

'This is not just about death — it's about how we deal with the rest of our lives':

Coping with bereavement in prison

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As human beings, we all spend our lives at differing points on a continuum between positive and negative mental health and wellbeing. Where we are at any given point in time is determined by a wide range of contributory factors, some of which we have the power to alter through autonomous choice, with others being a result of given circumstances that we are powerless to change.

If we can muster the courage to consider the cause of our own personal dilemmas and those of our loved ones, we often find issues relating to security and attachment, identity, and control and power.

Death is undoubtedly one of the most psychologically challenging experiences we face and when the death of a significant person occurs, a further imbalance of the above states can detrimentally affect the human condition. Although death is often intensely distressing, the majority of people begin to readjust over the course of time,¹ find their own way of dealing with the changes brought about following a death, and subsequently discover a renewed purpose to life.

However, a proportion of people struggle to deal with death, and their mental health and wellbeing become affected, producing a sense of disconnection and detachment, difficulties in understanding one's self-concept, and feelings of powerlessness and helplessness.

These emotions and feelings are not only associated with death but can be triggered when many other significant, non-death related losses occur, such as loss of stability through a dysfunctional family situation or being placed in care, loss of an aspect of security through emotional, physical or sexual abuse, an absent parent for periods of time during the formative years, or the breakdown of a relationship.

As social animals, it is necessary to develop strategies to cope with death and other losses in order to function to a self-imposed or third-party-imposed standard, and these mechanisms may be instinctive

(flight/fight), as a result of inherent personality traits, or through learned responses via parents, peers, social groups etc.

Often such strategies may result in a healthy resolution of emotional conflict. However, an unhealthy coping mechanism may be chosen and accessed time after time, eventually forming a block, and preventing the individual from leading an acceptably healthful life because of a failure to deal with a build-up of unresolved issues following death and other losses. We all possess a shadow side made up of emotions, thoughts and behaviours, which has the ability to get the better of us if our phenomenological security, identity, control or attachment bonds become sufficiently upset. When unhealthy coping strategies become extreme they can lead on to consequences which are negative and detrimental to society, and result in individuals finally breaking the law and becoming incarcerated.

Dealing with death during Incarceration

In addition to the difficulties an individual experiences as a result of negative coping strategies, grieving prisoners are often isolated from the usual recognised social support systems. Due to the level of distrust often experienced, they have difficulty offloading to one another to any degree of depth in daily prison life. Further suppression frequently occurs at a time when prisoners are able to communicate face-to-face with family and friends during visiting. They may be fearful of causing additional pain to loved ones on the outside, who already have to deal indirectly with the anxiety of the sentence being served. As a consequence, important discussions concerning the loss do not take place and often such a scenario will subsequently cause a negative ripple effect amongst other family members in terms of blame, anger and added responsibilities.

Such conflict has been described by Doka² as disenfranchised grief:

1. Schut, H. and Stroebe, M.S. (2005) Interventions to Enhance Adaptation to Bereavement, *Journal of Palliative Medicine*, 8, supp 1: 140-147.
2. Doka, K. (1989) *Disenfranchised grief: recognizing hidden sorrow*, Lexington, MA: Lexington Books, p 4.

... grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported.

prisoners suffer from two or more mental health disorders.⁸

Cruse bereavement care

Each prison addresses bereavement issues differently according to: the type of sentence committed; date of bereavement; manner of death; relationship of the prisoner to the deceased; level of security risk; level of chaplaincy involvement; category of prison; historic management of the establishment; economic restrictions; and particular culture of the prison in relation to death.

In conjunction with differing views on prison policy, some members of society hold the belief that prisoners should not have a right to grieve as they are being incarcerated in order to be punished,³ and to protect society. Sadly, by taking this standpoint our society denies the root cause that is loss, meaning that society is currently reinforcing the mindset of avoidance of the reason for some individuals resorting to unhealthy coping strategies in the first place.

How do the national figures stack up?

