Researching the psychological therapies in prison: considerations and future recommendations

Joanna Gee and Betty Bertrand-Godfrey

Dr Joanna Gee and Betty Bertrand-Godfrey are based at the University of Roehampton, London, UK.

Abstract

Purpose – The psychological therapies are widely considered within the forensic literature as holding a useful role in the prison system, however, despite this, very little research into the psychological therapies has taken place. Further, where research is carried out, it is often associated with the need for evidence-based practice (EBP), involving quantification and randomization. The paper aims to discuss these issues.

Design/methodology/approach – This paper will initially introduce the importance of research into the psychological therapies in prison, followed by a consideration of EBP which can be thought of as the current movement governing research in the psychological therapies in the UK.

Findings – However, in providing a focused critique of EBP, particularly within prisons, this paper will attempt to pave the way for a consideration of alternative research methodologies and resultant methods in researching the psychological therapies in prisons in the UK.

Originality/value – Through this it is argued that research within the prison setting should act not to promote interventions and create an evidence-based as such, but to provide an accessible body of knowledge for the psychological therapists working in prisons in the UK.

Keywords Qualitative research, Practitioner research, Quantitative research, Evidence-based practice, Psychotherapeutic research, Psychotherapy and counseling

Paper type Technical paper

Introduction

The psychological therapies, which may be considered to include a broad range of psychological talking therapies usually delivered by counsellors, psychotherapists and counselling psychologists, are widely considered within the forensic literature as holding a useful role in the prison system. It is suggested that they support and help prisoners who are experiencing psychological difficulties, work through and cope better with depression and associated feelings of distress and hopelessness (Harvey and Smedley, 2010). In turn, the psychological therapies may be considered to allow prisoners to speak about their feelings and experiences, assisting in a crisis (Durcan, 2008). The importance of the psychological therapies in prison is often acknowledged through the highlighted benefits of the supportive therapeutic relationship in the maintenance of health and psychological well-being in prison (Wills, 1991), and the reduction of distress in response to stressful events experienced in prison (Snow, 2002). This is alongside the possibility of the psychological therapies in supporting the desistance process (Burnett, 2002).

The above benefits seem particularly important given that studies often outline the negative and often damaging effects of prison on behaviour and well-being both before, during and after imprisonment. Toch (1977) explains how there exist certain standards for living which
are not met in prison, such as overcrowding and poor sanitation, which result in a sense of despair (Nagel, 1976). Sykes (1958) characterized the prison as an environment, which fails to fulfill the basic needs of humans, and in doing so causes deprivation of freedom, security and autonomy. Goffman (1961) suggested that the very structure and organization of the institution exacerbates the already-present difficulties in adjustment to institutional life, in that it fosters dependency by infantilizing, undermining the self-esteem and autonomy of the incarcerated.

Further, the Bradley Report (2009) gives a prison suicide rate in England and Wales of 114 per 100,000 prisoners in 2007 compared with eight people for 100,000 in the general population. This seems apposite with data regarding the extremely high prevalence of "mental health" problems in prisoners (Harvey and Smedley, 2010). One study indicated that around 90 per cent of all prisoners have a "psychosis", "neurosis" or "Personality Disorder", with high rates of co-morbidity (Singleton et al., 1998). In turn, Singleton et al. (1998) located a prevalence rate of 40-76 per cent for neurotic disorders, compared to 17.3 per cent in a community sample (Singleton et al., 2000); and a prevalence of 50-78 per cent of prisoners meeting threshold for a personality disorder, compared with 3.4-5.4 per cent within the community (Singleton et al., 1998). This is alongside studies suggesting high rates of substance misuse (Fazel et al., 2005).

