

Broken and mended: Therapeutic processes, recovery, and desistance in a substance use treatment programme for life-sentenced prisoners

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INTRODUCTION

A considerable amount of literature highlights the importance of membership in recovery-oriented groups (e.g. Best, Bamber, Battersby, Gilman, Groshkova, Honeor & White, 2010; Zywiak, Neighbors, Martin, Johnson, Eaton & Rosenhow, 2009), while identifying the lack of research and understanding of group processes and mechanisms of change in treatment. This chapter aims to capture the mechanisms and processes of recovery and desistance and the experiences, contextual and personal factors that take place during an in-prison drug treatment group. We analyse narratives of men with histories of substance use attending an in-prison treatment programme while serving a life sentence and focus on elements that contribute to personal constructions of change and factors that facilitate or hinder recovery within the context of imprisonment.

Treatment effectiveness

Evidence on treatment effectiveness has been documented over the past decades, and although outcomes often appear to be marginal (Cann et al., 2003), it has been concluded that substance use treatment has a ‘statistical and meaningful effect in reducing drug use and crime’ (Prendergast et al., 2002 (e.g. McLellan & Meyers, 2004; Moyer, Finney, Swearingen & Vergun, 2002; Miller & Wilbourne 2002). Similar meta-analyses have also provided evidence for the effectiveness of different types of treatment such as methadone maintenance (Brewer, Catalano, Haggerty, Gainey & Fleming, 1998; Marsch, 1998) while Therapeutic Communities (TC) have been consistently found as contributing to reduction in the rates of recidivism and relapse among substance using offenders after release (Warren and Dolan, 1996; The Patel Report, 2010; Roberts et al, 2007, Martin & Player, 2000). Earlier studies suggest similar findings and emphasise the importance of post-release follow-up treatment (Wexler, Falkin & Lipton, 1990; Wexler, Graham & Koronowski, 1995; MacKenzie, 1997; Knight, Simpson & Hiller, 1999; Pearson & Lipton, 1999; Inciardi, Martin & Butzin, 2004, Mitchell, Wilson & MacKenzie, 2012). Evidence for treatment effectiveness in relation to reconviction rates is also substantial for cognitive behaviour therapy (CBT) approaches (Lipton, Pearson, Cleland & Yee, 2002; Porporino, Robinson, Millson & Weekes, 2002; Hollin, McGuire, Hounsome, Bilby & Palmer, 2008). Participation in CBT groups has, however, been criticised as entailing a coerced acceptance of responsibility (McKendy, 2006), the adoption of a discursive repertoire that encourages a forced production of selves

(Fox, 1999) and the construction of narratives that fit within institutional parameters (Wadlram, 2007).

Existing research has been criticised for lack of comparability and reliability (Bullock, 2003) and the limited examination of processes and pathways into and out of treatment. Although prison-based treatment has been regarded as a way to reduce reoffending (Kopak., Hoffmann & Proctor, 2016), reduced recidivism might be a questionable indicator of treatment effectiveness, not least because changes in addictive behaviours might not necessarily equal reductions in offending. Suggestions have been, consequently, made to cease asking whether substance use treatment is effective and move from outcome evaluations to the examination of processes of recovery and questions such as ‘how’ treatment works and how it can be improved (Prendergast, Podus, Chang & Urada, 2002). Focussing on treatment outcomes has been questioned with regards to the focus on pre-post measures and methodological weaknesses in measuring effects after the end of treatment (McLellan, 2002, Orford, 2008) as well as being unable to capture the discontinuities involved in trajectories of change and recovery (Kougiali et al., 2017). A similar shift has been noted in the desistance literature with the acknowledgement that although there is considerable research on treatment effectiveness and discussions on ‘what works’, questions on processes and dynamics of change remain unanswered and ‘kept inside the black box of treatment research’ (see Pawson and Tilley 1997, 1994; Maruna 2001; Maruna & Lebel, 2010; Farrall 2002).

Personal and contextual factors contributing to recovery and desistance

Recovery from substance use is a gradual, staged (Prochaska & DiClemente, 1984) process with several factors contributing towards individual pathways of change. Profound psychological changes such as identity reconstruction (Biernacki, 1986; McIntosh & McKeganey, 2000) are often part of the recovery process, however, such changes are gradual and often facilitated by contextual influences. Research on natural recovery (i.e. without engagement in formal treatment) (Sobell, Ellingstad & Sobell, 2000; Granfield & Cloud, 2001) have challenged expectations that interventions will produce lasting symptomatic remission (McLellan, 2002) and assumptions of direct causality between treatment and recovery, suggesting that non-programmatic personal or contextual factors can also facilitate the process of change (Kougiali et al. 2017). While initial attempts towards recovery might

