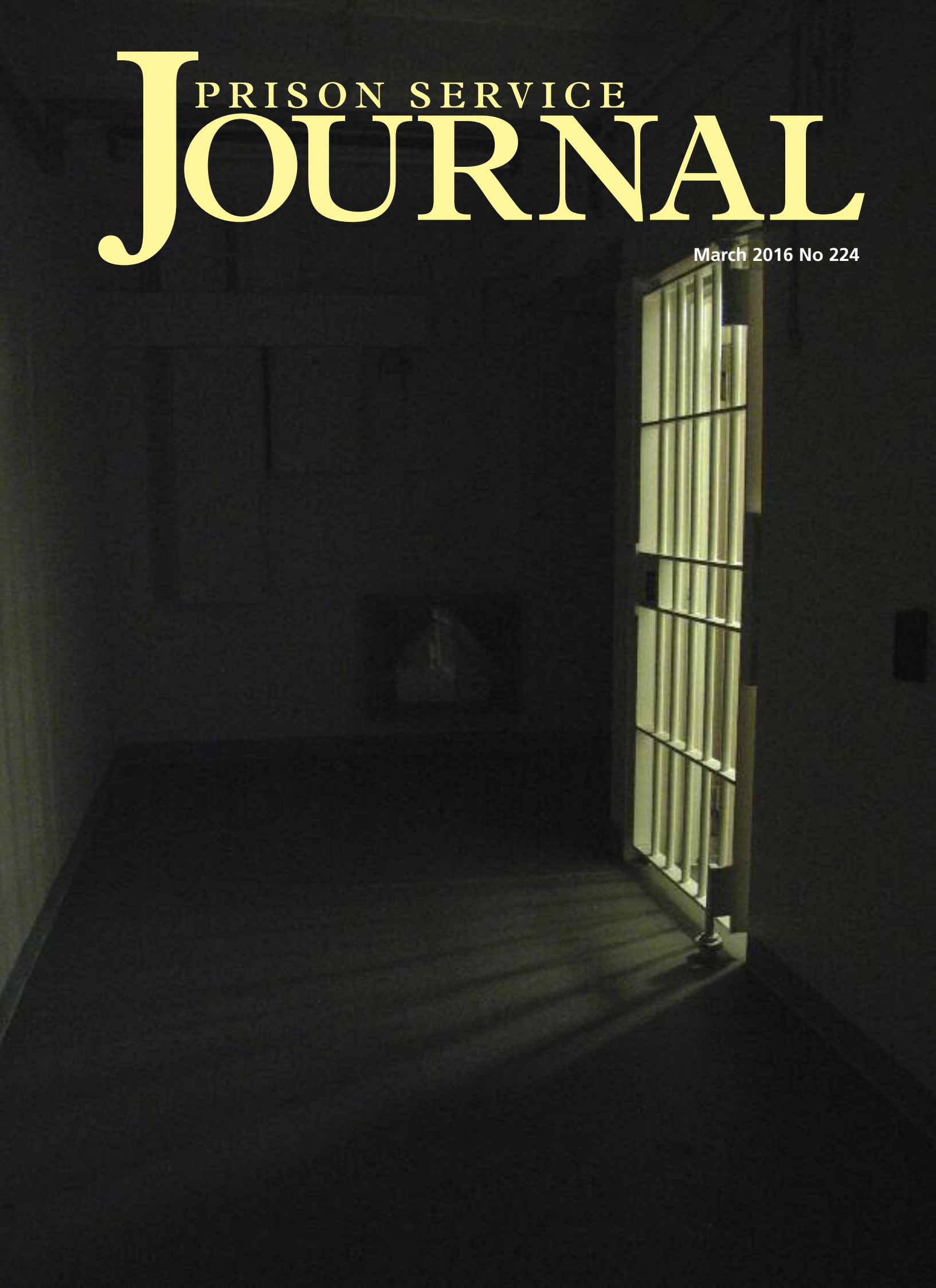

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Becoming Myself:

The process needed for real change and rehabilitation

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Introduction

The Fens Service was one, of the original two, high secure services established in 2000 for the assessment and treatment of men within the prison system, deemed to have severe personality disorder and to be dangerous to others. The treatment service has now been running for more than 10 years with considerable success. Numerous men, who were considered to be untreatable, many of who had been primarily managed in Segregation Units, Close Supervision Centres or Health Care Centres, have now progressed safely through the system to lower levels of security.[1]

The primary aim of the service is to treat rather than manage people with personality disorder. The areas addressed are therefore those areas that are dysfunctional in people who are diagnosed with personality disorder; attachment and trauma, cognition, interpersonal relationships, affect regulation and behaviours, including offending and addictions. These are addressed in individual therapy that continues throughout the time the man is in treatment, and therapeutic group work focusing specifically on each of these areas. Although, the interventions are separate, they are in fact interlinked via the fact that every man has a clinical formulation that directs the specific focus for that man of that intervention.

Numerous case studies have been written from the perspective of the therapist but few from the subjective experience of the client; such a perspective is even more rare in the forensic field. This case study is the subjective experience of one man who has completed that therapeutic programme.

Current Sentence

I am a 39-year-old man and am currently serving a life sentence within a high secure prison. I was sentenced in 2003 and in many ways lost 'my mind'; I went to a very dark place within myself. I am a black man, currently weighing around 15 stone, although until this year I weighed between 17 and 18 ½ stone. The additional weight was muscle and it kept me safe. I was aggressive and intimidating; my presence and reputation were such that very few prisoners, or even staff, would disagree with me, let alone threaten or attack me. Institutions were forced to have me, rather than accept me into their prisons or units, and usually moved me on as quickly as possible.

Why I want to write this piece

As I write this in 2015, I have been in therapy for 5 years. My life and my relationships, inside and outside of prison, are very different; they are much healthier. The reason for me writing the following is because, although I see myself as a reasonably intelligent, educated man, I initially did not 'get it' when professionals would write and talk about forming the appropriate relationship needed to engage fully in therapy at the level needed to change. I respect these men and women, who are often at the top of their fields in regards such subjects, but they write for fellow professionals. I believe it is important that those of us who are now considered 'experts by experience' write for both those trying work with offenders, and also those who are also beginning their own journey of change through therapy, in a way that is more easily understood. The following account relates my experiences of forming such healthy therapeutic relationships over the last five years and how that process has led to the development of healthier peer relationships and also strengthened my family relationships. It is my experience but I am sharing in it the hope it will benefit others like me.

Life Before Prison

I come from a large family, although my upbringing was not a good one. My main carers were my mother and grandmother, who both have schizophrenia. I know now that I suffered emotional abuse and neglect and severe physical abuse, but as a child that was my normality. I had no toys, books or comics, only a bible which I could read by the age of four. I was not allowed to play with other children, or even on my own. Both my mother and grandmother were taken in and out of psychiatric hospitals,

1. Saradjian,J., Murphy, N., & Casey H., (2010) Report on the first cohort of prisoners that completed treatment in the Fens Unit, Dangerous and Severe Personality Disorder Unit at HMP Whitemoor. *Prison Service Journal, 192, November 2010, pp.45-54.*

meanwhile I spent periods of my early life in short-term care, but was always returned to my grandmother.

From my earliest memories, my grandmother and uncle inflicted beatings on me; some of which left me unconscious. As an additional punishment I would be shut in a coal-shed, often overnight. The punishments were sometimes due to minor misdemeanours such not getting 100 per cent in Sunday School tests and some were not at all contingent on my behaviour; all left me angry. I was told that 'Satan' was in me and even the church elders were attempting to drive 'him' out of me. By the age of 8, I believed I was bad and by the age of 9, I acted as if that was true.