"Depression" is also said to be of high prevalence with 25 per cent of prisoners meeting criteria for severe depression and another 31 per cent having symptoms of depression but not meeting the full criteria for diagnosis (Eyestone and Howell, 1994). However, it is important to note that as with the above, the forensic literature provides definitions of human distress in medical and diagnostic language, often referring to psychological stress based models (Cox, 1978) and adjustment literature (Towl, 2000). This is evidenced through Towl and Crighton's (2002, p. 72), finding that within prison, depression is the most common form of "mental disorder", closely associated with suicide and suicidal thoughts and closely associated to despair of which worthlessness and hopelessness are associated cognitions (Shuker and Jones, 2007).

However, despite the use of diagnostic categories, this appears to be vital for Safer Custody policies within prisons, given that the experience of "depression" can lead to suicidal tendencies and self-abusive behaviours (Zahl and Hawton, 2004). As a result, in 2001 the Department of Health acknowledged that prisoners, who express high need with regard to psychological issues, should have access to the same range and quality of services as outside the prison (Department of Health and HM Prison Service, 2001). However, despite this, the recent government paper on prison rehabilitation, although outlining psychiatric diagnosis and prison "treatment" does not even mention the possibility of the psychological therapies (Ministry of Justice, 2010).

Further, although recent reforms in the UK which have prisoner’s access to many aspects of healthcare in prison settings (Smith, 2000), access to the psychological therapies remains marginal, focused on crisis management and risk prevention (Towl, 2003). This may be seen to concur with the view within the forensic literature that the greatest issues regarding psychological treatment within the prison are suicide and self-harm (Toch, 1992), through the risk they pose and the need to safeguard prisoners from this risk.

It is important to note that Ramluggun et al. (2010) call for research into aspects of healthcare in prisons in order to raise standards of care and ensure prisoner needs are met. For Ramluggun et al., research would stand in support of the EU prison rules which suggest that:

Persons deprived of their liberty retain the rights that are not lawfully taken away by the decision of sentencing them or removing them in custody (Council of Europe, 2006).

However, despite the above, very little research into the psychological therapies has taken place. Further where research has been carried out, the research has usually taken place with specific programmes such as drug programmes (Rouse, 1991), outreach clinics (Skipper et al., 2003) and specific intervention wings such as therapeutic communities (Rawlings, 1998; Hobson, 2000). Harvey and Smedley (2010, p. 9) in their recent book, Psychological Therapy in Prisons and Other Secure Settings, focus on four particular psychological interventions outlining the
practices, noted outcomes and in some areas, evaluation data for the approaches. However, Harvey and Smedley note that:

While there is no documented research or evidence base for using the therapies in this book in prisons in the UK, their exploration marks a step in understanding the potential benefits of their approach. It is hoped that this book may therefore spark an interest in evaluating specific therapy modalities.

As a result, this paper will attempt to approach Harvey and Smedley’s call for interest in considering research into the psychological therapies in prison.

Having introduced the importance of research into the psychological therapies in prison, this paper will initially outline “evidence-based practice” (EBP) which can be thought of as the current movement governing research in the psychological therapies in the UK. However, in providing a focused critique of EBP, particularly within prisons, this paper will attempt to pave the way for a consideration of recommendations and alternative research methodologies for researching the psychological therapies in prisons in the UK.

EBP and the psychological therapies

EBP is an interdisciplinary approach, derived from the natural sciences, such as medicine and education. The term refers to the approaches and interventions within a field, which have been scientifically tested and “proven effective”. Sackett (1997, p. 3) define EBP as the following:

Evidence-based medicine is the conscientious, explicit, judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available clinical evidence from systematic research.

Marks (2005, p. 5) notes that the sudden eminence of EBP within the field of clinical science, lead to what may be considered a “science” for decision making within the field.

Within this, practitioners are often considered experts and are therefore expected to have sufficient knowledge of research evidence, and to implement best practice, or empirically supported treatments (ESTs). With regard to the psychological therapies, Chambless and Hollon (1998) refer to ESTs as:

Clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population.