There were 509,090 deaths registered in England and Wales in 2008.⁴ That year saw a prison population high of 84,700 (approx 4,300 of whom were female prisoners),⁵ with 61 apparent self-inflicted deaths in prison custody in England and Wales (59 males), and approximately 1,500 people assessed as being at particular risk of suicide or self-harm on any one day.⁶ Suicidal ideation and self-harm are often found in people with trauma-related disorders, with such thoughts, feelings and behaviours sometimes acting as a defense against confronting painful feelings of loss and traumatic bereavement.⁷ Seventy-two per cent of male and seventy per cent of female sentenced

Cruse Bereavement Care, the country's leading charity specialising in bereavement care,⁹ continually strives to offer an accessible, flexible, non-stigmatising and cost-effective service.¹⁰ In 2008/09 over 95,000 people contacted Cruse for help and 32,400 people were given long-term support by 5,700 Cruse bereavement volunteers in England, Wales and Northern Ireland.¹¹

Traditionally, Cruse has provided good liaison¹² and one-to-one support in many prisons and some YOI's, with a presence in approximately 30 establishments in England, Wales and Northern Ireland. Some establishments have access to the Cruse Helpline via the telephone PIN system.¹³ Additionally, Cruse works closely with the NI Prison Service to promote resettlement back into the community upon release.¹⁴ The NI Prison Service¹⁵ found that in a small-scale study of 25 female prisoners, 76 per cent had experienced a death from someone close to them within the last 5 years and continued to feel the effects of grief, and following analysis of a study undertaken at Holloway Prison, 82 per cent had also experienced a close death within this timescale.

Who provides help following bereavement at HMP Everthorpe?

HMP Everthorpe has an operational capacity of approximately 689,¹⁶ and from March 2009 — March 2010 the Chaplaincy team notified prisoners of 53 deaths while they were in custody; offering appropriate faith/grief-specific, pastoral, spiritual and general bereavement support, regardless of faith, or no faith.

Significant deaths which occurred prior to incarceration or during custody in a different prison can

3. Olson, M.J. and McEwen, M.A. (2004) Grief Counseling Groups in a Medium-Security Prison, *The Journal for Specialists in Group Work*, 29(2): 225-236.
4. Office for National Statistics. (2009) *Registered deaths for England and Wales — 2008*. [online] Available at: www.statistics.gov.uk/cci/nugget.asp?id=952
5. HM Prison Service (2009) *HMIP Annual Report 2008-2009* [online] Available at: www.justice.gov.uk/prisons/HMIP_AR_2008-9_web_published_rps.pdf
6. MoJ (2008) *Deaths in prison custody 2008*. [online] Available at: <http://www.justice.gov.uk>
7. Bloom, S.L. (2001) Reflections on the desire for revenge. *Journal of Emotional Abuse*, 2(4): 61-94.
8. Prison Reform Trust (2010) *PRT response to government's action plan on offender health — PRT Factfile* [online] Available at: <http://www.prisonreformtrust.org.uk/1746>
9. Cruse Bereavement Care (2009) *About Cruse*. Available at: <http://www.crusebereavementcare.org.uk>
10. Cruse Bereavement Care (2007). *Cruse Bereavement Care Manifesto*. p 3.
11. Cruse Bereavement Care (2009) *Annual Report* [online] Available at: <http://www.crusebereavementcare.org.uk/PDFs/AnnualReport09.pdf>
12. HMIP YOI (2006) *Report on a full announced inspection of HMPYOI Rochester 9-13 January 2006*. [online] Available at <http://www.hmprisonservice.gov.uk/100032Dbannualrep0607appendices.pdf> (See 10.)
13. Cruse Bereavement Care NI (2009) *Prison Support Services*. [online] Available at <http://www.cruseni.org>
15. NI Prison Service (2005) *Study prepared by Resettlement Researchers: 1-31*. [online] Available at <http://www.niprisonservice.gov.uk/module>
16. HM Prison Service (2010) *Locate a Prison — HMP Everthorpe* [online] Available at www.hmprisonservice.gov.uk/prison.asp?id

be highlighted when a prisoner first enters the establishment through the induction process. Personal officers and other staff members will assess a prisoner's coping ability on a daily basis and refer on if necessary. The Healthcare team is crucial in providing assessment and treatment to help with such problems as anxiety, depression, insomnia, other psychosomatic ailments, personality disorder, etc. In addition to professional support, peer 'Listeners' are available 24/7. Despite a lack of specialist, in-depth training, they can provide invaluable, informal crisis support. However, many losses may go undetected due to a lack of disclosure on the part of the prisoner, for example, significant deaths during childhood and during adolescence.