Since the age of 9, I have always been in control; always been the boss or leader when I needed to be. At the time, I saw this as a good thing, without knowing or understanding the damage it was doing to me. From that time, my life was lived on both sides of the fence. My friends and family were all pro-social, law-abiding citizens; my associates however were antisocial and lived a criminal lifestyle. As I got older, people looking on from the outside would believe that I had the perfect life. Materially, I had it all, I lived in luxury, drove the best cars but the bulk of my income came through illegal behaviours. In every area of my life, my family, in relationships and in my criminal activities; I was the boss. I have been a man who, on the surface has always kept it together and many saw me as 'the go-to guy'. Beneath the surface however, a lot was very wrong.

It took me coming to prison and being placed in a specialist service for me to get the help I needed.

Unknown to me, I had been living with undiagnosed mental health disorders. It took me coming to prison and being placed in a specialist service for me to get the help I needed. In 2010, I was diagnosed with bipolar disorder as well as two personality disorders; antisocial and narcissistic personality disorders. Initially they were just labels; it was difficult for me to own them as being descriptive of my internal experience. It was particularly unsettling for me to be given these diagnoses, as mental illness, paranoia and psychiatric hospital were all very much a part of my life growing up. My experience was also that erratic violence and other behaviours were normal.

Now 5 years later, through committing myself to therapy and change, I have become the man I would have been had I not experienced such a dysfunctional upbringing. I have completely renounced violence and criminality and have developed a deep spirituality. I read and write poetry and have studied the theoretical side of psychotherapy and human development. I now write extensively to try to help and encourage others in a similar situation to make a real commitment to use the treatment on offer to help repair the damage that has been done to them in their lives and ensure that they have no further victims.

My current surroundings

The service is based on a specialised wing within a high secure prison in Cambridgeshire and run jointly by prison staff with NHS staff based on the wing. Prison officers as well as a psychiatrist, nurses, psychologists and psychotherapists work as a team to provide therapy. The wing consists of up to 70 male offenders with a diagnosis of personality disorder, most of who are serving a life sentence. Over 80 per cent have no contact with family, so their sole emotional role models are people based on the unit; staff and other prisoners. Almost all the men that have been referred to this service have previously been operating in a dysfunctional way. Many have been classed as 'a disruptive prisoner', or seen as a control problem around the prison system. I myself was labelled as both, and experienced constant moves around the high security prison estate. I was often locked up in segregation units and strip cells. I twice underwent a CSC assessment (CSC stands for Close Supervision Centre). CSC is a system within the prison system in which each prisoner is almost completely isolated from all other prisoners. I was once placed in HMP Wakefield CSC, which is described as being, the 'worst of the worst'. I was in HMP Wakefield when I had my initial assessment. I was visited by the then Clinical Director of the service and an experienced prison officer who accepted me into the service. I was later told by the then governor of the prison that he had advised her against having me in the service as he was well aware of my negative reputation but she had persuaded him that I could be helped. That she believed in me and had trust in me from the start was important to me and we have maintained a good relationship throughout my time in this service.

After the 6 months assessment, during which the psychologists go through your whole life and you attend daily groups so prison officers and other clinical staff can assess your interactions and personality, you are given labels and a mental health diagnosis. I feared this diagnosis stage due to my family history of mental illness and indeed, I was diagnosed as having bipolar disorder. I was also labelled, at that time, with 4 personality disorders, borderline, narcissistic, paranoid and antisocial. I was not happy with the personality

diagnoses but did not know enough about them to challenge them. So alongside the treatment programme I studied personality disorders. Two years into the programme, I had studied enough to challenge two of the personality disorders, borderline and paranoid. My complaint was upheld as research indicates that if bipolar disorder is undiagnosed, the symptoms can often be attributed to both borderline and paranoid personality disorders. As the personality disorder diagnoses were made in isolation from the knowledge of my bipolar disorder diagnoses, they were not, on reassessment deemed to be valid.