In turn, the growth of EBP within the psychological therapies is evidenced by the range of organizations, such as the National Institute for Clinical Evidence (NICE) and the Cochrane Review, which produce and disseminate evidence reviews in the UK (Marks, 2005). These organizations and their practices emphasize the need for therapeutic decisions to be not only based on research studies, but to be based on studies which meet specific characteristics and are accordingly quantitative, and preferably randomized and controlled (Hjørland, 2011). Further, as Hjørland (2011) states, qualitative and “low-level evidence” quantitative studies, which do not meet the specific criteria for EBP, are often disregarded. This is in line with the categories of evidence accepted by NICE (2010), within which there exists an evidence hierarchy. Within this, evidence from the randomized-controlled trial (RCT) which is defined as a scientific procedure used in testing the effectiveness of psychological intervention involving randomization and control groups, privileged above quasi-experimental studies and other non-experimental designs (Polit and Beck, 2008).

According to Goodheart et al. (2006), the adoption of EBP within the psychological therapies, has important ramifications. This far-reaching influence might include the modalities available as well as bringing with it a demand for demonstrable outcomes and cost monitoring.

In a Royal College of Psychiatry (2008) report, it is noted that the aim of EBP within the field of the therapies, attempts to improve the provision of psychological therapies, ensuring that patients have knowledge of and access to the most suitable “treatments”. For example, Roth and Fonagy (1996) outline treatments whose efficacy has been confirmed by prospective, controlled outcome studies for most mental disorders in adults, with a similar review of treatments for
children (Fonagy, 2002). A subsequent review addressed research evidence for the timing and location of psychological interventions, as well as therapist qualities that affect outcomes (Roth and Fonagy, 2004). The Department of Health (2001) publication, *Treatment Choice in Psychological Therapies and Counselling*, provides evidence-based guidelines for practitioners to make informed assessments about the potential effectiveness of treatment options for common mental disorders and some somatic syndromes. Despite this focus on treatment manuals regarding psychological interventions, at present nothing as such exists for the prison setting apart from textbooks outlining possible interventions for the criminal justice system (Harvey, 2011; Jones, 2013).

However, although this paper cannot present a full critique of EBP and RCTs within the psychological therapies in the prison system, a select number of points will be raised before a consideration of alternative approaches are presented.

To begin with, particular methodological issues are raised regarding EBP in researching the psychological therapies. Guy *et al.* (2011) question the relevance of assumptions underpinning RCT’s, in particular, calling NICE to adopt a pluralistic approach to research methodologies, in using methodologies suited to psychotherapy and counselling. This finding is supported by Petticrew and Roberts (2003) who state the focus of RCTs and the evidence hierarchy ignore the issue of methodological aptness, which refers to the fact that different questions within different fields are best answered using different methods. This seems important as a number of critics have suggested that within the psychological therapies, constructs such as “evidence” and “evidence hierarchy” are anything but methodologically apt (Loewenthal and House, 2010).

For example, a particular difficulty with the EBP approach is that it suggests the psychological therapies are interventions or treatments, treating a “pathology” as opposed to a therapeutic relationship or ongoing dialogue between two people (Guy *et al.*, 2011). This is outlined through the presentation of “mental health disorders” within the forensic literature, in medical and diagnostic terms. Further, it has been stated that the outcomes between and across therapies are not significant, with the therapeutic allegiance as the important factor (DeRubeis *et al.*, 2008). This seems to be in line with the call for a contextual approach to the psychological therapies in prison in enabling “the therapist to depart from a solely pathological model of emotion and behaviour” (Harvey and Smedley, 2010, p. 20). It is therefore argued that an approach which considers the particular qualities of the therapeutic alliance, as well as therapist and client experience of the work, is important.

Petticrew and Roberts (2003) also raise the issue of how we can answer real world questions which relate to real world risk factors which are not amenable to randomization. This is apparent through NICE’s focus on intervention efficacy as opposed to measures of effectiveness, accessibility and application to real life settings (Nathan *et al.*, 2000). For example, the current approach to researching the psychological therapies in the community, evaluates the use of a particular interventions with people diagnosed with a particular condition, something which is not necessarily possible within the prison population.