be initiated by psychological changes and trigger events, they can be promoted by involvement in 12 step fellowships (Marsh, 2001), while long-term recovery can be maintained by engagement in recovery focussed peer groups (Best, Day, Homayoun, Lenton, Moverley & Openshaw, 2008; Best, Gow, Knox, Taylor, Groshkova & White, 2012). Several studies have highlighted the manner in which social identity and group membership are interlinked. Dingle, Stark, Cruwys & Best. (2014), developing their approach within the Social Identity Theory tradition (Tajfel & Turner, 1979) discuss the way group membership within a Therapeutic Community enables the transition from a 'substance use' to a 'recovery' identity. Best, Beckwith, Haslam, Haslam, Jetten, Mawson & Lubman (2015) have argued that recovery could be better approached as a social rather than a solely individualised pathway, while transitions in social network composition and involvement in recovery-oriented groups can facilitate the emergence of a new recovery-based identity. Based on ethnographic data collected from HM Prisons Gartree, Send and Grendon, Stevens (2012, 2013) proposes that the radically different penal counter-regime and community-based model of rehabilitation enable the emergence of someone 'different'. Through the adoption of diverse roles in the community, prisoners were enabled to reconstruct their narrative trajectory, as well as envisage and practise a new capable, responsible and confident 'replacement self' (Stevens, 2012: 15).

The importance of identity changes as facilitated by changing social networks has been highlighted as contributing to both desistance and recovery. The role of communities as potential resources (Farrall, 2004; McNeill & Maruna, 2007) has been acknowledged, along with the fact that not all communities are equally equipped with such resources (Draine, Wolff, Jacoby, Hartwell & Duclos, 2005). It can be argued that imprisoned individuals lack by default in developing their community capital (stable relationships, houses and jobs), while opportunities to access recovery networks and groups can also be significantly restricted. Instead, cultural values that might be adopted during imprisonment as a way of survival, such as displays of toughness, alienation and rejection of authority can undermine recovery efforts, increase chances of relapse after release and reinforce 'negative recovery capital' (Cloud & Granfield, 2009).

Research has provided indications for substance use treatment effectiveness in prison, while the methodological limitations involved when addressing mechanisms involved in therapeutic

change have also been highlighted in the literature. The study of in-group processes can provide information on how to intervene at different points in treatment and recognise temporal markers that can facilitate or hinder change. This chapter aims to add to the developing knowledge of treatment processes in prison by attempting to capture the mechanisms and processes of recovery and desistance and the experiences, contextual and personal factors that take place during an in-prison substance use treatment group.

Methods

The treatment programme

The programme was an abstinence-based, six-month residential programme in prison, targeting criminogenic needsⁱ of medium to high-risk prisoners dependent on a substance (including alcohol). Prisoners could self-refer or be referred by other prison agencies, e.g. CARATS. Prisoners with a dependency on any substance would be considered as eligible to participate by the facilitators especially if they were under the influence of a substance during the offence that led to the current prison sentence, however, alcohol was the main focus. The six core teaching modules were based on the curriculum developed by the Minnesota Department of Corrections and the Hazelden Foundation, which was initially run in American prisons (Minnesota Department of Corrections, 2002). The main aim of this curriculum was to assist prisoners in identifying, challenging and changing the maladaptive thinking patterns underpinning their substance use and offending, and offer alternative strategies to enhance pro-social interactions with others and skills to remain abstinent. The programme used a mixed model approach: 1) teaching cognitive and behavioural skills in structured classroom sessions and 2) utilising TC elements. The content of the structured module sessions (1) drew on the principles of Schema Therapy (Young, Klosko & Weishaar, 2012) and encouraged participants to identify, accept and moderate maladaptive core beliefs (schemas) and chronic patterns of behaviours that led to offending and substance use. Classroom sessions were followed by process groups where taught skills were put into practice while peer-led feedback aimed at enhancing internalisation of new values. The mixed model allowed both for planned and spontaneous learning to occur. Planned learning occurred within structured classroom settings, and unplanned through spontaneous experiences which could exemplify core beliefs and maladaptive behaviours linked to offending and substance use, which were then reviewed in process groups and the weekly feedback group.

The programme was located in a separate unit within the prison, allowing facilitators and staff to create a safe and consistent learning environment. Both group and one to one sessions were delivered by addiction professionals who were also former service users. The programme also offered housing units where graduates were encouraged to move following release. Graduates of the programme had the option, if appropriate and agreed with the staff, to train as either community or prison programme facilitators.

Scene setting

Data collection took place in a Category B/C men's prison in the South of England, which at the time of data collection was redesigned to run as a Category C prison housing mainly prisoners serving life sentences.

All the interviewees were serving life sentences, had diverse backgrounds in terms of previous treatment experiences and were at different stages in their sentence. Differences in treatment history or age were not criteria considered before programme entry, and prisoners' age ranged from 21 to 65. Interviews were conducted before and after treatment; for the purposes of this paper and the specific focus on processes and retrospective reflections of personal experience, the analysis will be based only on the post-treatment data. Eight men participated in each 6-month treatment cohort; this study is based on the interviews of two cohorts. The scheduled interviews for the second cohort coincided with the sudden announcement of the prison closure. Immediate and unexpected transfers to other establishments were particularly distressing for the prisoners who were called to leave a familiar environment and face conditions which could be potentially threatening for their recovery. This was reflected in the interviews as some prisoners viewed this change as a tribulation while others as an opportunity, depending on the progress they had made. Due to the immediate nature of the transfers, three participants in the second cohort were no longer on site and therefore the data analysed here will be based on the interviews of 13 men.