In addition to the above in-house support, Cruse Bereavement Care works flexibly to provide support for one morning a week. Both one-to-one counselling and/or a group intervention can be accessed and the work is offered in seven-week blocks, thereby providing time-limited support. Cruse has an open-door policy and currently a minority of prisoners are able to return at a later date, depending on length of the waiting list.

As well as specific support relating to bereavement, interventions such as Enhanced Thinking, RAPt (Rehabilitation for Addicted Prisoners trust) P-ASRO (prisons addressing substance related offending), CARATs (counselling, assessment, referral, advice and throughcare), and Alcoholics Anonymous are vital in helping individuals look at fresh ways of responding and coping. However, to what extent is the national regime providing an opportunity for all prisoners to look directly at the root causes of losses they still have not come to terms with?

Pilot study at HMP Everthorpe

When considering the optimal form of emotional support when contact with family and friends is restricted or absent — for example following death — the logical solution is to use a group whose structure most closely matches that of the preferred social network,¹⁷ with different social networks being accessed for different emotional needs.

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Consequently, a small-scale pilot study¹⁸ was approved by Cruse to explore the efficacy of support groups for bereaved prisoners at HMP Everthorpe and following ethical advice and guidance from the MoJ Area Psychologist, and approval by the then Governing Governor, the research was undertaken from February — July 2009. A mixed methods approach was used, including completion of the Hogan Grief Reaction Checklist at pre- and post-intervention, and at 6-week follow-up. The validity and reliability of the HGRC are well documented,¹⁹ and it measures the following empirically derived subscales: Despair, Panic Behaviour, Personal Growth, Blame and Anger, Detachment and Disorganisation.

Eleven men participated in the research and the available quantitative and qualitative evidence supports the notion that a Cruse bereavement support group in a category C prison can be efficacious for some prisoners. Within the small cohort a highly significant difference was shown in *personal growth*, and a significant difference was shown in a reduction of *despair*, *blame* and *anger* after the intervention had finished. However, in terms of quantitative data there was no significant change in feelings of *detachment*, *panic behaviour* or *disorganisation*.

From such results further investigation of attachment style²⁰ would seem to be a useful next step. It must be borne in mind that the research was a pilot study only and as such is not empirically valid. Nevertheless, if the prisoner is not ready to wholeheartedly engage, the intervention will not be effective, however, if it is accessed at a time when someone is receptive, and feels safe and adequately supported in his vulnerability (within the group and especially on the wing), then it may be beneficial, at least in the short term.

At the end of his last group session, one prisoner reflected on the experience as being '... *the last jigsaw piece in the puzzle — it all seems to make sense now*'.

What is helpful and what hinders?

When compared with situations where no intervention takes place, Crighton and Towl²¹ recognise

17. Messeri, P., Silverstein, M., and Litwak, E. (1993) Choosing Optimal Support Groups: A Review and Reformulation. *Journal of Health and Social Behaviour*, Vol 34: 122-137.
18. Wilson, M. (2009) Pilot Study — Exploring the efficacy of a Cruse Bereavement Care Support Group for male, category C offenders. [Unpublished]
19. Neimeyer, R. A., Hogan, N. S., Laurie, A. (2008) The Measurement of Grief: Psychometric Considerations in the Assessment of Reactions to Bereavement. In M. S. Stroebe, R. O. Hansson, H. Schut and W. Stroebe (Eds), *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*, Washington, D.C.: American Psychological Association. pp 133-161.
20. Parkes, C. M. (2006) *Love and Loss: The Roots of Grief and its Complications*, London: Routledge.
21. Crighton, D.A., and Towl, G.J. (2008) *Psychology in Prisons*. Oxford: BPS Blackwell.

group-based therapy as a useful intervention, with group membership being of critical importance to individual functioning,²² as the following describes. Prisoners who have benefited from the Cruse bereavement support groups have been found to go on to join different groups or engage more readily in other programmes and educational activities, and also show an interest in being available to help other recently bereaved men on the wings. Knowing that their group comprises members who are also struggling to come to terms with various forms of loss, facilitated by 'neutral' people who recognise the importance of working through such loss and can be relied on for non-judgmental support, seems to be valued.