Developing appropriate attachment relationships — beginning the process of change

Because the men who are referred to this service have committed interpersonal offences (physical or sexual violence), the treatment is interpersonal. This means that it focuses on the making and maintaining of healthy relationships. This is particularly difficult for people who reach criteria for the diagnosis of personality disorder, as we have suffered abuse during our childhood that has left us underdeveloped emotionally and unable to tolerate our emotions. We tend to have a pattern of destructive ways of coping; destructive towards ourselves and/or others, which can be particularly obvious in our relationships.

Prior to going through this journey, a rupture in any of my relationships would most often lead to me ending that relationship. I was also not able to tolerate the distress I felt if I experienced abandonment. It is therefore not surprising that it has been through the ruptures in relationships and people leaving the service with whom I have the greatest attachment that I have developed the most.

The importance of emotional availability

In order for me, and indeed anyone else who has had similar childhood experiences, to develop emotionally healthy relationships, we need therapists that are emotionally available. If you have brain damage, suffered emotional deprivation, and been abused whether it be physically, sexually or emotionally, you need a professional who expresses rather than represses emotions. If you work with a therapist who does not demonstrate emotions but only gives a cognitive type of validation, it is difficult to break lifelong patterns. Therapists who show all emotions can become an emotional role model. More importantly though, emotionally available therapists can feel from you the emotions that you experienced but have repressed, often for many years. When you see the therapist's emotional response to your experiences, it somehow reaches within you and you at first sense, and then feel, that emotion.

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At the start of therapy I began to work with a forensic psychologist. Initially I thought she was a man-hater who was on a crusade to crush all men but in the space of months I realised she was actually caring and, unbeknown to me I had already began to trust her emotionally. Cognitively, however I didn't trust her for the first year of therapy. This was played out in the fact that I would not look directly at her for that first year.

Simultaneously I had begun group-work. The facilitators were a male psychotherapist, a male nurse, and a female clinical researcher. The two men were the polar opposite of each other; the nurse was very 'doctor-like', very cognitive. The psychotherapist was very emotional and it was him I would focus on most. When a peer was talking of an event such as childhood abuse, the psychotherapist's response was as if he was actually there in the room when the abuse was happening; I could see tears in his eyes and sense his sadness. I had never seen this in a man and, at first it initially left me very confused as I had been taught that only women showed such emotions. I was too embarrassed to ask anyone about this. As a person who likes to know 'everything about everything', it was even surprising to me that I was unable to ask about a man's emotions. I did not, at that time, realise that this man was beginning to make such an impact on me. He was my first emotional male role model who was demonstrating that it was not only safe to experience and express sadness in a room full of people but that it was okay for a man to do it, and most importantly, that it was normal.

After a year or so the male nurse left and I became increasingly attached to and trusting of the male psychotherapist. He would give clear explicit messages and would often say something like 'no one knows your 'fuck-it' button'. Such clear direct communication was what I needed.

I also began to recognise that my individual therapist was able to connect with me on an emotional

level. She was able to pick up the emotion in my responses and feed that back to me; even changes in my tone of voice, or how I present non-verbally such as my own stare, which prevented me from sitting and facing her in my individual sessions for such a long time. Through these relationships, I was able to connect to my own vulnerable child; the part of me that was hurt as a child and that I had repressed for many, many years. The relationship my therapist developed with me enabled me to feel safe to connect to my own sadness and to learn that it was not only okay but also normal to express and not repress such emotions.

Schema Driven Behaviours

Schema therapy has become an important intervention for people with a diagnosis of personality disorder.[2] Schema, comprised of memories, emotions, cognitions, and bodily sensations are formed by life experiences that lead the individual to make assumptions about themselves and others. Schema become the filter through which an individual perceives and reacts to experiences. Young[3] has identified 18 maladaptive schema which can drive dysfunctional behaviour.