It is also important to note that to date, RCTs have rarely been used within the prison setting, particularly in the UK, although current feasibility studies for RCTs have been carried out (Farrington and Joliffe, 2002). In a review of RCTs within the criminal justice system, Farrington and Welsh (2005) note that the majority of RCTs published in prison had in fact been carried out solely in the USA. As a result, they conclude that the ethical, legal and practical challenges posed by RCTs stand as a barrier.

As previously stated, accredited programmes on the other hand, such as the Enhanced Thinking Skills programme in the UK, have been evaluated through RCT (McDougall *et al.*, 2009). In particular, the field of corrections or offender management promotes the use of EBP in applying intervention to offenders. According to Serin (2005, p. 2):

> Using research-based methods (Evidence-Based Practice), prisons and community corrections must work together as a team to ensure risk reduction through correctional programming. EBP also provides guidelines for the efficient management of correctional agencies to meet government requirements of efficiency and quality assurance.
However, it can be argued that the application of manualized offender interventions is particularly different to that of the psychological therapy relationship where as opposed to an intervention applied and an effect noted, it can be said that, “it’s the relationship that heals” (Yalom, 1989, p. 91). Bohart and House (2008, pp. 195-6) refer to the therapies as co-created dialogue between people as it is a practice; “Psychotherapy is conceived of, above all, as a Practice”.

The lack of research into the psychological therapies in UK prisons is, however, compounded by the fact that the Ministry of Justice (2012), in working with offenders to decrease anger and aggression, alcohol use, belief patterns, relationship approaches to name a few, has set up a number of accredited programmes which are grounded within EBP. In turn the Ministry of Justice suggests the interventions are all based on:

Sound evidence on what techniques and interventions help offenders to change and what assessment tools are reliable in targeting the appropriate offenders for each intervention […] there is also a commitment to rigorous monitoring of the quality of programme delivery and an evaluation of the impact made by the programme on future reoffending.

The accredited programmes which involve audits, monitoring and outcome evaluation find their feet within the prisons through these processes.

However, the potential pitfalls of EBP noted so far for researching the psychological therapies in prison stand even before a consideration of ethical issues within the prison setting which there will be a number of in relation to EBP and RCTs. An important example might stand that through the control process, prisoners within the control group will be denied treatment (Farrington and Jolliffe, 2002). This is alongside a key issue which involves the prisoners consenting to the particular therapy and resulting evaluation without any inducements and with the opportunity to withdraw at any time. This is a contentious issue considering that prisoners may view particular treatments as influencing sentencing, parole and release, affecting their ability to withdraw from the study.

The above has attempted to sow the seed for a consideration of research in prison through an approach to research, which explores current practice without closing down research to notions of evidence, intervention and EBP. Importantly with regard to the field of corrections in the prison setting, Latessa and Lowenkamp (2006, pp. 521-2) state that:

What works in corrections is not a program or a single intervention but rather a body of knowledge that is accessible to criminal justice professionals.

Therefore it is argued here that research within the prison setting should act, as suggested above, not to promote interventions as such, but to provide an accessible body of knowledge for the psychological therapists working in prisons in the UK. Having provided a critique of an EBP approach to research, the following section will aim to outline recommendations and alternative methodologies for research in the prison setting, alongside providing examples of past and present research where possible.

**Recommendations for research in prisons**

As outlined, it is recommended here that research into the psychological therapies is vital in enabling a flow of knowledge and best practice between practitioners and prison services. However, it is suggested it needs to take on a different shape to the EBP approaches of the clinical and psychological sciences, popular at present. As a result, the following sections will aim to outline in more depth the important aspects which the authors advocate as important in researching the psychological therapies in prison. In turn, this argument supports practice-based evidence whereby the researcher is often a practitioner, and accordingly the research is or is associated with practice. Research in prisons would therefore act to capture the experience of the intervention, in promoting the sharing of best practice.