Life story interviews were conducted by the first author and focussed on participants' experiences, who were encouraged to recount their life story the way they could remember it, starting from the earliest point they could recall until the day of their interview. Prompting questions were used to provide chronological guidance and elicit details about different

phases when participants were unsure of the sequence. Core topic areas about recovery and desistance, processes of change, periods of abstinence and relapse and broader rehabilitative support services were covered, and, 'in situ', participants were asked to expand on areas that they felt were significant. Interview narratives were led more by the experiences of the participants, rather than overly prescriptive agendas of the researchers (Strauss & Corbin, 1998). This methodological approach more appropriate when working with participants embroiled in the criminal justice system, as it affords more opportunities for people to express themselves and lessens the power connotations and possible mistrust issues that might be associated with interviews and interviewers (Kvale, 2006).

Ethical approval was sought at two levels: initially, the study was supported by the Ethics Committee of the host University; an additional approval was then gained from the National Offender Management Service (NOMS) through the Integrated Research Application System (IRAS).

Narratives

Narrative analysis comes with influences from various epistemological traditions, resulting in numerous definitions. While 'most scholars treat narratives as discrete units, with clear beginnings and endings, as detachable from the surrounding discourse rather than as situated events' (Riesman, 1993:17), the stance held throughout this chapter is that narratives are meaning-making tools, and are understood as parts of an individual plot. Presser (2010) argues that there are at least three potential purposes of a narrative or story: firstly, to serve as a record of what has occurred; secondly, to represent an interpretation of the events by reflecting people's perceptions of the past or thirdly, to act as a shaper of experience by allowing the narrator to recount their past, present and future according to the narrator. In the third view, the veracity of what is recounted is not central; it is the meaning-making of the narrator that is the subject of examination. It is this third view which is adopted in this study.

Processes of narrative reconstruction are a unifying theme in both desistance and recovery literature. Narrative identity can be shaped through a dynamic interactive process which is not performed in isolation as 'an individual emerges through the processes of social interaction, not as a relatively fixed end product but as one who is constituted and reconstituted through the various discursive practices in which they participate' (Davies and Harré, 1990).

Narrative reconstruction has been often described as a self-through-others process of making sense of the past and connecting it to a new life script, a process that is similar between desisting and recovery stories (Marsh, 2011) and involves the creation of a new personal script that allows the transformation of the past into a meaningful future (Maruna, 2001). Vaughan (2011) argues that the restricted narratives of active offenders can expand through reflection on past actions, an exercise undertaken with significant others, enabling them to take account of others' perspective. For example, alternative social identities and resources can act as 'hooks for change' (Giordano, Cernkovich & Rudolph., 2002) or 'skeleton scripts' (Rumgay, 2004) that can help offenders navigate through the unfamiliar grounds of a desisting identity. O'Reilly proposes that storytelling has a central role in AA meetings, as it allows the speaker to 'reconstrue a chaotic, absurd, or a violent past as meaningful' (O'Reilly, 1997:24). Mutual aid groups, such as AA, can provide a narrative template that allows the transformation of a chaotic and narrow addicted narrative into a personal theory that provides meaning to the past (Kougiali, 2015).

The identity position one takes up in a narrative can be instructive of future events and behaviour and of how much agency and responsibility a person adopts. Analysis of the positions taken up by individuals also has practical relevance in social psychology as 'it serves to direct attention to a process by which certain trains of consequences, intended or unintended, are set in motion' (Davies and Harré, 1990). For example, if an individual positions themselves within a narrative as powerless, seeking to understand from where that account or understanding of powerlessness derives can help to alert us to the potentially unintended chains of consequences that may have occurred from particular events (Davies and Harré, 1990).

To examine how identities are negotiated within narratives, this study draws on Bamberg's positioning analysis (Bamberg, 1997). Positioning approaches employ a non-essentialist view of self and argue that both individual actions and self-concepts are not self-contained psychological entities but are temporally and locally tied to social practice (De Fina & Georgogakopoulou, 2008). Participants actively co-construct and negotiate positions by their actions (Banberg, 1997).

RESULTS

Emotional performances and identity re-evaluation

Life stories had a central role in the therapeutic process. Prisoners were asked to tell their life story in front of the group, a task that was unanimously considered as one of great difficulty, especially by those who had never been in treatment before. Callum, one of the younger prisoners in the group, initially unfamiliar with the therapeutic environment, recalls how he found emotional disclosure difficult:

I think the life story was hard, I think especially being a man you don't want to tell people your weaknesses and it's hard to do, you don't want to tell people where it hurts you so kind of hold it in but I kind of realised that was an issue that got me into trouble before, holding in all the emotions and everything, so I suppose you just got to crack on and work hard with it, and work on yourself to try and let people know your true feelings and what's coming out.

