences I was convicted for, which went completely against the grain of what I had been as a criminal. I've been very, very lucky. I don't think I realised...coming here helped me reconnect with my family because up until then I didn't really feel anything for them, they were just people.	*Role models for normal life.* *Not abandoned by his family. They are evidence of what a normal life might be like.* *Reconnection with family. Might there be reconnection with a core self?*
761 *762* *763* *764*	You probably need that support if...when you went outside...that transition from here to the community.	
765 *767* *768*	My nephews and nieces they are taking over now from...they are coming up. These are children I	

769 held as	held as tiny babies and now they	*Search for evidence that, at some level, there was not a monster in their midst but a person was essentially decent and normal. But this side had been suffocated.*
770 tiny babies	regularly visit me and I speak to	
771	them regularly and they are very	
772	supportive. They are all	
773	professional people or...doing	
774	their own thing. Thank goodness	
775	none are in trouble with the	
776	police, they don't take drugs,	
777	don't do anything and it's...I	
778	realise how lucky I am. I'm very	
779	lucky. One to be given the	
780	treatment I'm offered here – and I	
781	know people are quick to criticise	
782	here, but it saved my life...it	
783	saved my life. People here saved	
784	my life and probably saved other	
785	people's lives. I can never praise	
786	them enough for that because if	
787	I...you know I've still got a long	
788 Long road	way to go, but it's the realisation	
789 head	that I have been given a chance.	*Difficulties ahead.*
790	In jail I didn't have anything so all	
791	bets are off.	
792	I suppose people find that going	
793	back into the community could be	
794	a frightening prospect because	
795	there are pressures in the	
796	community...different types of	
797	pressures. You know if you're	
798	standing in a queue and someone	
799	pushes in how and does that	
800	make you feel... (Laughter all	
801	round). Do you feel you're	
802	building up the resources so you	
803	can deal with these pressures in	

804	a reasonable way?	
805 *806 A good* *807 analogy* *808* *809* *810* *811 Would not* *812 have toler-* *813 ated in jail* *814* *815* *816* *817* *818 weak...* *819 finished* *820* *821 Formal* *822 apology* *823* *824* *825* *826* *827* *828* *829* *830* *831* *832* *833* *834* *835* *836* *837* *838*	I think that I am. That's a good analogy to use because I think in jail that would not have been tolerated, and there are things that have happened to me here that would not have been tolerated in jail...it would not have been tolerated by me. I would have expected a certain course of action and that would have been violence. Violence is what it all comes down to in jail. You're nothing if you're seen as weak...you're finished. So if someone disrespects you, you can't ask for a formal apology what you do you go and serve them up in their cell. That's the language of institutions. That's something that I've always shied away from but knew I was capable of it given the thing... But the thing with me and what set me apart was that if I felt under threat by someone, my immediate reaction was not to hurt them physically but to kill them. In my mind I can see myself...what's the quickest way of killing this person so the least harm could come to me. And I had no thought whatsoever for them, for their families – if they were a threat to me: kill them. And when	*Thinking about contrasts between different worlds.* *Environment supports criminal identity. The prison culture bolsters the dominant, violent persona. Sustaining any other story becomes impossible.* *Policed not just by officers but by fellow prisoners.* *Different norms / values.* *Perception (by others) of extreme violence is a way of eradicating threats so that he can't be hurt any more. But is also possibly what he should have done as a child to those who abused and tortured him?*

839 *840* *841* *842* *843* *844*	you're like that, life is so cheap, it's cheap. You know, if I don't have any respect for my own life, how I can have any respect for other people. I didn't want to be like that any more, I really didn't.	
845 *846*	So you're thinking has now changed...	
847 *848* *849* *850* *851* *852* *853 Using* *854 skills* *855* *856* *857* *858* *859* *860* *861* *862* *863* *864 wish I had* *865 been given* *866 this chance* *867* *868* *869*	Massively so, massively so. And there have been instances, like you say, in this kind of environment where in prison it would have been dealt with totally differently. Absolutely, but here I've utilised the skills I've been taught. I will go to staff and ask for help and assistance... I will...sometimes I'll have a moan and say "so-and-so's doing this or that". And staff will say "well just calm down"... and I'll say "well I'm calm but this is what I want to do". And they say "well tell us what you want to do... rather than do it, tell us". And I just calm right down. You know, I wish I had been given this chance 20 or 30 years ago. But then I think was I ready for it then. I think it comes with age in a lot of ways and...the opportunity.	*Talking the language of reform. Learning to ask for help. The importance of trust.* *Regret and loss.*
870 *871*	I was just going to ask about age and how you think that is a factor	

872 873	in change...you think phew, I just can't be bothered any more.	
874 875 876 877 Photos 878 879 880 881 882 883 884 885 886 887 Not a 888 young man 889 What life 890 becomes... 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906	Yes (laughter). Well, you're becoming aware of my own mortality. I've got some photographs of me in my room and I show them to staff and they're all having a laugh because there I am leaning up against my Porsche, typical gangster, full head of hair, dolly-birds on each arm, Rolex and all this and that. Now I look at myself, I'm grossly overweight, I'm bald, you're teeth's getting loose. You know I'm not a young man any more and you do reflect back and life becomes a little more precious and my actions towards people are much more caring, much more empathetic towards people. I still struggle with showing my emotions that's something I need a lot of work to do but then I've been so brutalised it's difficult for me to express emotions like normal people would. If they're unhappy, sad they cry. I just go quiet. So you don't know whether I am unhappy or enraged. This is something I am learning to deal with and something staff are constantly telling me to be aware of because it can be intimidating.	*Highlights the different persona and the trappings of that' success'.* *Reflecting on life. Values life ahead.* *Life is precious* *Struggle. Showing emotions* *Echoes of the past.* *Engaged in a learning process.* *He seems to have more understanding now than before.*

