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Special edition: Trauma and
Psychotherapy in Prisons

Editorial Comment

This special edition of Prison Service Journal focusses on the issues of trauma and psychotherapy in prisons. The edition is a collaboration between editor, Dr. Jamie Bennett, Matt Wotton, a former senior civil servant and now a qualified psychotherapist, and Dr. Roger Grimshaw, Research Director at the Centre for Crime and Justice Studies.

Trauma is a term that is widely used but in psychotherapy has a particular and specific meaning. While definitions vary, that used by The British Association for Counselling and Psychotherapy is:

*'Emotional and psychological trauma result from stressful events that you experience or witness that crush your sense of security and may make you feel helpless and vulnerable. Trauma can be caused by a one-off event, such as a bad accident, a natural disaster or a violent attack, or from more prolonged or sustained violence or abuse over many years'*¹.

People in prison have often been exposed to traumatic experiences. In her article in this edition, Dr. Alexandria Bradley, from Leeds Beckett University, includes figures that suggest 53 per cent of women prisoners and 27 per cent of men were abused as a child, and that 32 per cent of women and 43 per cent of men in prison experienced 'educational trauma' such as permanent exclusion. While Matt Wotton, in his article on the potential of psychotherapies in prisons, discusses the various estimates of mental ill health in the prison population, and concludes that mental illness is so pervasive that it is 'the defining characteristic of the prison population'. This could be further exacerbated in the context of the coronavirus pandemic. The former Chief Inspector of Prisons, Peter Clarke, argued that the restrictions on regimes, isolation, anxieties about health, separation from loved ones and uncertainty about the future are causing 'irreparable damage' to the mental health of people in prisons².

Given the identification of such stark needs within the prison population, this edition turns to potential solutions, or at least possible approaches to help to ameliorate distress, promote wellbeing and offer opportunities for personal change. What underpins the approaches discussed in this edition is the broad practices of psychotherapy. The UK Council for Psychotherapy (UKCP) describes that these approaches: 'are sometimes called 'talking therapies'. For the most part, this is because they involve talking about an emotional difficulty with a trained therapist. That might be anything from grief to anxiety, relationship difficulties to addiction'³. UKCP goes

on to state that: 'Our psychotherapists and psychotherapeutic counsellors are trained to help you express your thoughts and feelings and explore what comes up when you do. They listen and provide a non-judgmental space so you can feel heard and understood'.

Such simplistic definitions are useful for the lay person to broadly understand the field and practices, but as the contributors to this edition show, there are a variety of approaches and there is a depth to psychotherapy that is glossed over in broad brush definitions. In this edition, an interview with eminent psychiatrist Felicity de Zulueta reveals how practice draws upon personal experience, attuned emotional intelligence and complex clinical, social and moral theory. There is both a science and an art to being an effective psychotherapist.

So what is or what should be available in prisons? Dr Alexandria Bradley offers a rigorous and erudite discussion of 'trauma-informed practice'. This is an attempt to develop an integrated approach encompassing effective screening, staff training, development of policies and practices. Properly implemented, trauma-informed approaches have had positive effects for those who live and work in institutions. Yet, Bradley rightly describes that there is a risk that such innovations are only embraced superficially, with the outcome that: 'The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications'. The launch of a 'Working with Trauma Quality Mark', by Bradley and the charity One Small Thing, is a positive development, offering a more systematic and externally assessed approach to nurture meaningful trauma-informed practice.

A long standing beacon of psychotherapy in prisons are the democratic therapeutic communities (TC) at HMP Grendon. These have operated for almost sixty years, offering an in depth and effective approach with men who have committed serious offences. In this edition, Richard Shuker, the Head of Clinical Services, who has worked at Grendon for over 20 years, describes the work of Grendon and its relevance to men who have experienced trauma. Shuker describes that Grendon adopts a 'social milieu' approach, in which psychotherapy groups do not run in isolation, but are delivered in a wider context where: 'the way in which social arrangements promote relationships, responsibility and accountability are central to the clinical process'. Shuker pushes further, attempting to draw out specific practices that are a feature of the therapeutic work at Grendon, and could equally be applied in other prisons. Shuker concludes that

1. See <https://www.bacp.co.uk/about-therapy/what-therapy-can-help-with/trauma/>

2. See <https://www.theguardian.com/society/2020/oct/20/covid-prisoner-mental-health-at-risk-of-irreparable-damage>

3. See <https://www.psychotherapy.org.uk/seeking-therapy/what-is-psychotherapy/>

in relation to therapeutic approaches: 'It is evident that their principles have broader relevance beyond the small number of prisons which run as TCs'.