Callum, invoking the generally accepted qualities of 'being a man' and taking an impersonal stand, makes connections between masculinity and emotional disclosure, associating emotions with weakness. He argues that suppressing emotions appears to be easier and less troublesome. However, he points out that 'you don't want to tell people where it hurts you so kind of hold it in', and this kind of emotional suppression is a problematic area referred to as 'the issue'. Acknowledging that his previous assessment of the meaning of masculinity was problematic, he proposes a re-evaluated definition, a different kind of strength, not physical anymore but emotional, through which power can be achieved through authenticity and honesty. Survival within the hyper-masculine context of prison is negotiated by displays of manliness and the construction and acquisition of a public identity which allows individuals to fit in (Jewkes, 2005) by securing and establishing status via one's reputation as a 'real man' (Michalski, 2015). Messerschmidt (1997), argues that progressing through different social settings throughout the life course can offer different ways of performing masculinity, which can facilitate both continuity and change in criminal behaviour. In the context of the present study, it can be argued that previous ways of expressing and performing 'manliness' could not be preserved in the context of a group that valued trust and openness. This, in turn, has opened access to different social discourses, allowing the gradual adoption of a new repertoire of qualities associated with 'manliness'.

Callum suggests a point within the process of group work where a transition from 'holding in all the emotions' to disclosing them, takes place. This process appears to be of importance, since it transforms attitudes of mistrust that may have had survival value in the streets and to an extent in prison (Siegel & Scovill, 2000), into a relationship of trust. Liam adds his own experience of emotional disclosure:

I was expecting, I purposefully avoided, speaking about my offence because I expected rejection(...) I thought they'd look upon me as a different person and then I just let, just let it out one day and all I got was support. You know it was the same with my life story. I didn't know, I didn't hold back in my life story I think I wrote about thirty-three pages but I just got nothing but support and it was, it was brilliant. You know me being the victim again it's like I said when I finally did speak about it I have nothing but support, and, it was touching it was the exact opposite of what I expected.

Liam explains that he avoided speaking about his offence in fear of being rejected and misjudged by other group members. The inversion of his expectations and his long-held perceptions of being a victim vanished in the light of the group reaction that appeared to run counter to the rules that governed interactions in Liam's narrative.

Liam's initial narrative was framed in a way that it resembled a one-way street, where repeated adverse events, a sense of being wronged, used or exploited, and feelings that were building up found an outlet in drugs and alcohol. In his second interview after treatment, instead of a story of rejection, fatalism and surrender, Liam offered a re-evaluated 'redemption' (Maruna, 2001) narrative. Radzik (2009) notes that something needs to be re-evaluated for it to be redeemed, and the evaluation should be a positive one. This re-evaluation takes place in the context of the group, while members position themselves in different roles. Similar to Liam and Callum's narratives, expectations of negative reactions shaped behaviours like silence, demonstrations of toughness, avoiding expression, holding emotions in, or hiding parts of the life story that the narrator would expect to be negatively judged upon.

Jax, according to group facilitators and prison officers, refused to engage for a significant amount of time, observed silently and avoided contact with the other members of the group and on the wings. He recalls the first group sessions:

It was the most difficult mate, at first I was [sighs] I don't know these fucking people I am sitting there an' all, telling people things in my life you know what I mean, no way, but after a while, some of them were coming up with stories that were just fuckin'-when I compared my issues, my problems, I didn't mind sharing after that, do you know what I mean, because I was looking at my man sitting there fuckin' singing away at his bloody life, and I was thinking fuckin' hell.

Jax describes the initial awkward feelings and his refusal to share 'things in his life' with people he didn't know. He establishes a difference of magnitude between his problems and those of the other members as well perhaps a moral distance-between their crimes and his. It was evident in Jax's account that not only sharing but listening to others disclosing emotionally charged life events was crucial in reducing his apprehension to open up. White and Chaney (1993) note that for male addicts who tend to lack listening skills, cultivating the ability to listen, empathise and relate to others, might be more important to sustaining change than actually telling their story.

After overcoming the first obstacles of disclosure, participants engaged in the process of reappraisal of long-held beliefs that influenced the way they perceived life events and feelings as different from others. This process, in turn, triggered an identity re-evaluation, shaped in interaction with the other members of the group. Distinct instances during which members' reactions or opinions contradicted lifelong beliefs acted as evaluation points and participants negotiated their position in the group, defined themselves in relation to others, categorised their identity and rebuilt their story. Max explains in detail his initial feelings of having to share his life story in the group:

I thought I was, I was different, you get that sense of your problems, nobody else is going through the same sort of problems or perhaps that you feel ashamed because the problems you have experienced as a child or whatever were so, you thought they were so insignificant and that you just couldn't cope with them, but when you see that, it's not really the size of the problem it's how it affects you, and even in others, so it's a companionship sort of thing, that you're not different from everybody else, same people.