I have recognised that one of my key schema is having unrelenting standards. I always knew that I expected everything to be 'the best' and to 'the highest standards'. I now recognise that my unrelenting standards are a defence against having developed a defectiveness schema in my childhood, primarily due to my treatment by my mother and gran; the way they behaved and treated me was strongly influenced by their mental illness . A defectiveness schema is the deeply held feeling that you are defective, bad, unwanted or inferior and that you are unlovable to significant others such as your parental figures. In order to avoid the shame associated with this deeply held belief being exposed, one defense is to minimise the likely of flaws by having unrelenting standards. This means that I always strive for the best standards in everything, particularly within myself. I often believed that 'things are not good enough'. People who do not know me well can, at times, misconstrue these unrelenting standards as narcissism. This was played out in my offending by my need to acquire money and material things, 'the best of everything'. My therapist also has unrelenting standards, which enables her to have a deeper understanding of me. This self-disclosure enabled me to look more closely at myself and feel genuine emotional empathy from her. Another key schema for me was mistrust/abuse schema. This grew out of the inconsistency of my upbringing and, in particular, the physical violence inflicted on me from a very young age. This schema was expressed in my offending by my violence; behaviours adopted to protect myself from fear of abuse, ensuring that I never had to experience the pain of victimisation again.

I have come to understand that when we experience triggers that are associated with aspects of our childhood trauma, we often become extremely angry, be that immediate anger or cold anger, both of which protect us from experiencing vulnerability associated with emotions such as shame and fear. It is this triggered anger that is strongly associated with offending for people who reach criteria for a diagnosis of personality disorder.

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That I was able to have the same therapist throughout my treatment was crucial as she got to know me so well, and I learnt that I could trust her judgement and her reflections. For example, at times I could present as angry and she would simply state, 'you're not angry you're frightened'. Over time I have learnt to do this for myself, to look deeply into myself and recognise which emotion I am feeling and either sit with that emotion or deal with the issue that triggered the emotion.

Developing Compassion for Myself and Others

This combination of individual sessions with my therapist and group-work enabled me to develop a great emotional, as well as cognitive awareness of others and, importantly, over time, of myself. This journey was not however without pain. I was unlocking trauma in my individual sessions and having my emotional reactions to those experiences validated. After sessions, in my cell I was processing and making sense of it. I was suffering bad nightmares and the abuse I was unlocking often left me feeling suicidal.

2. Bamelis, L.L.M.; Evers, S.M.A.A.; Spinhoven, P.; Arntz, A.R. (2014) Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders. *American Journal of Psychiatry, 171(3), 305-322;* Gitta A. J. and Arntz, A (2013). Schema Therapy for Personality Disorders—A Review. *International Journal of Cognitive Therapy: 6: 171-185.*
3. Young, J.E. (1990). Cognitive therapy for personality disorders: A schema-focused approach. Professional Resource Press: Florida; Young, J.E., Klosko, J.S., & Weishaar, M. (2003). Schema Therapy: A Practitioner's Guide. Guilford Publications: New York.

This process, whilst highly distressing, I now know was actually repairing parts of my damaged brain.

Emotional self-awareness enabled me to connect to the emotions of my peers during the groups. Hearing the sufferings of my peers, I was able to feel the emotions that they were repressing and this gave me an insight into the suffering of my victims. This led to deep feelings of remorse and shame and a determination not to have any future victims.

Importantly, in groups, I was able to allow my peers to see my own vulnerability. When first upset in an open arena such as a group I felt so exposed. I would look over at the psychotherapist or the female co-facilitator and would receive non-verbal communication that it was 'ok, safe and normal'. Thus in both individual and group work, I was beginning to become totally myself. By allowing others to show compassion for the young child that I was, that was so damaged, I was able to feel compassion for myself. It was that compassion for myself as a victim, that enabled me to have true compassion for my victims.

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Repairing Ruptures and Replications in Relationships

As time has progressed I have not needed external validation and am able to own my own emotions. When there were ruptures in relationships, I was able to tolerate the distress that caused me and became able to repair with that person and engage in a conversation with them rather than shut down as I would have done in the past.