**Quality vs quantity**

It is argued that as opposed to engaging with EBP, which emerges from the quantitative, positivistic paradigm, that qualitative research is given precedence with regard to research in prisons.
Positivism, the philosophy underlying EBP, holds the belief that knowledge may only be secured through demonstrating its correspondence with direct, measurable experiences or observed events (Guba and Lincoln, 1994). Within quantitative research in the social sciences, Crotty (1996) suggests there is an attempt to unearth the definitive and discover objective data as a means of contributing to knowledge and the generation of truth. However, interpretivism, a philosophy fundamental to qualitative research approaches, investigates subjective experience in a way which is meaningful for the individual participants (Strauss and Corbin, 1998).

Within interpretivism, knowledge is not based on observable phenomenon or measurable experiences as within EBP but on subjective experience, including beliefs, values, reasons and understandings (Guba and Lincoln, 1994). In turn, experience may be considered as:

The source of all knowing and the basis of behaviour. Experience, what we are aware of at any point in time, is the foundation of our knowledge, of ourselves, of other people, of the world in general (Becker, 1992, p. 11).

Husserl regarded experience as the fundamental source of knowledge (Racher and Robinson, 2003). As a result:

To ignore the phenomena of conscious life just as they are given in experience is to abnegate the ultimate source of all knowledge in favor of physicalistic dogma (McCall, 1983, p. 57).

The position of qualitative research can therefore potentially be understood through the acknowledgement that the data one wishes to discover is concerned with lived experience. Further, this would suggest that in gaining knowledge of a phenomenon, such as that of psychotherapeutic work with prisoners, we must return to the experience of the phenomenon. Giorgi (1985) highlights the need, in research, to gain descriptions of the phenomenon as experienced if one is to understand the experience, such as that of psychological therapists delivering interventions in prison, or prisoners engaging in the therapies, as lived. As a result, this would suggest the research method chosen must allow the researcher to engage with this population in collecting data about the phenomenon.

It is important to note through this that qualitative and quantitative methodologies can be seen to begin at a potentially different place, as even in the consideration of human experience, quantitative research looks to find measurable aspects of the experience, “to quantify that experience and to know if that experience is right or wrong” (De Castro, 2003, p. 46). However, to reduce human experience to its measurable aspects as within EBP can be seen to adopt a reductionist approach to understanding people and their experience, which will only act to “distort rather than disclose” (Van Kaam, 1966, p. 14).

Qualitative research on the other hand, is concerned with exploration in its aims to “realise new insights” (Kvale, 1996, p. 100) and “multiple realities” (Voce, 2004, p. 3). Further, postmodernism questions the basis for all our knowledge, including one’s ability to locate a truth or get back to the essence of a phenomenon (Derrida, 1992, 1994, 1995). Through a qualitative paradigm, can we attempt to be open to experience of the psychological therapies in prison as “never complete” within research? In turn, can we attempt to explore a phenomenon as opposed to creating a distortion by determining its meaning and measurable aspects?

The following will consider ethical issues, which in the authors views are considerably more important than the production of “results” through EBP.

Results vs ethics

It has been well documented within the forensic literature regarding research, that prisoners are an especially vulnerable class of research participants, as risk from exploitation given their captive status (Hornblum, 1997, 1998; Mitford, 1974).

Gostin et al. (2007) state a number of ethical issues association with research with prisoners. They state this emerges partly from the disempowerment of those in custody, which involves limitations on freedom of speech and behaviour, personal choice and control. They state also the power differential between those researching, and the researched, in this case, prisoners.
Therefore the issue of consent arises, with the setting needing to hold the possibility for informed consent as well as refusal.

Privacy also remains an issue with prisoners often observable by different members of staff. Finally, the standard of care available within the prison setting needs to enable the prisoner to have a meaningful choice between forms of intervention.

Challenging approaches through EBP, Gostin et al. (2007, p. 22) raise questions with regard to quantitative research in prisons:

What about questions of justice and fairness? How much of the burden of research should prisoners be asked to bear? How many of the potential benefits of research will be directed toward the prisoners?