Max describes the way he felt different and experienced his problems in solitude because of his belief that they were unique. He felt 'ashamed', as he considered that his problems were

not significant enough to justify his reaction or that the difficulty to cope with seemingly insignificant issues would imply weakness. Comparing past events and how these affected other members, established normalcy on what was previously considered as disproportionate reactions.

Liam and Jax both reported similar fears of being judged or criticised for showing a weak side or appearing different to other members. The lack of interaction and isolation fed these assumptions and brought feelings of shame either because of the magnitude or insignificance of past actions. These tightly held beliefs and assumptions were challenged once the comparison with other stories was performed, initiating a process of narrative sense-making involving the re-evaluation and reconstruction of problematic parts. The recognition that this process was experienced in a context of 'togetherness' reduced the intensity of perceived issues and possibly assisted in their resolution. Building trust and providing a safe environment that allows the exploration of life experiences that are perceived as 'unsafe' or threatening is the first step towards positive therapeutic change (Haley, 2010: 60). For those who are socially isolated or perceive that their struggles or past are 'unique', as in the case of most addicted individuals, such groups might be the only source of self-definition where belonging and being accepted allow for positive social connections and, in turn, enable the cultivation of a positive social identity (see also Dingle, Cruwys & Frings, 2015). Based on observation of Alcoholics Anonymous meetings, Humphreys notes: "By the time alcoholics come to AA, they usually have shame, guilt, and many regrets about past transgressions, and feel alienated from those around them" (2000:500). Such feelings are also present in people who come to terms with their crimes, especially people who have killed (Ferrito, Vetere, Adshead & Moore, 2012).

'Us', 'them' and future selves

The role of the facilitators was paramount in establishing group cohesiveness (Moos, 1986), especially because they shared experiences with the group members. Often referred to as 'wounded healers' or 'professional ex-es' (Brown, 1991), the facilitators were highly committed to 'making good' of the difficulties they have gone through. As Maruna notes, ex-offenders who have desisted from crime showed an 'inflated, almost missionary sense of purpose in life' (2001:9) to redeem themselves by giving 'something back to society as a display of gratitude' (2001: 87). A similar concept appears in the 12 step literature practised

in the 12th step and regarded as the foundation of the relationship between member and sponsor: helping others is encouraged not simply as a sign of gratitude but as an act that contributes to the recovery process of the ‘helper’, summed in the ‘helper therapy principle’ (Riessman, 1965, Zemore, Kaskutas, Ammon, 2004).

Having similar experiences and not assuming a role that would create a power imbalance, the two facilitators managed to position themselves in the ‘us’ versus the ‘they’ that was ascribed to other professionals. Paddy, below, compares with previous treatment experiences and elaborates on the role of the facilitators:

This time I am not right, well like it was more in depth (the programme), it was, I think I listened more because the people who were doing it knew, and understood what was going on, whereas in other courses it's run by psychologists and they have no idea what's going on inside people's heads, because they have never experienced it, they have never experienced first-hand, what being in prison is like (...) or what a criminal is like because they have never been in prison, whereas Richard and Sam, know everything, yeah, they have done everything, they have been there, you can interact with them more, and I think that more courses should be run by people like Richard and Sam who have been in that situation (...) because it breaks the barriers down because we don't see them as psychologists... you just see them as a normal person who has been in trouble.

Paddy presents ‘*this time*’ as a point of reference, identifying the difference not only in the depth of the programme but also in his reaction to it (*I listened more*); both attributed to the knowledge, life experience of the facilitators (*the people who were doing it knew*) and their understanding of the prison experience. References to the facilitators were regularly made in contrast to other professional groups, often elaborated with extreme case formulations that highlighted their difference (*they know everything, they have done everything*), and classified them in two distinct categories: the prisoner/offender (us) and the psychologists (them). A discernible barrier is raised here, whereby normality is defined by ‘*a person who has been in trouble*’ and the distance that has been interfering with establishing rapport appears to be more due to the prisoners’ perceptions (*we don't see them as psychologists*) than the actual lack of psychologists’ skills.

Paddy continues:

Paddy: they (the psychologists) don't listen

Author: they don't listen?

Paddy: no, and they have got their set minds as to what's going on

Author: so what do they do?

Paddy: they just sit there-they just sit there and listen to you rabbit on, yeah, and then they go away and make up their own minds, but they don't talk to, they don't talk about themselves, there's no interaction with them.

It appears that interaction, as well as active listening, was of particular importance for prisoners to engage. Paddy comments that the passive stance, as well as the lack of self-disclosure, contributes to reduced engagement on the part of the prisoners. Yalom and Leszcz have argued that 'Self-disclosure is essential in the group therapeutic process' (Yalom and Leszcz, 2005:130), however, in the context of the criminal justice system, the amount of information that would be useful to be disclosed and the effects of such information on both offenders and practitioners is not yet clear (Phillips, Fowler & Westaby, 2018).