There were two particular people in the service with whom I had particularly difficult relationships. As a child I suffered horrendous abuse at the hands of an uncle. My grandmothers also inflicted physical and emotional abuse and allowed my uncle to inflict it. My grandmother was my primary carer but had schizophrenia and was regularly sectioned under the Mental Health Act. I would visit my grandmother there and learned from those experiences that nurses were caring people and psychiatrists took people away and filled them with drugs. With a short time on the unit, the psychiatrist approached me and asked if I needed any medication. I told her I did not take medication but this interaction, however well-meaning was enough to make me believe this woman was out to medicate me. Over the next year and a half, our interactions were very limited. The psychiatrist often asked my peers if they were afraid of me and this reminded me of my grandmother who was always looking out for something bad about me even when I was doing nothing wrong. Because of her suspiciousness of me, that she was an older woman and her profession, the psychiatrist took on a replication of my grandmother.

I love my grandmother very much, she is old and frail now and not the ill, disturbed woman she was when I was a child. The vulnerable child within me was still however frightened of her and the power she had over me.

After one interaction with the psychiatrist, I submitted a complaint about her behaviour. The Clinical Director at that time sat in on a meeting with her about this complaint. As we began to talk, my heart began to pound and I experienced anxiety that I was sure was not all mine. The psychiatrist then began to speak of experiencing herself carrying fears and how to her and others I felt so powerful and so authoritative. Her being able to share her real emotions and beliefs with me led me to feel very guilty. I felt so ashamed that I wished a hole would appear in the floor and swallow me up. The psychiatrist looked as if she had aged in front of me. It was at this moment she was able to tell me that she wanted to please me and believed that if I liked her everyone would like her and if I didn't, nobody would. Hearing her explicit communication, I began to cry with shame and sadness that I had had this impact on her.

After the meeting I could not erase her face from my mind. It was a face I had seen many times; the face of my grandmother when my uncle was in a bad mood. This relationship was part of the healing of my experiences with the part of my grandmother that was 'bad gran'. Whenever I was in a low mood, I would write complaints about the psychiatrist but would destroy them rather than not submit them. I adopted a strategy so that the psychiatrist did not represent my grandmother; when I saw her I always called her by name. Four years into our therapeutic relationship, I have made the decision to take medication for my bi-polar disorder. The psychiatrist and I now get on very well and there is no replication of the 'bad-gran' transference in our relationship. I know that this could not have happened if she and I had not been honest and open about our thoughts and emotions that we triggered in each other.

I have had to go through a similar process with another member of the clinical team, the deputy clinical director, who represented my uncle for me. The healing I gained through working on that relationship has enabled me to develop a healthy current relationship with my uncle.

Confronting My Abusers

Once I had worked on these replications of my childhood relationships and I knew I could protect and care for my vulnerable child, I felt the need to confront my abusers. I spoke of my grandmother about my childhood abuse and she visibly aged in front of me. She stated I had been told to say those things to her, and she could not hear or believe that that was my experience of her. She suffers with schizophrenia and is frail, so I did not push the subject.

I wrote a letter to my uncle to explain how his treatment had affected my life. I also wanted him to know that no child should be treated in that way. He failed to reply for some time but when he did reply he stated that it was the area I had moved to with my mum that had shaped me. I understood from his response that he could not take responsibility for his behaviour towards me, or the serious effect that it had had on me. His avoidant behaviour left me having to form my own hypotheses on why he had abused me so badly for so many years. Regardless of this, we have been able to develop a healthier relationship now.

What enabled me to build these relationships that led to therapeutic change

The people that have guided me most strongly through this journey are my individual therapist and the male group psychotherapist. It is the way that they can feel with another person and for the other person; true emotional empathy that has enable the change within me. They are not however the only people that I have learnt from, indeed I have had many healing therapeutic experiences with both officers and clinical staff, particularly those with whom I have worked through issues by replicating past expectations of past relationships in my relationship with them.