Both one-to-one and groupwork have the potential to impact positively on individuals. One-to-one work undertaken exclusively or as a precursor to groupwork builds a temporary attachment with one of the Cruse volunteers when disclosure of the major problems surrounding the death are sensitively explored. Sharing experiences in a whole group helps normalize common problems. Furthermore, sub-group work serves to provide extra safety in terms of trust if sensitive information is disclosed, particularly when highlighting unique elements of the death and other losses. Benefits are also gained when peers identify one another's blind spots in a supportive manner. It is not only what is experienced within a group which is important, but perhaps more so what is processed between sessions. This necessitates having the capacity for some reflection and linking to other aspects of one's life on differing levels. Finally, a 'good-enough' ending can be experienced when the group has run its course.

A group member who initially had some one-to-one counselling, tried a group but walked out because it was too difficult, and subsequently returned to a newly formed group. During his final sessions in the last group he became more of a supporter than one who needed support. We need to be cognisant of the fact that it

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takes time and real courage to display vulnerability within such a harsh environment as prison where it is commonplace for many 'invisible layers' to be worn for protection on the wings. By removing such layers, other facets of what makes up the 'essence' of a person become apparent. This 'essence' has been found to alter over time if personal values are revised. Prisoners are able to identify whether their surroundings determine a 'secure base',²³ and if so, have the responsibility of acting as their own gatekeepers in disclosing a measured amount of information to enable them to keep sufficiently safe but also, at times, experience some level of discomfort. Of paramount importance are the

'secure base' and corresponding level of mutual trust experienced. Individuals often become more authentic, accepting and respectful of self and others in the bereavement support group. By starting to move away from their comfort zone and make revisions to their assumptive world,²⁴ they are able to discover for themselves whether or not to take a future path which will lead more in the direction of self-actualisation.

The homogeneous bond of 'death', coupled with the fear of 'isolation', the pervasive absence of 'freedom' in prison and the need to make meaning out of the 'meaningless' experienced, form

the natural basis of an existentially themed²⁵ approach to dealing with bereavement in prison. Our own mortality and the death of those we love, as well as significant others who we may have an ambivalent relationship with, can be exceedingly difficult concepts to grapple with. Death is the greatest leveller of all, but through reciprocal caring and illumination of life against the shadow of death, one can be supported:

'To the extent one brings the other to life, one also becomes more fully alive.'²⁶

Failure to work through grief predisposes men to a more complicated grief reaction,²⁷ with maladaptive patterns of grief including avoidance, distortion, amplification and prolongation.²⁸ Within the prison setting tears will evoke a variety of emotions, and the

22. Brewer, M.B. (1991) The Social Self: On being the Same and Different at the Same Time, *Personality and Social Psychology Bulletin*, vol 17, No 5: 475-482.

23. Bowlby, J. (1969) *Attachment and Loss: Volume 1 Attachment*. London: Hogarth Press.

24. (See 20.)

25. van Deurzen, E. (2007) Existential Therapy, in W. Dryden (Ed) *Dryden's Handbook of Individual Therapy: Fifth Edition*, London: Sage. pp 195-226.

26. Yalom, I.D. (1980) *Existential Psychotherapy*, New York: Basic Books. p 373.

27. Martin, T.L. and Doka, K.J. (2000) *Men don't Cry ... Women do. Transcending Gender Stereotypes of Grief*, New York: Routledge.