907 *908* *909*	It can come across as intimidating but really what I want to do is to cry. I just shut down.	*Perspective taking.*
910 *911*	It's recognising your own needs and communicating them...	
912 Trust *913* *914* *915* *916* *917* *918 I don't* *919 blame the* *920 system* *921* *922* *923* *924* *925* *926* *927* *928* *929* *930* *931* *932* *933* *934 I didn't* *935 have a* *936 voice* *937* *938* *939* *940*	And trusting people and it's been a long...I mean the people in authority up until really I came here have abused me in many ways, not only physically but sexually and I felt let down. You know I don't blame...I don't blame the system or anybody for the position I'm in. I made the decisions to do what I did. However, I think that some of the responsibility for the way I evolved has not to be all entirely down to me. I was taken away and put into care. My siblings weren't and they've gone on to become professional people. Despite the abuse they saw me subjected to...they do suffer from depression but they still have managed to keep families together...you know...I know it was a different era then, but I didn't have a voice. That's what always frustrated me. People were physically and sexually abusing me every day, every day from the age of 11 to 15 when I snapped and I turned round and	*A recent position as on page 15 he appeared to rile against the system.* *This perhaps is the treatment / therapy narrative.* *And this is his story.* *Unable to articulate feelings. No voice, no language so he just kept things quiet.*

941 942	struck one of the abusers...I broke his jaw.	
943	Feelings of powerlessness.	
944 945 946 947 948 949 950 "dumped" 951 952 953 954 955	That's right. I was terrified. I'd never hit anyone like that. Rather than call the police the house...it was [redacted] House in [redacted] I don't know if you know it there was a big scandal about it...but rather than call the police they dumped me straight on a train back home. I was in the local authority's care and my mum came back home after work she was a XXXX and found me on the doorstep.	*Person as a object. Being dumped like a piece of rubbish.* *Like a infant.*
956 957 958 959 960 961 962 963 964	You seem to have lacked power throughout childhood and adolescence and that you were treated like...an object to be used by other people. You describe standing next to your Porsche etc, was that a way of gaining some power and thing you had never ever had during your life?	
965 966 967 Gaining 968 respect. 969 970 971	It was recognition, in the crazy world I lived in, a way of getting respect. It was identity – this is me: I'm doing OK, no matter what you throw at me I'm doing OK. You're working and got a mortgage. Well I've got a house	*'Two-fingers' to the world. The narrative of success and overcoming adversity. Validation from material objects not others.*

972 973 974 975 976 977 978 979 totally 980 different 981 person. 982 983 984 985 986 987 988 989 990 991 only one 992 way	and there's no mortgage on that. I'm enjoying my car and that's probably worth more than your house...oh and by the way I've got a BMW as well. And I look back at the photos I take them out and look at them in disbelief. It's like a totally different person. And I don't want anything like that any more. At the time it was a desperate bid on my part to feel worthy, to make myself feel worthy. They were just trappings of wealth and success because I was so insecure that they were...they substituted that. But to get that, young guy from a council estate, no experience, no qualifications, no job prospects there was only one way you're going to go and that was criminal.	*The story of a successful man.* *Trimmings of success. Wealth and success.* *Narrative of successful entrepreneur.* *Inevitability. A trajectory.*
992 993 994 995 996 997 998 999 1000	And a final question - and thank you for being very articulate and very honest and I really appreciate that - one final question on violence, do you regard it differently now? At one time it had a function – a purpose – previously do you regard using it or think differently about it now?	
1001 1002 1003 Evolving. 1004	I do think differently about it now. I think now...I think I'm still evolving. I'm not going to sit here and say I'd never use violence	*In the early stages.*

1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 other 1017 ways of 1018 dealing 1019 with 1020 things 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 Quality of 1032 life 1033	because that would be untruthful and I think that I'm more than capable of reverting to how I was. One of the reasons I am so keen to stay here is that I realise that my thought processes were changing about violence. Violence was a means to an end, something to be used quite arbitrarily...erm...and I did. And I'm just changing and I'm looking for other ways of dealing with people and dealing with situations rather than use the threat of violence. "If you don't do as I say this is what you'll get"...I mean that is no way to talk to people so, as you said earlier, I'm in the embryonic stages of trying to change and think that people here have recognised it. That helps when people recognise that you're trying to change and I'm desperate to turn my life around. As I say I'm a middle-aged man now and I want to have some quality of life and that means that violence has got to be put to one side...left behind.	*Long way to go.* *Wants to maintain gains.* *Evidence of change. What a new self does.* *Being decent and gaining respect that way.* *Leaving the past behind. Looking to the future and having a quality of life.*
1034 1035 1036 1037 1038	Well, thank you very much for that interview and helping me with my project. I really appreciate it and it was good to speak with you.	

1039 *1040*	That's OK. It was good to speak with you.	