References to two distinct groups, positioned at two opposite poles of the spectrum, were common when participants were talking about the facilitators as Jax describes:

It's no bullshit, I don't mean to be swearing or be rude, but you know what I mean it's real, when you do a course you get given a bit of paper by somebody, you don't know this person, he a fucking instructor or somebody paid to come in, they don't really care, they are just trying to take this thing seriously, you know what I mean, this was a serious thing. Do or die sort of thing, it felt in there do you know what I mean, and at the end of it that was it, no it was really good.

For Jax, the programme was a genuine and serious, 'do-or-die sort of thing'. It appears that the identification with the facilitators influenced the attribution of being real, truthful and honest, as opposed to someone not familiar and unrelatable. Similar to Paddy, Jax uses another assumption 'Somebody paid to come in'. These characterisations highlight the magnified attributions to the commitment and the ideological background of the facilitators who, although they were also paid, stood in a different category from those 'others' who, by assumption, prioritised financial gain. The generalised attribution of financial versus

ideological reasons behind the same role was accompanied by other implied opposite pairs in Jax's account: *'they don't care'* vs they care, *'they are just trying to take this thing seriously'* vs *'it's real'*.

The facilitators' experience and the fact that they had *'been there'* contributed to the formation of trust within the group and served an additional advantage: prisoners saw them as a positive, possible future self. Marcus and Nurius (1986) have noted the importance of future representations of one's self and the way these are expressions of hopes, threats, goals and fears in view of how one might become in the future, what they would like to become or what they are afraid of becoming. These visualisations of future selves can initiate action to achieve a wished for or avoid a potentially unwanted version of self. The two facilitators offered a version of the future that was attainable even for prisoners on long sentences.

Negotiating labels: a therapeutic marker

Group participation entails the adoption of a new set of concepts and members are called to endorse them as a way of gaining membership. The facilitators gradually introduced new terms and a form of 'classification' of types of addictive and 'criminal' thinking as causal explanations to the participants' past use and offending. This was performed in combination with discourses often encountered in 12-step groups, whereby specific addictive traits were attributed to the participants, who were encouraged to accept them and re-evaluate their lives and sobriety accordingly. These traits refer to psychological characteristics inherent in an 'addict's personality'. For example, the term 'dry drunk' (Denzin, 1987a, 1987b; Valverde & White-Mair, 1999) refers to people who are abstinent but still exhibit addictive behavioural traits such as 'egoism, boastfulness, and a misguided feeling of power' (Valverde and White-Mair, 1999:398). Such terms were also used within the group: 'people pleaser', 'victim', 'controlling', 'lacking boundaries', 'passive-aggressive', and 'co-dependent' were only a few of the labels encountered in the identity repertoire. Max discusses his reaction:

Well [sighs] it's like to find out that you're a people pleaser and you got no boundaries obviously at first it's like you don't want to hear it, it's like being told something, it's being told your faults innit? and nobody likes to be told their faults so at first it was like nah I'm not, nah I'm not a people pleaser, I'm not this, I'm this, I do it for this, so it was always excuses you know I'd always come up with an excuse for why I do this or why I do that, but it was always a wrong excuse, it was my way of trying to deny the fact that I

am a people pleaser, or I have no boundaries, so at first you're not comfortable to hear that and being told it in a group as well, in front of twelve other people, and then them turning around and saying well yeah you do people please, because I've seen you on the wing with so and so I, it's like, sat in there, I'm like inside I'm reeling, you know, because I want to jump up, and I'm like what? I'm not! you know what I mean, and a couple occasions I have blown up in there you know.

Max reflects on how he '*found out*' that he is a people pleaser and lacks clear boundaries. He first tried to resist the characterisation, tried to rationalise the label but has then moved towards accepting and basing his self-explanation on these newfound traits. All the arguments he initially brought to his defence are now seen as '*excuses*', and any possible previous objections downgraded to '*wrong excuses*'. In the last sentence, Max describes his initial frustration with the identity he was ascribed. Scott and Lyman (1968) argue that whenever interactants perceive that a disadvantageous role or identity is attributed to them, they will engage in an identity negotiation with themselves. Max, describes this kind of identity negotiation: having been ascribed a label that he did not agree with, he engaged in a tough negotiation, whereby he was initially alarmed (*find out*), he then denied it (*don't want to hear it*), felt insulted, uncomfortable (*told your faults*) and frustrated (*I have blown up*). The rest of the group, engaging in the negotiation game, brought evidence '*I've seen you in the wing*', which supported the newly attributed traits.

Group dynamics have a significant effect on the way this kind of '*labelling*' takes place, and members can bring evidence to negotiate the attributed labels. This may successfully lead to acceptance of the newly acquired characteristics, but could also cause denial and withdrawal, as in the case of two participants who felt that they were attributed false or incompatible identities and characteristics. It is difficult to distinguish when this technique could be applied, and which of the labels are more acceptable than others, as there are several factors that might interfere, such as readiness for change, the severity of use or treatment history. It was however evident that persistence on behalf of the group or the facilitators on the imposed characteristics during the first stages before trust had been established, could result in feelings of being threatened, not accepted or deeply flawed. Acceptance is of paramount importance in challenging lifelong beliefs of being unlovable, unworthy or rejected. On the

other hand, feeling flawed could reinforce negative beliefs and hinder therapeutic progress.