28. KISSANE, D.W. and BLOCH, S. (2002) *Family focused grief therapy*, Philadelphia: OU Press.

more that tears are denied, contained or swallowed, the more they try to get 'heard' and receive attention in some other way.²⁹

When asked who prisoners regard as their present key attachment figure, a variety of responses are offered. Sometimes it is a father they revere as a 'role model' who was/is imprisoned or was/is an absent parent or who has formed a separate blended family situation. Often it is a mother, young son or daughter, who provides unconditional love. Occasionally it is an aunt, older sibling or grandparent who has acted as a 'constant' when parents have for whatever reason been unable to provide a 'secure base'. Partners/spouses are sometimes — but not always — considered to be the men's most prominent, current attachment figure. When key attachment figures die, the present protocol for granting temporary release to attend death rituals such as funerals etc — while duly considering risk assessment — presently is perhaps more determined by familial relationship to the deceased rather than strength of attachment bond, arguably leading to additional anguish if an inadequate explanation is given of the strength of the bond, causing the loss to become disenfranchised, thereby resulting in compounded problems.

Some people find it surprising that productive bereavement counselling is far from a soft option, frequently being uncomfortable and thought provoking. For some prisoners, grief work is deemed to be too difficult for them to focus on while in prison, leading to internalisation of the grief — with the belief that the death will be dealt with on release. However, high levels of anxiety may naturally give rise to an avoidant coping strategy following a traumatic loss to prevent further distress, resulting in continuing refusal of support. Family members may be working through some of their grief while the prisoner is incarcerated. Incarceration either acts as a cushion to the death — out of sight, out of mind — or it serves to reinforce feelings of isolation and loss. If no feelings related to the loss are worked through prior to release, not only could this cause problems in prison but additional problems both for the family and the offender upon return into the community.

For some men, pride and fear predominate and cognitive dissonance continues to occur. Those who are

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still able to access drugs in prison will use such coping strategies rather than ask for help. Others say breaking the law provides a temporary means of security with little responsibility, a roof over their head and a chance to access help. For the second group, at least, is prison really the answer? In exactly how many ways are we as a society letting them down in their home surroundings? As a beginning, a change in culture to a more prisoner-centred model³⁰ is needed, and if outmoded cultural beliefs are changed — which with time it could be perfectly possible to achieve — then many more prisoners may start to come forward more readily.

If there is little opportunity for the men to relate to one another at anything other than a superficial level, when a temporary attachment is formed within a group and relational depth is achieved between two or more people, this is tremendously supportive. However, some prisoners feel that to become emotionally attached will only cause additional pain and hurt due to past troublesome attachments which have been inconsistent or where a mutual attachment resulted in emotional unavailability or rejection. Alternatively, they fear they may become over-dependent and will suffer if they are 'abandoned', for example if they are released before the programme ends, or prematurely transferred to another programme, resulting in yet another unsatisfactory abrupt ending.

Male offenders seem to be more likely to access Cruse bereavement counselling in prison rather than at home. In the future, given the option of attending some kind of therapeutic programme rather than undergoing a traditional custodial sentence may have the potential to lead to a multiplicity of benefits for both prisoner and their family. For continuity of care into the community, improved liaison and partnership between agencies will be beneficial.³¹ However, the ethos of a Third Sector organisation such as Cruse is to acknowledge autonomy and the charity will only work with clients who give their direct consent as distinct from third party referrals.

Although some prison staff have knowledge and expertise, grieving prisoners experience others as feeling awkward, with a number of staff having limited skills to work empathically. Relevant training would undoubtedly improve this situation.

29. Booth, A. (2006) *The Land of Tears (Groupwork) Therapy Today*, March: 44-46.

30. Royal College of Psychiatrists (2002). *Suicide in Prisons: Council Report CR99*. [online] Available at <http://www.rcpsych.ac.uk/files/pdfversion/cr99>

31. DH (2009) *Improving health, supporting justice: the national delivery plan of the Health and Criminal Justice Programme Board*: p 7. [online] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyAndGuidance/DH_108606

The particular problems of bereaved ex-service personnel

We have found that men who have served in the armed forces have often said they are unsure of the 'right' way to grieve, not realizing that anger and guilt are common features of the grieving process. Soldiers comprise the biggest occupational group within the prison system, the vast majority of whom are male. An estimate of approximately 2,500 will currently be serving a prison sentence, with the same, if not more, serving a community sentence.³²