This is alongside the specific ethical concerns of EPB in general as mentioned in the sections above (Farrington and Jolliffe, 2002).

It is argued that research within the prison setting must hold these important questions of ethics in mind. Further, with regard to practitioner research which will be introduced in the following section and which, Furlong and Oancea (2005, p. 1) suggest is “an area situated between academia-led theoretical pursuits and research-informed practice”, ethical issues are considered paramount.

For Campbell and Groundwater-Smith (2007), qualitative, practitioner research involves in particular, an awareness of tensions within and between the work and research; a focus on researching “with” rather than “on” practitioners; as well as using particular approaches which ensure the safety of vulnerable groups. Further they suggest that this involves using field-based stories and dilemmas to illustrate the ethics of research.

The following section, leading on from this and the preceding argument will highlight the importance of practitioner research which emerges from practice, as opposed to setting up research projects within which the psychological therapies are applied and controlled for.

“*What works*” vs “*What we do*”

Following on from the need for ethical, qualitative research, it is suggested here that research in prison should attempt to capture the experience of the intervention, in promoting the sharing of best practice. This could involve therapists attending to and “evaluating” their approach to practice, or engaging with qualitative research methodologies in exploring in more depth the experience of psychological therapists and prisoners in therapy (Loewenthal, 2007).

At present the “What Works Model” within the field of desistance (Howells et al., 2004), is an EBP model which relies on in-depth assessment procedures and “asserts the general power of behavioral, social learning, and cognitive-behavioral strategies” (Andrews et al., 2006, p. 7). However, in assessing what works, the in-depth assessment procedures, quantitative in nature, tell us little about a relationship between two people, or the subtleties of an intervention, and instead simply give us quantifiable, controlled for outcome measure scores.

So how can we capture the experience of our interventions in prison? McCutcheon and Jung (1990, p. 144) introduce practitioner research as a form of investigation in which practitioners explore their own area of practice as a focus of study:

Practitioner research can be defined as a systematic form of inquiry that is collective, collaborative, self-reflective, critical, and undertaken by the participants of the inquiry.

This process is reflective and deliberate and focused on a question with which the practitioner wishes to answer. Practitioner research draws on the inside or local knowledge to define and address the area of interest (Anderson et al. 1994).

Groundwater-Smith and Mockler (2008, p. 107) state that practitioners learn from practitioner research as it aims at improving rather than proving as an approach to research. Further they state that “those involved in practitioner inquiry are bound to engage with both ‘theoretical’ and ‘practical’ knowledge moving seamlessly between the two”. In turn, it draws on research through case study, ethnographic study, phenomenology and a wide range of methods.
Practitioner research can therefore take many forms which the following will briefly outline as holding the potential for being useful in researching the psychological therapies in the prison setting.

Practitioner research may involve the use of case study. McLeod (2008, p. 1) states that case studies are in-depth, rich investigations into a particular case, with information gathered from a variety of sources and using several methods:

> The case study method often involves simply observing what happens to, or reconstructing ‘the case history’ of a single participant or group of individuals [...]. Case studies allow a researcher to investigate a topic in far more detail than might be possible if they were trying to deal with a large number of research participants (nomothetic approach) with the aim of “averaging”.

The case study is an approach as opposed to a research method as such, enabling practitioners to select further methods of data collection such as semi-structured interviews, observation, diary entries (McLeod, 2011). The data can then be analysed using different research methods, some of which are mentioned below. A particular example of the use of case study method may be seen within the research exploring desistance from crime, whereby ex-prisoners are invited to speak about their experience of counselling or psychotherapy, which could be considered as facilitating a process whereby one looks at and reflects upon past experiences and how these may have hindered subsequent learning. Therapy therefore has the potential to offer a possibility to unravel and unlearn the knowledge from these experiences creating space for new learning to take place (Rose et al., 2005). A current study is therefore exploring, through dialogue with ex-offenders and engagement with the case study method, whether there is any possible link between psychotherapy and desistance from crime (Bertrand-Godfrey, unpublished).