Joss describes:

This is wrong, you need to fix this, mend, mend, mend, that's all I keep hearing in prison is you need to be mended basically and I'm like ok then so I'm broken, fix me (...) I found after this course I've become more secretive in what I tell people, I just think it-it's ermm I feel the more information you give out the more you get shot down.

Joss, feeling that aspects of his personality had been suppressed during the course, has decided that becoming 'secretive' and adopting this behaviour as a general strategy in his relationships would be more beneficial than opening up. Having felt that his initial disclosure resulted in attempts to 'fix' him, he perceived this as a sign that he is regarded as flawed, defective and 'broken', and his decision was to refrain from providing information that could be used against him. Joss' use of the word 'broken' is particularly strong and it comes with many connotations, as apart from flawed, not accepted the way he is, or accepted only if he is 'mended', he seems to imply that his defects are almost beyond his powers to repair (*fix me*). It appears that once such negative feelings are solidified, individuals tend to exclude themselves gradually, deny group membership while the process of opening up and trusting is cancelled. The effects of such perceived rejection in an environment that was expected to be safe might last long after treatment and be difficult to reverse.

It would be worth considering here the role of internalised identities in the acceptance or rejection of such labels. Lemert's (1951) concept of primary and secondary deviance refers to the societal reaction to acts of deviance and the way this could lead to a stigmatised sense of self, acting in ways consistent with the ascribed label (secondary deviance). Cloud and Granfield (1994) argue that such identities are reinforced within organisational contexts (i.e. AA or groups that reinforce such labels) and report that nearly two-thirds of individuals who were seeking recovery without AA 'refused to identify themselves as addicted or as recovering or even recovered' (p.165). More recently, McIntosh & McKeganey (2000) have noted that a key part of the decision to cease using is the desire to repair 'a spoiled identity'. In the case of Joss, it can be argued that his young age (21) did not allow for the development of a 'spoiled identity' or the internalisation of a stigmatised sense of self that needed to be restored. In his life story (see Kougiali, 2014 for pre-treatment account), his offending identity was much more dominant than the 'substance-using' one. Violence was

portrayed as a source of power and his offending was positively evaluated as constituting a source of pride, similar to the ‘gangster discourse’ of violent street cultures reported by Sandberg (2009), where narratives with exaggerations emphasised how fascinating and competent the narrators were. The age difference between Joss and the rest of the participants might account for the differences in perceiving the labels suggested by the group, suggesting that a different approach might be more suitable for young offenders.

DISCUSSION

This chapter examined narratives of men with histories of substance use attending a prison treatment programme, to capture the mechanisms and processes of recovery and desistance, focussing on factors contributing to personal constructions of change and therapeutic markers that facilitate or hinder recovery. Analysis of narratives of thirteen men suggests that behavioural elements that can prolong involvement with previous behaviours can be altered in environments of high support and acceptance, where individuals’ past histories can be validated and re-examined and identities negotiated and re-evaluated. Such spaces can foster identity re-evaluation, however, this is not an exercise performed in a uniform manner by all participants and the benefits are greatly depending on the fragile nature of group dynamics.

Narratives of personal change were presented in this chapter as a three-stage process. The first stage involved the re-evaluation of the past self in the light of group behaviours that contradicted lifelong beliefs. The feedback of the group allowed for the consideration of different views, facilitating the cultivation of a new self-concept. Maybe more importantly, the demonstration of acceptance and support employed by group members signalled the re-entry of the individual to the social world which he had chosen to remain isolated from. The identification with a positive figure who shared the same characteristics and background with the prisoners had a double-positive effect: it reinforced trust within the group, facilitated honest emotional disclosure while constituting a tangible proof that change is attainable. In the third stage, identity negotiation appeared to be of crucial importance in the fragile context of group dynamics. Perceived lack of acceptance and attribution of false or non-compatible identities, tended to disrupt the process of identity re-assessment, preventing group membership and allowing for resistance, isolation and withdrawal. Although the educational

part of the programme might have played a role in the re-evaluation of the life stories, what appears to have mattered most in prisoners' engagement was not content and module structure. The experience of being in a group, the composition of its members, the impact these individuals had on each other and the creation of a safe environment was particularly important. It has been previously reported that the subjective experience of group membership and identification with recovery-oriented groups rather than groups supportive of drug use could contribute to higher levels of self-efficacy and significantly reduced rates of relapse (Buckingham, Frings & Albury, 2013). The findings of this chapter may suggest that intergroup relations and interactions have a substantial effect on self-understanding, re-evaluation of one's identity, as well as relationships outside the group. The process is a continuous interplay between actors co-authoring their life stories based on sharing and listening, comparing and reflecting, negotiating parts of the story and legitimising them in order to form a meaningful new version. The latter suggests that positive outcomes in settings such as psychiatric facilities and substance use rehabilitation programmes are linked to a social climate of high support, opportunities for the exercise of autonomy, an ordered environment and the absence of obtrusive staff control (Timko & Moos, 1998, 2004). Similar principles underlie much of the ethos of democratic therapeutic communities (Shine, 2010).