Forces personnel are seen as heroes and heroines, especially when they have worked in active war zones. Society now understands the importance of supporting children following bereavement, abuse and other losses, but a proportion of people who join the forces have also often had difficult childhoods. For various reasons, including trauma, anger, substance related problems and depression, after serving their country they sometimes find themselves in prison. Because such ex-service personnel struggle to cope with significant life events, society paradoxically shows prejudice towards these 'offenders', subsequently 'classing' them as a 'socially excluded group' of people.

Cruse and the Armed Forces have already begun to address the problems families in the community face following deaths of service personnel. HMP Everthorpe now offers a VICS (Veterans in Custody Scheme), providing practical support and signposting. This seeks to reduce the risk of re-offending by addressing resettlement and other needs. However, it could be argued that there is still a stigma attached to dealing with unresolved grief for many ex-service personnel.

Research and the link between recidivism and grief

Hammersley and Ayling,³³ in reporting on a loss intervention project in a category D prison, link the effects of loss and grief with criminal behaviour as one of

the potential determining factors. They also reference research in the latter half of the twentieth century which suggests the likelihood of developing criminal behaviour could be grouped under the following main risk factors: personal, family, educational and socio-economic, and community. Moorhouse,³⁴ a now-retired HMP Everthorpe Chaplain highlights loss as being a factor in some delinquent and criminal behaviour, and emphasises the residual effects of unresolved grief. Following a review of the evidence to ascertain whether recidivism is linked to traumatic grief, Leach, Burgess, and Holmwood³⁵ believe traumatic grief can be treated, but if it is not, it can contribute to mental and physical health issues and maladaptive behaviours. Leach et al call for prison programs to incorporate new approaches in order to address traumatic grief.

Notwithstanding the above, it is generally agreed there is a paucity of literature and research related to grieving offenders³⁶.

A comparison needs to be made between those prisoners who successfully use avoidance strategies against those who address bereavement and loss issues directly, to ascertain how beneficial either strategy is to the individual, their family, the prison and society, both during incarceration and more longitudinally. 'Avoidance' strategies are associated with

more positive adaptation in the short-term, with 'attention' strategies being associated with more positive long-term outcomes.³⁷

Empirical research is essential in relation to the efficacy of those bereavement interventions which are reliant on intrapersonal and interpersonal foci that is prisoners who have a distrust of others and fear social support, preferring one-to-one counselling, as distinct from those who are shown to benefit from extended social support within a group.

The above possibilities would also need to be undertaken in conjunction with awareness of each prisoner's attachment style.³⁸ Such research would be especially important for those serving lengthy sentences with little family support, and perhaps more crucially,

... it could be argued that there is still a stigma attached to dealing with unresolved grief for many ex-service personnel.

32. MoJ/NOMS/MoD (2010) *A guide to working with Veterans in Custody*. p 6.

33. Hammersley, P. and Ayling, D. (2005) *Loss intervention project for adult male prisoners — a project in progress*. Paper presented at the 7th International Conference on Grief and Bereavement in Contemporary Society, King's College, London University, UK.

34. Moorhouse, P. (2000) Loss as a Factor in Delinquent and Criminal Behaviour — A Chaplain's perspective, *Prison Service Journal*, issue 130: 40-42.

35. Leach, R.M., Burgess, T., and Holmwood, C. (2008) Could recidivism in prisoners be linked to traumatic grief? A review of the evidence, *International Journal of Prisoner Health*, June 2008; 4(2): 104-119.

36. Vaswani, N. (2008) *Persistent Offender Profile: Focus on Bereavement*. Criminal Justice Social Work Development Centre for Scotland.

37. Suls, J., and Fletcher, B. (1985) The relative efficacy of avoidant and nonavoidant coping strategies: a meta-analysis, *Health Psychology*, 4(3): 249-288.

38. (See 20.)

for those who the regime currently isolates from previously, easily accessible social support during pre-sentence/short-term sentencing.