As stated, a particular approach to practitioner research may be phenomenological within the qualitative paradigm, defined as the study of things or events in the everyday world (Becker, 1992), and viewed as a direct challenge to quantitative research:

> It claims to have a comprehension and understanding of the experience of the human being from consciousness and the standpoint of the human being who is having the experience (De Castro, 2003, pp. 46-7).

Giorgi (1985) suggests that phenomenology provides a method of exploring experiences without trying to distort them. Further, apposite with the aims of this research, phenomenology does not seek unified meanings and patterns within the text but instead allows for discoveries; “a disciplined spontaneity” (Giorgi, 1985, p. 4).

A form of phenomenological research, heuristics, with its focus on investigating human experience, aims to discover the nature and meaning of experience (Moustakas, 1994). Essential to the method is the self of the researcher, as the method is referred to as a process of internal search (Moustakas, 1990). The method requires the researcher to be clear about their own investment in the research and it incorporates the experiences of the co-researchers, alongside the experience of the researcher into a creative synthesis.

This is alongside further phenomenological research methods such as classic grounded theory, in its aim to examine the experience of individuals and look at whether or not any conclusions could be drawn from the data. Within classic grounded theory, a series of categories are formed from the data, which are the basis for the creation of a theory (Glaser and Strauss, 1967). A number of grounded theory studies have taken place in relation to the prison with regard to needs of staff who care for offenders with a diagnosis of personality disorder (Kurtz and Turner, 2007), implications of prison on families (Arditti et al., 2003) and transfer in conflict resolution (Apprey, 2005).

The method of Smith and Osborn’s (2008) Interpretative phenomenological analysis (IPA), is a further option, interested in “the meanings particular experiences hold for participants” (Smith and Osborn, 2003, p. 51). Smith and Osborn state the method aims to explore personal experience and attempts to produce an objective statement of the object or event.

An IPA research study was conducted on eight participants (counsellors and psychotherapists with an experience of working in prison) which revealed that working in prison was challenging.
and that this particular environment had the capacity to elicit strong feelings in therapists which could at the same time inform as well as hinder their practice (Bertrand-Godfrey and Loewenthal, 2011). On the other hand, most of the participants acknowledged a form of resilience within themselves inasmuch as they were able to function in conditions that others have found too adverse to handle. The implication for practice stemmed from the finding that although challenging for the relationship and for the self, some counsellors and psychotherapists are willing to undertake this task which requires them stepping away from the familiar. This can be seen as opening up the possibility to meet the criminal at a subjective level rather than as being radically “other” (Polizzi and Maruna, 2010).

Empirical phenomenological analysis was created through a desire to develop an empirical, descriptive, phenomenological method, which held the possibility of studying the essence of a phenomenon as experienced (Giorgi, 1985, 1994; Giorgi and Giorgi, 2003). The researcher then analyses the description from within a psychological perspective and sensitivity to the phenomenon being researched, whilst carrying out the phenomenological reduction, in order to make discoveries relevant to the phenomenon under study.

In exploring the psychotherapist’s experience of working with despair in the prison setting, Gee et al. (2011) interviewed ten psychotherapists using interviews in gaining descriptions of their experience of their work with despair. In turn, the analysis of the interviews enabled a specific and a general structure outlining the meanings emerging from the participants descriptions. The themes outlined rich information regarding the psychotherapists experience, including recommendations for future practice with despair. The findings highlighted despair as a destabilizing phenomenon, emerging from the person’s history alongside internal tensions and contradictions essential to forensic work. The findings, usefully suggested that despair in the prison setting, by its very nature, left the therapist feeling unskilled, powerless and lacking agency (Towl and Forbes, 2002), and that the psychotherapist’s therapeutic response was informed by the prisoner’s form of despair, offender profile and personal resources (Towl and Forbes, 2002).