Finding opportunities for the exercise of autonomy in a prison can be problematic. However, prisoners' accounts suggest that, in the context of the programme, autonomy can be exercised through participation within the programme, similar to the 'self-esteem enhancing and capacity-building roles' found by Stevens (2012, 2013) in HMP Grendon. Undertaking the programme is voluntary. Self-disclosure is facilitated by example, encouragement and burgeoning trust rather than confrontational peer pressure appear to take place in an atmosphere of shared commitment and reciprocity. Yet, through such processes, a core therapeutic process of particular relevance to the practice of autonomy or personal agency, which is of significant importance in desistance (Liem & Richardson, 2014).

Formation and maintenance of trust and perceptions of treatment groups as a safe environment appeared to be an activity which was not the same for all the participants. It has been previously highlighted how self-help groups propose the adoption of a 'shared' narrative (Cain, 1991) and the way treatment groups provide an interpretative narrative template that assists in rewriting the script of a chaotic and narrow addicted narrative into a

personal theory that provides meaning to one's past (Kougiali, 2015). Andersen (2015:671) suggests that stories of change function as an institutional requirement that individuals need to comply with in order to keep being enrolled in services, and substance use treatment services have an active role in choosing which stories are supported and which re-silenced. Fox (1999) proposes that psychological paradigms about criminal personalities and coercive discourses that assume individual pathology are imposed on prisoners participating in CBT programmes, sometimes resulting in prisoners feeling controlled. The issue that appears here is not whether the narratives prisoners are encouraged to accept are right or wrong but whether they facilitate or hinder recovery and desistance. Our data indicate that the effect of such imposed narratives and traits can be both supportive and detrimental towards individual recovery and we suggest that further research is conducted on this topic in order to assess the dynamic factors that come into play.

Gannon and Ward (2014) advise that practitioners be flexible in the assessment of treatment needs and that they have the ability to respond to unanticipated client catastrophes 'either by stepping outside of the therapy aims to deal with the issue at hand or through linking the experience to aspects examined 'within therapy (p:438). A considerable barrier towards that is that responsivity, the third element of the RNR model (Andrews and Bonta, 1998), is often sacrificed, resulting in a 'one-size-fits-all' approach in accredited offender programmes (Nee, Ellis, Morris, Wilson, 2012). Addressing responsivity admittedly requires more resources in terms of time, as well as more intense monitoring of offenders' progress. However, human beings are multi-dimensional, and consequently, their responses to treatment would unavoidably differ due to the level of need, motivation (Beech, Friendship, Erikson and Hanson, 2002) or other unique personal circumstances that could only be identified through a close collaboration between practitioners and participating offenders. Therefore, individualised assessments and intensive one-to-one support, even if they appear costly measures in terms of the time and resources needed, can be cost-effective in the long run. Capitalising on a more positive relationship between practitioners and offenders can secure the benefits of social support consistent with the Good Lives Model. In this approach, "maladaptive behaviours are replaced by adaptive ones when an individual is equipped with the skills, resources and support to obtain primary goods in personally satisfying and socially acceptable ways" (Robertson, Barnao & Ward, 2011, p. 481; also see Ward, Mann and Gannon, 2007). The importance of aftercare has been established in the literature (Wexler et

al., 1995; Knight et al., 1999; Pearson and Lipton, 1999; Inciardi et al., 2004), but through-care is also essential in maintaining therapeutic gains (MacDonald *et al.*, 2012).

The findings of this paper agree with previous literature highlighting the role of identity change in desistance and recovery as a socially mediated process and not merely an individually performed one (Best and Laudet, 2010; McNeill, 2014; Best et al., 2014; Weaver, 2012). Adding to this literature, we argue that while this process is facilitated with engagement in positive social groups (Burnett and Maruna, 2006; Best et al., 2018), the mechanisms allowing and sustaining group membership appear to be complex and depend on the fragile nature of the dynamic interplay of contextual factors. Given the importance of engagement with such groups, maintenance of group membership can be crucial in continuing or restricting opportunities for long-term recovery and desistance. The findings support the need for more research exploring group dynamics, different patterns of engagement, markers of change or withdrawal as well therapeutic ‘turning points’ that define the continuity of involvement with recovery-focused groups.

¹ Criminogenic needs were judged on the existence of dynamic risk factors assessed before the beginning of the programme by a semi-structured interview, the Severity of dependence scale (SDS), the Psychological inventory of drug thinking styles (PIDTS), the Barratt Impulsivity Scale (BIS-II) and the Millon Clinical Multi-axial Inventory (MCMI-III).

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