In his impassioned article, Matt Wotton presents: 'both an indictment and a call to action'. He is critical of prisons as places where opportunities to help damaged and dangerous people change are overlooked, and where psychological change is increasingly marginalised as an aspect of the core purpose of imprisonment. Instead, he suggests that greater access to psychotherapy offers a more promising approach that could reduce distress, violence and reoffending. Wotton does not shy away from the difficult issues this raises. Adopting such an approach requires investment. Therapy doesn't come cheaply. Nor does it come easily as a greater focus on therapy would require a shift in the professional power in prisons and the organisational culture. Further, Wotton argues that a shift in public values is required. In particular, he argues that we need to confront the fallacy that therapy is indulgent: 'Therapy is not about being nice to criminals'. Effective therapy is painful and challenging. Wotton argues that the evidence is that the needs exist within the prison population and action is necessary.

As well as a mode of intervention, psychotherapy can be a way of researching and illuminating the lives of people in prison. Dr. Roger Grimshaw's article describes the approach adopted in his 2011 study 'My Story', 'a project which asked a number of young people convicted of grave crimes, now adults, to recount their childhoods not to satisfy curiosity, but instead to shed light on the trauma and violence that disfigured their early lives'. The research methodology and the final report were deeply human documents that attempted to ethically and sensitively enable people to share their own life experiences. This was not done to sensationalise their lives but instead allowed these young people a window out to the world so that they could tell their own story in their own way, and offered the wider community (public, policy makers, practitioners, legislators) a glimpse into the realities of their worlds. The research was conducted in a way that supported and enabled individuals but also challenged conventional assumptions: 'questions emerge about how society and its institutions recognise symptoms of trauma and respond to its manifestations; more critically, the implications of the research strongly contest regimes of denunciation, disempowerment, and isolation of the immature and traumatised'.

There are gaps in this edition, which it is important to acknowledge in this introduction. Psychotherapy has been criticised from a cultural perspective. Black men are more likely to be the subject of secure mental health detention and this disproportionality has led to questions about misdiagnosis and allocation to inappropriate services⁴. This may reflect a range of issues around

unconscious, structural and institutional discrimination, manifested not only in the design of systems and clinical tools, but also in the micro-practices of therapist-client relations. Even a successful institution such as HMP Grendon has had to be open to uncomfortable challenge about its culture in order to become more open and inclusive⁵. There have also been criticisms of psychotherapy from a range of perspectives, popularized by Jeffrey Moussaieff Masson's book *Against Therapy*⁶. Faith in prison-based interventions has been shaken, in particular by the evaluation of the Sex Offender Treatment Programme⁷, which showed little or no impact on re-offending. There is, however, a well-established evidence base for the effectiveness of psychotherapy in a range of settings. Therapy has also been criticised on cultural grounds that by focussing on individuals, psychotherapy ignores the wider cultural causes of trauma (such as racism, gendered violence, inequality) and seeks to place responsibility on individuals rather than the wider social structures that generate harm. There are also political and economic arguments that psychotherapy has become an industry generating significant profits and power for elite individuals and groups.

It is important to acknowledge these critical perspectives and to recognise that they are important in psychiatric discourse. In this edition we nevertheless adopt a broad perspective that there is value to be found in understanding the extent of trauma amongst people in prison and in adopting psychotherapeutic approaches in an attempt to ameliorate harm and promote well-being. We further believe that by viewing prisons through a psychotherapeutic lens, it offers potential to humanise people in prisons, by recognising the painful and damaging experiences that many have survived.

Psychotherapy has the potential not only to benefit individuals but also to nurture a more inclusive society. If society constitutes a violent and harmful environment for so many individuals, it becomes more and more important to consider how to build more positive and responsive pathways of trauma prevention and recovery; such a vision also means looking critically at what our justice system fails to address. Otherwise we may continue to be faced with mountains of unresolved trauma in prisons that are not fully equipped to reduce or contain them.

We hope that this edition will be a valuable resource for people living and working in prisons, policy makers and others with an interest in the field. Our aim is to encourage greater awareness and understanding, and also to support those taking positive action. Together, the contributions in this edition argue that the essence of prisons should not be solely punishment and pain, but instead may be found in recognising trauma and the potential for healing.

4. King, C. (2019). *Race, mental health, and the research gap*. In *The Lancet Psychiatry*. Vol. 6 p.367-8

5. Bennett, J. (2013). *Race and power: The potential and limitations of prison-based democratic therapeutic communities*. In *Race and Justice*, 3(2), 130-143.

6. Masson, J. (1988) *Against therapy: Emotional tyranny and the myth of psychological healing*. New York: Atheneum.

7. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/623876/sotp-report-web-.pdf