An alternative approach, ethnography involves direct observation of the interactions within certain groups, may be used to obtain a description of the phenomenon set in cultural context (Moustakas, 1994). Here, the practitioner or researcher gains knowledge of a situation through direct experience, including their relationships with others, and their perceptions and experiences (Patton, 1990). This involves a focus on intersubjectivity, context and drawing on the practitioner or researcher’s own experience, such as through reverie.

The approach of discourse analysis may also provide opportunity to explore the psychological therapist’s experience of working within the prison setting. It offers a radical approach to research, in which the participant is subject to the fragmentary nature of experience and the instability of language. In turn, it allows for an analysis of language and text to find meaning in the structures and functions of speech (Potter and Wetherell, 1987). The researcher attempts to identify categories, themes, ideas, views and roles within the text itself. The aim is to identify individual or commonly shared discursive patterns of talking. The practitioner or researcher attempts to explore the question, how does the discourse help us understand the issue under study? Mayr (2003), for example, carried out and reported a study of language as a means of control and resistance within the field of prison education. In turn, this study explored both ideologies expressed, and interests served within the discourse in prisons.

It is suggested that these approaches may enable us to explore the work that takes place in the prison setting, by practitioners and those interested in researching the experience of the psychological therapies in the prison setting.

Conclusion

This paper has attempted to outline an argument for research in prison. However, an argument for research, appropriate to the setting and client group has also been put forward. This argument therefore rejects EBP, in favour of qualitative, ethical and practitioner-based research, with a focus on the experience of the psychological therapist and prisoner considered vital in gaining in-depth knowledge of the experience of prison (Todd and Loewenthal, 2007).
This is particularly important in that it offers an approach within which one can explore the psychological therapies, documenting the work taking place with prisoners. This is contrary to applying a particular intervention and setting up a research method to fit in with an intervention.

This then highlights the need for practitioner research where research methods such as case studies, phenomenological analytic methods, ethnography and discourse analysis may be employed in exploring the approaches of the psychological therapists. This would act not only to indicate what seems to be particularly useful for the psychological therapies, but may also act to separate out the work done by the different psychological therapists in prison, such as clinical psychologists, counselling psychologists and psychotherapists/counsellors. This argument is based not only on the most useful approaches to exploring the experience of psychological intervention in prison, but also in ensuring that the research approach is ethical, something important given the vulnerable population.

References


Apprey, M. (2005), “A formal grounded theory on the ethics of transfer in conflict resolution”, research paper, CASE Weatherhead School of Management, Cleveland, OH.


Durcan, G. (2008), From The Inside: Experiences of Prison Mental Health Care, Sainsbury Centre for Mental Health, London.


Serin, R.C. (2005), Evidence-Based Practice: Principles For Enhancing Correctional Results in Prisons, National Institute of Corrections, Washington, DC.


Further reading


About the authors

Dr Joanna Gee is a Psychotherapist, working in the UK female prison estate and the Priory Hospital Roehampton. Interested in the field of research in prisons, she is also DBT Programme Researcher at HMP YOI Holloway. Further, a member of the Research Unit, Psychological Therapies in Prison at the University of Roehampton, she is interested in how practitioners experience working with despair in UK prisons.

Betty Bertrand-Godfrey qualified as a Clinical Psychologist in France in 1994. She worked briefly in a Toulouse prison now closed (Maison d‘Arrêt St Michel) assessing inmates who had not been in prison before. After moving to the UK, she retrained at the University of Roehampton. Betty is both a Practitioner and a Researcher. She has worked as an Honorary Psychotherapist in a male London prison where she provided long-term individual psychotherapy. Her Masters in Psychotherapy and Counselling explored the experience of therapists working in prison. Betty is currently doing a PhD within the Research Centre for Therapeutic Education where she is looking at the impact of psychotherapy on desistance from crime. Betty currently works in private practice in South West London and as a Research Assistant for the Research Centre for Therapeutic Education.

To purchase reprints of this article please e-mail: reprints@emeraldinsight.com
Or visit our web site for further details: www.emeraldinsight.com/reprints