In terms of gender, research outside prison has shown that women respond better to 'problem' focused interventions and men respond more favourably to 'emotion' focused interventions — the two strategies being their least preferred options.³⁹ Research on grieving, incarcerated females could greatly help reduce the impact on families, particularly if they are to benefit from 'Objective 5' in response to the Bradley Review: 'Improving Pathways and Continuity of Care', in which care liaison and diversion pathways could exist in future to focus on assessment and intervention at the earliest opportunity.⁴⁰

The Ministry of Justice Reducing Reoffending Third Sector Advisory Group⁴¹ is already committed to undertaking a best value review of types of work in which the Third Sector has particular expertise.

In spite of the above suggestions regarding empirical evidence collection, due to ethical and practical considerations, research on prisoners will inevitably be much more problematic than on many other bereaved client groups.

Conclusion

How far society has progressed in response to unresolved grief in some of the most vulnerable and mentally unstable members of society would seem to be a good indicator of our level of collective ethical responsibility. There is no perfect solution to an imperfect problem, and highlighting the issues in this article in no way condones anyone who acts unlawfully. Simplified examples have been put forward to help define the resultant effects of grief and other significant losses for some prisoners, along with suggestions that help and hinder grief work within a custodial setting, with the distinct possibility that the current regime is exacerbating the problems if viewed in a wider context.

Clearly, working with bereavement and loss is often complex, but much more so in prison. Death affects our spiritual, psychological, social and physical make-up, and it could be argued that no one form of support in prison will ever be sufficient, with a nationally driven structure of tiered support being preferable. Prisoner mental health and wellbeing is currently funded through local Primary Care Trusts, with seemingly patchy recognition and support of bereavement issues. An integrated budgetary system⁴² would be much more appropriate in terms of the prisoners' healthcare, social welfare, and spiritual needs. From that, a prisoner-centred, multidisciplinary approach could be developed which:

- Places emphasis on the therapeutic, spiritually related, and self-educative aspects of rehabilitation following death and other losses;
- Incorporates the untapped resources and skills of the prisoners and considers the subjective human experience and attachment style as a fundamental starting point;
- Acknowledges and values the vital roles Chaplaincy, Healthcare, Personal Officers, Education, peer support, and the Third Sector play;
- Offers a range of interventions including one-to-one and groupwork.
- Provides appropriate support for young offenders and females, those undergoing pre-sentence/short-term sentences, and specialist interventions to address complicated/prolonged/traumatic grief.⁴³

Heightened emotions, which are removed from the drama of the courtroom, can be used destructively or constructively following death and other losses, particularly if there are issues of attachment, identity and power to contend with.

Appropriate research, macroeconomic appraisal and an integrated funding mechanism will be pivotal for any kind of paradigm shift to occur in order to deal more effectively with unresolved grief amongst those at present acting unlawfully.

39. Schut, H., Stroebe, M.S., van den Bout, J. and de Keijser, J. (1997) Intervention for the bereaved: gender differences in the efficacy of two counseling programs, *British Journal of Clinical Psychology* 36: 63-72. Cited in Parkes, C.M. (2006) *Love and Loss — The Roots of Grief and its Complications*, London: Routledge. p 150.

40. DH (2009) *Improving health, supporting justice: the national delivery plan of the Health and Criminal Justice Programme Board*: p 16. [online] Available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationspolicyAndGuidance/DH_108606

41. MoJ (NOMS) (2010) *Working with the Third Sector to Reduce Reoffending — securing affective partnerships 2008-2011.* Annual progress review. [online] Available at <http://www.justice.gov.uk/publications/third-sector-progress.htm>

42. Mrinska, O. (2010) IPPR: *Integrating Health and Social Care Budgets: A case for debate*. p 10.

43. Rubin, S.S., Malkinson, R., and Witztum E. (2008) Clinical Aspects of a DSM Complicated Grief diagnosis: Challenges, dilemmas and opportunities. pp 187-206. In M. S. Stroebe, R. O. Hansson, H. Schut and W. Stroebe (Eds) *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. Washington, D.C.: American Psychological Association.