Ironically, I have also gained significant learning from those staff that have not been able to develop healthy therapeutic relationships. If I speak to some members of staff, clinician or officer, I often in the split-second see the non-verbal communication in their eyes; it is a look of a child who has been summoned. Now that I am a more emotionally assured person, I sense and feel their anxiety. Many believe that I am going to ask questions that they cannot answer or make requests that they cannot grant. Thus their own defectiveness is triggered. They mask their anxiety with over-confidence and meaningless professional phrases. There is an emotional dishonesty in the inability to own their own responses in these professional relationships. A professional should be able to have an honest reflective dialogue, yet the reluctance to own defectiveness allowed me to feel as if I am feared.

Clinicians often refer to my narcissistic presentation, more often than not behind my back, but sometimes to my face. Hearing those words, can trip my defectiveness schema and my anxiety, but I also wonder what is the ratio of narcissistic presentation to defectiveness in them. Thinking about how both clinical staff and officers interact and what may be the blocks in them that prevent them from forming healthy therapeutic relationships, has helped me clarify which characteristics enabled the development of the healthy therapeutic relationships and about the characteristics that they required from me.

To form good attachments, the professional initially, and then the client needs to be able to do the following:

1. Communicate emotionally
2. Communicate verbally and non-verbally
3. Have reflective dialogue
4. Ability to repair ruptures in relationships
5. Build trust
6. Validate each other's emotions
7. Develop awareness of self and thus of others

It is the way that they can feel with another person and for the other person; true emotional empathy that has enable the change within me.

How I am now

I now realise how distorted my previous values and concepts of life were. I provided materially but I was emotionally stunted due to my own damage. Through this treatment programme, I have become the pro-social person I would have been had I not experienced such severe childhood abuse. It has been an immensely emotional journey and I have grown in so many ways. Over these last two years, I have been able to heal relationships that had not been good for more than eight years. The therapeutic relationships that I have developed, have helped my relationships with my family, including my relationships with my children. I am in contact with, and have good bonds with, each of my children. My family are closer than ever. More recently I have requested all my loved-ones send me details of their normal day-to-day lives in their letters. The normal things such as school runs, what day the bin is put out and other normal daily tasks. This helps me to feel more part of their lives than the abnormal environment of prison.

I have also recently adopted the use of explicit communication in all my relationships. I realised now that I used to do this when operating in an emotionally volatile way, but at those times, it was highly counterproductive. The reason I have adopted explicit communication now, is it lets people know exactly what

I am thinking and feeling rather than them making assumptions based on their preconceptions. It allows people to get to know the real me and base their connections with me on genuineness.

This has meant that I have better relationships with everyone, even with those to whom I am not particularly emotionally close. There are people with whom I can be emotionally close and disclosing and other people with whom I am able to engage in a superficial way but I do not commit my trust to them.

I can still have verbal outbursts, but these are far less frequent. I can still push people away. In each situation though, I am a lot quicker at owning my behaviour, reflecting on the trigger and apologising. Every time that this has happened with those people who are important to me, I can honestly say that the relationship becomes stronger as a consequence of the rupture.

Hopes for the future

My primary hope is that I will never offend again. Through therapy, I have come to know my triggers and, having worked on my trauma, those same triggers have not led to the offending behaviours or parallel offending processes that they would have in the past.

I want to experience living in society as a pro-social member of the community. I would like to experience family life, and maybe a healthy marriage. No matter how strong your mind is, incarceration has a negative impact. It is difficult to know how to be 'normal' whilst in such an abnormal environment.

Final thoughts

I have read professional papers, many of which have tried to describe the processes needed to bring about therapeutic change. This account however, is my own experience and constitutes no more than my opinion. I am no professor with a Ph.D. I am currently a patient/prisoner on a personality disorder unit. This is just a real life honest account of how I have learnt, grown and functioned so much more healthily after having experienced forming secure therapeutic attachment relationships over the last five years. Without developing such relationships, a person is cognitively and emotionally isolated and the beliefs and ways of managing your emotions that led to your offending are maintained and often reinforced.

The importance of being therapeutically connected to emotionally available therapists who are self-reflective enough to engage in emotionally explicit communication cannot be overestimated.